Frequently Asked Questions

Medications for Addiction Treatment: Pharmacy

PRESCRIPTIONS

What is a prescription?
An order for immediate administration in a hospital is NOT a prescription. According to the Drug Enforcement Agency (DEA), the term prescription means "an order for medication which is dispensed to or for an ultimate user... and not an order for medication which is dispensed for immediate administration to the ultimate user."

Is a written prescription required for buprenorphine/naloxone or buprenorphine?
No. Buprenorphine/naloxone and buprenorphine may be written on a controlled substance prescription form, called in, faxed, or sent electronically. As schedule III substances, if written they are required to be on a controlled substance prescription form. This requirement comes from the California Board of Pharmacy.

How long is a buprenorphine/naloxone or buprenorphine prescription valid?
According to the DEA, buprenorphine/naloxone and buprenorphine prescriptions are valid for 6 months after the date of the original prescription or for up to 5 refills, whichever happens first. After 6 months or 5 refills have been processed, a new prescription is required.

When are X waivers/DATA 2000 licenses required?
An X waiver is required to prescribe buprenorphine, i.e. in the outpatient setting or as a discharge prescription. To administer a medication in the ED or inpatient setting, an X waiver is not required.

SUBSTANCE USE NAVIGATOR AND PHARMACY

Can a substance use navigator (SUN) call in a new prescription?
No. A SUN, after proper training, can be considered a medical assistant. The California Board of Pharmacy laws state that "pursuant to an authorization of the prescriber, any agent of the prescriber on behalf of the prescriber may orally or electronically transmit a prescription for a controlled substance classified in Schedule III, IV, or V..."; however, according to the Medical Board of California, medical assistants may NOT call in new prescriptions or any prescription that has changed. If a change is made to a prescription, the prescription is considered a new prescription. This includes changes to dosage form, dose, route, frequency, and number of days’ supply. However, a SUN may fax any written prescription signed by a provider into a pharmacy for a provider. It is the responsibility of the provider to ensure proper prescribing of controlled substances occurs, which includes who is permitted by law to transmit prescriptions to a pharmacy as the provider’s agent.

Can a SUN call in a maintenance script (i.e. a refill)?
Yes, as long as the refill does not exceed 5 refills of the original prescription nor extend beyond six months from the date of the original prescription. The refill must be documented in the patient’s chart as a standing order and is patient specific. In most cases, refills should be prescribed by outpatient clinics. For an example case, see the CA Bridge resource SUN and Maintenance Prescriptions.
**What is the pathway to calling in a maintenance script?**

A SUN can qualify to be someone that can call in a maintenance script if they are trained by the physician and acts as their assistant. A medical assistant that does NOT train other medical assistants does NOT require a license. Medical assistants are not licensed, registered or certified by the State of California.

**Can medical assistants call in refills to a pharmacy?**

Prescriptions are only called in within the restrictions of a clear procedure. Under the direct supervision of the physician, a medical assistant may call in routine refills that are exact and have no changes in the dosage levels, form, route, frequency, or number of days supply. However, the medical assistant or staff person can NOT call in new prescriptions or change prescriptions.

**PHARMACY FORMULARIES AND STOCK**

**What is a formulary?**

A formulary is a list of medications approved to be prescribed by a provider at a specific hospital, in a particular health system, or through a specific health insurance plan known as a prescription drug plan. In regard to prescription drug plans, formularies are a list of medications available at no cost or a reduced cost to those enrolled in the plan. Not all formularies are the same. It is important for a provider and her/his staff to confirm which medications are covered by a patient’s prescription drug plan before the patient is discharged from any hospital setting in order to prevent delays in the patient acquiring and taking necessary medications while in the outpatient setting.

**Do all pharmacies have a formulary?**

All inpatient pharmacies have a formulary. These pharmacies are located in a hospital setting and carry all the medications listed on the formulary at all times unless there is a shortage of a particular formulary medication or the pharmacy is waiting on a shipment from a distributor. Inpatient pharmacies also often stock a subset of non-formulary medications that are requested by providers on a relatively frequent basis. These non-formulary medications are dispensed for use through a non-formulary request process set by the hospital.

Outpatient pharmacies, also known as community pharmacies, do not have a formulary. If presented with a prescription for a medication a pharmacy does not carry (i.e. have in stock), the pharmacy may order the medication through a distributor or the pharmacy may call another local pharmacy to request to borrow that medication if the other local pharmacy has it in stock and is willing to allow the medication to be borrowed.

**What are the steps to add buprenorphine/naloxone and buprenorphine on to a hospital formulary?**

In order to add a medication to an inpatient pharmacy’s formulary for the hospital it serves, generally, a request needs to be made to a Formulary Review Committee and/or a Pharmacy and Therapeutics Committee. This request often requires a provider to submit paperwork asking that a particular medication be added, the reason why the provider feels it should be added, a description with attached references of primary literature documenting the benefits to patient care, the expected use throughout the year, and any other requested information. Often a monograph is requested, which is a document detailing the characteristics, efficacy, safety, and cost of a particular medication. Each hospital and associated pharmacy have their own formulary review processes.

**Are there generic versions of buprenorphine/naloxone and buprenorphine?**

Yes. Buprenorphine/naloxone sublingual films, buprenorphine/naloxone sublingual tablets, buprenorphine patches, and buprenorphine sublingual tablets each have a generic version.
**Do all outpatient/community pharmacies carry buprenorphine/naloxone and buprenorphine?**

No. SUNs may encourage pharmacies to stock common formulations of buprenorphine as rates of prescribing rise. If a pharmacy does not have the medication, in most cases, they can order it and have it ready within a day. In other cases, the pharmacy may transfer the prescription to another local pharmacy who can fill it.

**Can a provider force a patient to go to a particular pharmacy?**

No. A prescriber can not tell a patient which pharmacy the patient must go to. A prescriber may recommend a pharmacy a patient can go to if the prescriber knows that the pharmacy often carries the medication the prescriber wants to prescribe.

**INSURANCE**

**Do all insurance plans cover buprenorphine/naloxone or buprenorphine?**

No. Many prescription drug plans cover buprenorphine/naloxone and buprenorphine, but not all do and some plans put restrictions on these medications. Private insurance and Medicare: Coverage of medication varies by prescription drug plan.

Medi-Cal insurance: All Medi-Cal prescription drug plans have a pathway to cover the cost of buprenorphine/naloxone and buprenorphine. Generally, these medications are paid for by Medi-Cal FFS through what is known as a state carve-out. Carve-out medications are those billed directly to the state Medi-Cal FFS program rather than county plans. The classes of medications billed as carve-outs include HIV/AIDS medications, alcohol detox and dependence medications (i.e. naltrexone), heroin detox and dependence medications (i.e. buprenorphine, naloxone), some psychiatric medications, and blood factor products. If a patient has Medi-Cal of any kind and the pharmacy says that buprenorphine is not covered, ask the pharmacy to bill Medi-Cal FFS or the drug Medi-Cal carve out.

**Do all pharmacies take all insurances?**

No. A pharmacy must be contracted with a prescription drug plan in order for the insurance plan to pay for the medications being prescribed to a patient with that particular plan. For example, nearly all retail pharmacies accept Medi-Cal FFS (e.g., Walgreens), but may or may not contract with county-specific Medi-Cal plans. In fact, due to a discount program called 340B, many Medi-Cal HMO members can “only” pick up prescriptions at large retail pharmacies.

**If a patient has to pay out of pocket for buprenorphine/naloxone or buprenorphine, where can the patient get the cheapest price?**

Prices vary depending on coverage, the form of the medication, and which pharmacy a patient chooses to pick his or prescription up from. Generally, if a patient has to pay for a prescription out of pocket, CostCo and Walmart tend to have the lowest out of pocket costs for medications. There is also a free phone application called GoodRx that will provide coupons, price comparisons, and the nearest pharmacy location to any medication. The application can be downloaded for both iPhone and Android and an online version of the application is also available via the website GoodRx.com. Generally, buprenorphine monoproduct tablets are the least costly formulation.

**Links to on-line prescription plans**

This online directory can be helpful to find contact information for Medi-Cal plans in your county.

**PRIOR AUTHORIZATIONS AND TREATMENT AUTHORIZATION REQUESTS**

**What is the difference between a prior authorization (PA) and a treatment authorization request (TAR)?**

PA: A prior authorization, also known as a PA, is a requirement by a prescription drug plan whereby a provider must request and obtain approval for the plan to cover some or all of the cost of a particular prescription medication. Every insurance plan has its own prior authorization process with its own requirements. A PA is used to help minimize costs to the prescription drug plan and is generally a form that is filled out by the provider’s office and submitted to the insurance plan.
A treatment authorization request, also known as a TAR, is a version of a prior authorization for Medi-Cal FFS patients only. A TAR is generally filled out electronically by a pharmacy after attempting to process a prescription and obtaining a rejection. A pharmacy will fill the TAR out electronically, which is known as an eTAR.¹⁰

When does buprenorphine/naloxone or buprenorphine require a TAR for Medi-Cal patients?
Generally, only when a patient with Medi-Cal FFS exceeds 6 prescriptions per 30-day period. The TAR is used to give justification for the patient to receive an additional (i.e. 7th or 8th) prescription. This is necessary for both medication dosing/quantity adjustments as well as starting a patient on a new medication.

Who can fill out a PA?
A PA often requires a provider’s signature and therefore it is filled out by the provider and their office staff.

Who can fill out a TAR?
A pharmacy or a provider can fill out a TAR. However, a pharmacy usually fills out a TAR after receiving a rejection while processing a prescription through Medi-Cal FFS.

When and how will I know a TAR was approved?
Anywhere from a few hours up to 72 business hours (i.e. 3 business days). Unfortunately, Medi-Cal FFS can take up to 3 business days to approve or deny a TAR.

REFERENCES

7. Medical Board of California. (n.d.). Medical assistants. Retrieved from https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/

FAQ: Medications for Addiction Treatment: Pharmacy, November 2019
More resources available www.BridgeToTreatment.org