

Pharmacy-Based Methadone Treatment Shows Strong Return on Investment

Integrating methadone treatment for opioid use disorder (OUD) into pharmacy-based care could be a financially viable model.

Methadone, which can be used to treat OUD, is a highly regulated substance and can be dispensed through federally certified opioid treatment programs (OTPs). But many communities, especially in rural areas, lack an OTP.

Methadone can be dispensed at pharmacies through two models: the medication unit model, where pharmacies operate as satellite locations of an OTP for methadone dispensing, or the pharmacist-dispensed model, which allows a Drug Enforcement Administration (DEA)-registered providers to prescribe and dispense methadone directly at the pharmacy.

A new [study published in JAMA](#) found that pharmacies offering methadone through both models were able to demonstrate a positive return on investment over three years.

“Methadone is a highly effective medication for OUD that, to date, has generally been available only through OTPs,” authors of the study wrote. “OTPs alone cannot address the need for methadone treatment, especially in rural areas. People with OUD taking methadone need additional ways to receive their treatment that are more accessible, convenient, and normalized. Pharmacies are well suited to address this community need, but until now, financial pathways to expand in this way have been unclear.”

Researchers found that the pharmacy-based medication unit model returned \$3.53 per \$1.00 spent. That came to an average profit of \$96,904 over three years, with researchers projecting the profits to reach \$150,000 by the third year.

Pharmacist-dispensed methadone models returned \$2.64 per \$1.00 spend, or a net profit of \$23,844 over three years.

Authors of the study suggest that pharmacy-based models could help with the shortage of available OTPs and also provide an additional revenue stream for pharmacies.

“Nationwide, pharmacies are struggling to stay open; closures have disproportionately affected independent pharmacies, those in rural areas, and those serving low-income neighborhoods,” study authors wrote. “In the current landscape, pharmacy owners may not be willing to diversify or expand their services without positive financial forecasting. The results of this economic analysis can support pharmacies in making informed decisions about the financial risks involved in expanding their business model.”