Prescribing and Dispensing Abuse-Deterrent Opioids: A Survey of Physicians and Pharmacists

John R. Brown, PharmD1,2, Svetla Slavova, PhD3,4, Nabarun Dasgupta, PhD5,6, Patricia R. Freeman, PhD1,2

1University of Kentucky (UK) College of Pharmacy, 2Institute for Pharmaceutical Outcomes and Policy, 3UK College of Public Health, 4Kentucky Injury Prevention and Research Center, 5University of North Carolina (UNC) Injury Prevention Research Center, 6UNC Eshelman School of Pharmacy

RESEARCH OBJECTIVES

- To describe familiarity with and prescribing and dispensing of marketed abuse-deterrent formulation opioid analgesics (ADFs) among physicians and pharmacists
- To identify factors that influence use of ADFs in clinical practice
- To inform ADF comparator selection in future research studies and policy evaluation

STUDY DESIGN

Survey Distribution
- What: Two structurally similar surveys were developed in a secure data collection platform (REDCap®) and were piloted, edited and revised prior to fielding
- Who: Pharmacists and DEA-registered physicians who resided and held active licensure in KY in 2019
- How: Cover letter and link to the survey distributed via email by the KY Boards of Medical Licensure and Pharmacy
- When: Distributed November 19, 2019 with reminder emails sent at weeks 1 and 2 and survey link deactivated at week 4

Data analysis
- Responses were reported as frequencies and percentages
- Chi-square was used to compare select categorical responses between physicians and pharmacists

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RESULTS

Frequency of ADF prescribing (physicians)

Perceived effectiveness of risk mitigation strategies (pharmacists)

PRINCIPAL FINDINGS

- A greater proportion of pharmacists (421/629) than physicians (178/467) reporting being (very) familiar with ADFs (p < 0.05).
- Percentages of physicians who reported having prescribed the products ranged from 11.4% (Hysingla® ER) to 49.6% (OxyContin®).
- Factors having some or great influence on reluctance to prescribe ADFs included: lack of familiarity with products (79.9%), preference for generic medications (69.3%), and lack of third-party coverage or unaffordable patient copayments (64.5%).
- Less than half of pharmacists (43.2%) and physicians (30.6%) reported a belief that ADFs are an effective or very effective strategy in mitigating the misuse/abuse of prescription opioids.
- Most pharmacists (66.6%) and physicians (73.7%) indicated they would support legislation which mandates third-party coverage of ADFs.

CONCLUSIONS

- Despite skepticism that ADFs can mitigate opioid abuse, most pharmacists and physicians support increased coverage of ADF products by payers.
- Prescribing and dispensing of ADFs in practice is relatively low and may be driven by lack of familiarity with the products, high cost to patients relative to non-ADF alternatives, and lack of belief in the effectiveness of ADFs.
- For ADFs to gain more widespread use in clinical practice, policy-level changes may be required.

CONTACT INFORMATION

Trish Freeman, Associate Professor of Pharmacy Practice & Science Email: trish.freeman@uky.edu