

Key Informant Perspectives On Pharmacy-Based Methadone Treatment For Opioid Use Disorder In The US. Stewart MT, Feltus SR, Tschampl CA , Bratberg J, Green TC. Health Affairs 2025 44:9, 1164-1172.

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The US continues to experience a drug overdose crisis and expanding access to medications for opioid use disorder (MOUD) is a key policy response to the crisis. Methadone is one medication for opioid use disorder that reduces overdose mortality. However, regulatory barriers can make accessing methadone challenging.

Methadone generally can only be dispensed by federally certified opioid treatment programs (OTPs). Across the US there are 2,100 OTPs; 80% of counties and the entire state of Wyoming do not have one. As a result, in some areas the average drive time to an OTP can be up to 2 hours per day. People with OUD, patient advocacy groups, addiction medicine physicians, professional organizations, scientists, and policymakers have called for expanding access to methadone through pharmacies.

Pharmacy-based methadone treatment for OUD could be possible through at least two models. First, under current federal law, pharmacies and OTPs could partner together to operate pharmacy-based medication units. In practice, medication units are rare. Second, with changes to federal law or regulations, qualified practitioners could prescribe methadone for OUD and pharmacies could dispense it like other controlled substances. Heller researchers and colleagues at Boston University and the University of Rhode Island conducted a study to explore the advantages, disadvantages, barriers and facilitators to expanding methadone treatment through these pharmacy-based models by soliciting input from a range of perspectives. The team talked with people with experience accessing methadone treatment, pharmacists, OTP leadership, state Medicaid officials, health insurance plan representatives, and state and federal policy makers. The manuscript in Health Affairs new issue on the opioid crisis summarizes findings from these interviews.