

Navigating Pharmacy Barriers for Chronic Pain Patients



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A Quick-Reference Guide for Compass Providers

Patients on long-term opioid therapy may encounter pharmacy-level barriers that disrupt continuity of care. The following steps help you address refusals, protect patient safety, and maintain documentation aligned with opioid stewardship best practices.

1. Build a Relationship

Establish a collegial relationship with your local pharmacist and other pharmacy staff, and ask to speak directly to the pharmacist to discuss any conflict. Be careful to modulate your voice, and start from a position of genuine curiosity rather than anger or accusation. A phrase such as, “can you help me understand the barriers to filling this prescription?” will encourage dialogue and hopefully avoid a defensive response.

2. Clarify the Regulatory or Policy Basis

Before responding to a pharmacy refusal, clarify exactly what policy or law the pharmacist is relying on:

- Ask whether the decision is based on corporate policy, state rules, third-party payer restrictions, DEA guidance, or personal interpretation.
- Request written documentation of the policy or specific regulation.
- If no clear statute or corporate rule exists, this lack of clarity can support your escalation.

Why this matters: Many barriers arise from misinterpretations of federal or state guidance rather than actual law. Identifying the source upfront drives an effective, targeted response.

3. Escalate to Regional Pharmacy Leadership or Corporate Compliance

If the issue is not resolved at the store level:

- Contact the pharmacy’s district manager, regional clinical pharmacist, or corporate compliance department.
- Frame the conversation around:
 - Continuity of care
 - Patient safety
 - Clinical stability
 - Your participation in the Compass program, demonstrating a commitment to safe opioid stewardship, structured education, and quality improvement.

Tip: Provide a concise clinical summary emphasizing:

- Patient stability
- Functional improvement
- Absence of misuse, aberrancy, or adverse effects

This helps justify why the current therapy is appropriate.



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4. Document Thoroughly for Clinical and Legal Protection

Ensure every chart includes:

- Diagnosis and relevant medical history
- Rationale for opioid therapy and current dose
- Functional goals and outcomes
- PDMP review and risk assessment
- Informed consent and opioid agreement
- Clear documentation when tapering is not clinically appropriate, including risks of destabilization or deterioration if opioid therapy is abruptly changed

5. Collaborate With Pain Management (Local or Telehealth)

- Use consult notes as supplemental documentation for pharmacies; provided on a case by case basis when encountering difficulties in getting a prescription filled.
- A specialist's endorsement of your care plan often improves pharmacy cooperation.
- If pain specialists in your area are procedure-focused or have long wait times consider telehealth pain consultations.

6. Implement a Patient Safety Plan

If a pharmacy delay or refusal places the patient at risk for withdrawal:

- Proactively discuss a withdrawal-mitigation plan, including:
 - Symptomatic treatment options
 - When to call you
 - Red flags requiring emergency care
- Reinforce safe medication storage, monitoring, and naloxone availability

This protects the patient and demonstrates responsible opioid stewardship.

7. Explore Safer Alternatives When Appropriate

If the pharmacist refuses to fill the existing prescription but is open to alternatives:

- Consider transitioning to buprenorphine or tapentadol, when clinically appropriate and acceptable to the patient.
- Engaging the pharmacist in transition planning may increase collaboration and reduce friction for future prescriptions.

8. Reach Out for Support

Compass clinical coaches are available to help you navigate:

- Complex pharmacy refusals
- Opioid transitions
- Tapering decisions
- Risk assessments
- Difficult patient conversations

If you are considering medication changes or need guidance on the care plan, your Compass clinical coach is happy to consult with you. **2**