As New Jersey continues to invest in solutions to treat opioid dependence and prevent overdose deaths, the Camden Coalition of Healthcare Providers is working locally to assist with the expansion of medications for addiction treatment (MAT) access and explore opportunities for prevention of opioid misuse through data-sharing and pharmacy engagement.

Over the past year, the Camden Coalition has engaged local pharmacists to learn about their approach to supporting patients at risk of opioid misuse and overdose. Through these conversations, we learned about how they use the New Jersey Prescription Monitoring Program (NJPMP), the challenges of talking with patients about opioid risks, and initiatives that pharmacists are implementing to normalize and distribute opioid overdose antidotes in their communities. Pharmacists shared stories of their successes, as well as clinical and systemic barriers they are facing. Key takeaways include the importance of pharmacists as educators, the need for coordination between prescribers and pharmacists, the value of co-prescribing and ensuring insurance coverage for naloxone, and the impact of opioid regulations on accessing MAT.

This brief outlines five key takeaways from our conversations with pharmacists in Camden, New Jersey.

1. **Pharmacists’ role as patient educators can help prevent opioid misuse and overdose.**

As some of the most visible, accessible healthcare providers, pharmacists regularly encounter patients face-to-face. Pharmacists’ availability makes them an important point of contact for patient education about specific prescription medication and patients’ overall health.

Within the context of the opioid epidemic, pharmacists play an important role in educating patients prescribed opioids about the potential risks of misuse, including overdose, and information about how to access naloxone, the opioid overdose antidote. However, pharmacists who offer this education to patients receiving opioids report challenges in having these difficult conversations. Stigma surrounding addiction and overdose often creates barriers to counseling. While some individuals refuse a conversation about opioid risks in order to avoid any potential judgement or criticism, others may decline a pharmacist’s offer to counsel because they do not believe they are at risk. In particular, patients who are medically maintained on opioids for a long time may not realize that they remain at risk for overdose.

One pharmacist found success in anchoring the conversation with patients to the shared goal of preventing accidental death. Rather than focus on the risk of addiction or dependence, this pharmacist developed talking points with specific examples of accidental overdose — like a dosing schedule mix-up or accidental ingestion by others in the home. In their experience, this strategy helps facilitate an open conversation with the patient.

Pharmacists should have access to training and resources to help them have these difficult conversations. Similar to other members of patients’ care teams, pharmacists must feel equipped to build trust and rapport with patients to fully serve them.
These conversations are made even more difficult when patients and pharmacists speak different languages. Multiple pharmacists in Camden speak only English while many of their patients speak only Spanish. Many of these pharmacists reported not having Spanish language materials about overdose and opioid risks. While we were able to provide some of these materials for pharmacies, a more systematic approach to providing educational materials in multiple languages is needed to ensure that all patients have access to the same health and safety information.

Providing reimbursement for opioid education services could support the role of pharmacists as educators. In New Jersey, pharmacists can be reimbursed as diabetes educators; an analogous opportunity for opioid risk counseling could be established for pharmacists. For example, North Dakota implemented a state-funded pilot program, Opioid and Naloxone Education (ONE Rx), that provides reimbursement for community pharmacists to screen patients who are prescribed opioids for risk of misuse and provide education and resources to help them use their prescription safely. With rising numbers of opioid overdose deaths, New Jersey can leverage pharmacists’ unique position in communities as a way to provide patients with education and information about opioid misuse and overdose reversal.

2. Improved coordination between pharmacists and prescribers could facilitate more efficient and safe access to opioid prescriptions.

Pharmacists need access to up-to-date patient information to support their role in opioid misuse prevention. Currently, pharmacists use prescription data that is available in the New Jersey Prescription Monitoring Program (NJPMP). The NJPMP database provides data on certain prescriptions, including opioids, dispensed in New Jersey outpatient settings and by out-of-state pharmacies dispensing into New Jersey. Pharmacists and prescribers use this data to check for potential risks when prescribing, filling, or refilling prescriptions for these drugs. For example, if an individual presents an opioid prescription to fill while they also have an opioid prescription from a different provider, the dispensing pharmacist can see that information in the NJPMP database. This gives the pharmacist an opportunity to alert those prescribers of each other’s activity and counsel the patient on medication risks. Consulting the NJPMP for each new and refilled monitored prescription is key patient safety.

While the NJPMP is an essential tool to address opioid misuse, there is still opportunity to improve pharmacists’ connection with other providers. Under the federal law, pharmacists and prescribers have a shared responsibility to ensure that certain prescriptions are issued for a legitimate medical purpose. In order to fulfill this requirement pharmacists frequently refer to the diagnosis code provided with each prescription, but at times need to verify the authenticity of a written prescription. However, the NJMPM database only includes prescriptions after they have been filled, so pharmacists must reach out directly to prescribers to confirm the legitimacy of prescriptions that have not yet been filled.

Furthermore, as COVID-19 has required quarantine and social distancing, pharmacy delivery services are a vital method for ensuring people have access to their medications. Many pharmacies exclude opioid prescriptions, including medications for addiction treatment (MAT), from delivery service for driver safety and liability concerns. Some pharmacies have developed relationships with MAT care providers, which allows them to feel comfortable in waiving the exclusion for MAT deliveries to those patients. Access to MAT is improved when prescribers and pharmacists know each other and coordinate to provide whole-person care for patients.

3. Co-prescribing naloxone with opioids saves lives and provides another opportunity for patient education.

Pharmacists identified the need to expand access to naloxone, specifically through providers co-prescribing naloxone with opioids, to reduce overdose deaths. Co-prescribing naloxone with opioids reduces opioid-related emergency department visits and positively influences individuals to use opioids
more safely. In 2016, the CDC **recommended** that providers offer naloxone to patients taking high doses of opioids or who have other overdose risk factors. In 2018, both the **U.S. Surgeon General** and the **U.S. Department of Health and Human Services** recommended that providers prescribe or co-prescribe naloxone to all patients at high risk for opioid overdose. Not only does the naloxone itself reverse opioid overdose in an emergency, but the additional prescription creates an opportunity for pharmacists to have a discussion with patients about overdose risks and provide educational resources.

During the COVID-19 pandemic, New Jersey’s Attorney General **mandated** the co-prescribing of naloxone with opioids at certain dosage thresholds or when prescribed concurrently with benzodiazepines for patients being treated for chronic pain. Prior to COVID-19, there were no mandatory co-prescribing rules in New Jersey. A continuation and expansion of this mandate beyond the pandemic would create an effective tool for addressing New Jersey’s opioid epidemic. The co-prescription mandate could have a broader impact if it were expanded to include a wide range of patient risk factors, beyond the current requirement, including automatic prescribing to all individuals prescribed opioids, including people who are in treatment for opioid use disorder.

4. **Gaps in insurance coverage for naloxone create complications for pharmacists and barriers to access for patients and their caregivers.**

Naloxone is currently available to individuals with a prescription, or to anyone at pharmacies that have requested and received a **standing order to dispense naloxone**. However, ability to pay for (and thus access) naloxone can be complicated by insurance coverage. Pharmacists pointed to the high cost and lack of insurance coverage for at-risk patients as a barrier to accessing naloxone and thus having the ability to reduce death from opioid overdose.

In addition to a lack of insurance coverage for at-risk patients, caregivers and other non-end users’ insurance plans often do not cover naloxone, even though third party prescribing of naloxone is authorized in New Jersey. Under the **Overdose Prevention Act (P.L. 2013, c. 46)**, physicians can prescribe naloxone to anyone in a position to assist others during an overdose, like a co-user, parent, or family member of someone using opioids. The person being prescribed naloxone does not have to be the recipient of the medication. However, insurance can only be billed for **end users (the individual who the naloxone is used to save from overdose)**. This leaves the family and friends of people at risk of overdose with difficulties affording naloxone.

Expansions of funding and insurance coverage for naloxone should consider the needs of people who use opioids, as well as the caregivers and other third parties who could be in a position to assist during an overdose. Friends and family members are often the first responders in overdose emergencies. When these individuals are equipped with naloxone, they can prevent overdose deaths.

5. **Medications for addiction treatment (MAT) should be exempt from regulations that restrict access to prescription opioids.**

Attempts to prevent opioid misuse through prescription regulation should not restrict access to medications that treat substance use disorders.

New Jersey has a prescription lock-in program for certain drugs, like opioids, for Medicaid recipients. **These programs** are intended to prevent misuse by “locking-in” patients to receiving certain prescriptions from a designated provider and pharmacist. This lock-in prevents patients from filling their prescriptions for opioids at pharmacies other than the one designated — even when there are legitimate reasons for using a different pharmacy. Unfortunately, the lock-in program is unintentionally interfering with timely access to life-saving MAT medications like buprenorphine, a common form of MAT. In contrast to methadone, which is only accessed through a specific clinic, buprenorphine is accessed through community pharmacies. Because it is an opioid, patients taking buprenorphine to treat their
substance use disorder can sometimes get caught in a pharmacy lock-in if they try to fill their prescription in a different pharmacy.

Even though New Jersey Medicaid is working to rectify this issue, pharmacy lock-ins for MAT remain an issue. Pharmacists are not made aware of a patient’s status in a lock-in until they try to process a prescription and are unable to fill it. This leaves the pharmacist unable to provide the patient with their medication in a timely manner. Time is of the essence in dispensing MAT — even a few hours can mean the difference between life and death. Ending the lock-in for MAT is crucial for saving lives.

Pharmacists also raised the 340B program order cap for opioids as an issue. 340B is a drug pricing program that allows certain healthcare providers serving low-income and uninsured populations to purchase medications in bulk at a lower price. However, the program limits the volume of opioids that can be ordered at one time — a limitation that includes opioid-based forms of MAT, such as buprenorphine. Because pharmacies are limited in how many opioid medications they can order at a time under the 340B program, they sometimes have difficulty stocking opioid-based MAT. Opioid-based MAT should not be subject to 340B ordering caps: pharmacies should not be limited in how much MAT they can order at one time.

**Pharmacists have an essential role in addressing the opioid epidemic.**

Our conversations with pharmacists revealed the critical role they play in keeping patients safe. Pharmacists often hold long-standing and trusting relationships in their communities and serve as a natural entry point for community members — especially traditionally marginalized individuals — to access education, screenings, and referrals to prevent opioid misuse and overdose. However, our conversations also revealed systemic policy barriers pharmacists face while attempting to do this work. As overdose numbers continue to rise, New Jersey and other states should consider the role pharmacists play in addressing opioid dependence, and look for opportunities to eliminate barriers and formalize their role as an essential part of addressing the opioid epidemic.

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**About the Camden Coalition of Healthcare Providers**

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and wellbeing. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals in Camden and regionally.

The National Center for Complex Health and Social Needs (National Center), an initiative of the Camden Coalition, connects complex care practitioners with each other and supports the field with tools and resources that move complex care forward. The National Center’s founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.

For more information about the Camden Coalition, visit [www.camdenhealth.org](http://www.camdenhealth.org).