

“Red flags”: when not to worry

Some pharmacists report reluctance to dispense buprenorphine in specific scenarios, citing “red flags.” However, in many cases legislation and other guidance on controlled substance dispensing (e.g., the NC STOP Act) outlines verification procedures for each scenario rather than directing pharmacists *not* to dispense.

Detailed guidance from the NC Stop Act for each of these scenarios is shown below.

	Guidance for Targeted Controlled Substances (including buprenorphine)
Patient out of usual geographic area served by pharmacy	<p style="text-align: center;"><input checked="" type="checkbox"/> Review CSRS and document</p> <ul style="list-style-type: none"> • Scripts will increase as eligible prescribers increase. • Many patients must travel outside their local community to fill prescriptions when local pharmacies encounter wholesaler thresholds on buprenorphine ordering.
Medication requested by name, imprint, or description	<p style="text-align: center;"><input checked="" type="checkbox"/> Review CSRS and document</p> <p>Patients may request a specific formulation for any of the following reasons:</p> <ul style="list-style-type: none"> • Insurance may only cover one formulation • Patient assistance may only be available for a certain formulation • Patient is more familiar and comfortable with a specific product • Patient prefers to continue on a medication that they used in the past
Request early fills	<p style="text-align: center;"><input checked="" type="checkbox"/> Review CSRS and document</p> <ul style="list-style-type: none"> • Patients with OUD commonly express that buprenorphine makes them feel like they can function and have a normal life. Consequently, the thought that they could run out of their medication can result in considerable anxiety and concern about experiencing withdrawal from buprenorphine, which can cause them to seek a refill early so they know that they will have their buprenorphine on hand. • Patients prescribed buprenorphine may request an early fill when anticipating travel or anticipate difficulty getting to the pharmacy (transportation issues), to avoid experiencing withdrawal due to dispensing delays.
New prescriber	<p><i>There is no requirement for pharmacists to review the CSRS for scripts from a new prescriber.</i></p> <ul style="list-style-type: none"> • Scripts from new prescribers will increase as eligible prescribers increase. • Many patients must travel outside their local community to fill their prescription when local pharmacies encounter wholesaler thresholds on buprenorphine ordering.
New patient	<p><i>There is no requirement for pharmacists to review the CSRS for a newly prescribed patient.</i></p> <ul style="list-style-type: none"> • Scripts from new patients will increase as eligible prescribers increase.
Prescription duration	<p><i>There is no requirement for pharmacists to review the CSRS based on length of buprenorphine prescription.</i></p> <ul style="list-style-type: none"> • Evidence-based guidelines recommend OUD treatment with buprenorphine for as long as beneficial. Some clinical guidelines state one year minimum and longer in pregnancy/postpartum.
Buprenorphine mono vs combo product	<p><i>There is no requirement for pharmacists to review the CSRS based on buprenorphine formulation prescribed.</i></p> <p>Providers may prescribe mono vs. combo product for any of the following reasons:</p> <ul style="list-style-type: none"> • Prescribers determine the best option for a given patient’s circumstances (e.g. allergy/intolerance, insurance limitation, etc.) • Insurance may only cover a certain formulation • Patient assistance may only be available for a certain formulation

References: NC Legislature. STOP Act.; 2017.

<http://www.ncbop.org/PDF/NCDHHSImplementationofCSRSSTOPActJuly2021.pdf>

and NC Board of Pharmacy. 2017.

<http://www.ncbop.org/PDF/GuidanceImplementationSTOPACTJuly2017.pdf>