

The Effects of CARA on Buprenorphine prescribing patterns amongst providers

Introduction

- Buprenorphine is a mainstay of FDA approved Medication Assisted Treatment (MAT) used to treat Opioid Use Disorder (OUD)
- Access to a provider remains a barrier to widespread treatment
- The 2016 Comprehensive Addiction and Recover ACT (CARA) sought to increase access to MAT by allowing waivered Nurse Practitioners (NPS) and Physician Assistants (PAs) to prescribe buprenorphine for MAT
- NP and PA written buprenorphine prescriptions have increased annually alongside the number of licensed providers

Methods

- We sought to examine whether CARA had any effect on buprenorphine prescribing practices
- Total annual buprenorphine prescriptions written in the US by NPs, PAs and physicians from 2012-2017 was collected using the IQVIA database
- The annual number of NPs, PAs, and physicians was obtained from their respective licensing agencies
- We compared the prescriptions per provider (PPP) before and after CARA implementation

Total Buprenorphine Prescriptions PPP =Number of Providers





- of physicians increased from 878000 to 970,000 (10%)

Total Annual Buprenorphine Prescriptions 2012 2013 2014 2015 2016 2017



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Results

From 2012 to 2017, the number of PAs increased from 90,000 to 120,000 (33%), the number of Nurse Practitioners increased from 157,000 to 234,000 (49%), and the number

Prescriptions per provider for PAs, NPs and physicians increased 8%, 28% and 4%, the year CARA took effect, compared to 14%, 19% and 9% the year before.

PA	NP	Physician
55 (2.8)	55 (2.9)	1822 (94.3)
72 (2.9)	78 (3.2)	2310 (93.9)
101 (3.3)	113 (3.7)	2824 (93.0)
116 (3.6)	141 (4.3)	3009 (92.1)
141 (4.0)	181 (5.1)	3213 (90.9)
163 (4.3)	247 (6.5)	3402 (89.2)

- CARA's impact

- buprenorphine data
- addressing them

- https://www.nccpa.net/wp-
- https://www.nccpa.net/wptants.pdf.
- https://www.nccpa.net/wptants-6.27.pdf.

- in the United States, 2018," 17.

Conclusion

Total buprenorphine prescriptions and buprenorphine prescriptions per provider increased annually for all provider types. The rate of increase for prescription per provider increased for NPs but decreased for PAs the year after CARA was implemented The number of increasing providers may be a confounder that leads to overestimation of

Future Study

Obtaining and analyzing subsequent years of Distinguishing between buprenorphine prescribed for MAT and for other uses Identifying barriers to prescribing MAT and

References

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