

COVID-19: INFORMATION FOR OPIOID AGONIST TREATMENT PRESCRIBERS AND PHARMACISTS

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On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic, citing concern over alarming levels of spread and severity across the globe. The novel coronavirus has caused a global outbreak of respiratory infections since its discovery in December 2019. For most, this coronavirus causes only mild to moderate symptoms including fever and cough, however, older adults and those with existing health problems are at greater risk for more severe symptoms such as pneumonia.

The situation regarding COVID-19 continues to evolve in BC, Canada, and other jurisdictions around the world.

Federal and provincial health officials have urged individuals on chronic medications to acquire an adequate supply of prescription drugs. Ensuring uninterrupted access to essential medications, including opioid agonist treatment (OAT) medications for patients with opioid use disorder, is of critical importance to reduce the risk of harms and death that can be associated with medication destabilization.

PREPAREDNESS PLANNING FOR PATIENTS ON OAT

Many patients on OAT currently receive daily witnessed medications. In the context of the COVID-19 pandemic, there may be additional considerations for access that prescribers and pharmacists should be aware of. For example, immunocompromised patients and those who exhibit symptoms or are under quarantine or self-isolation may not be able to attend medical appointments or present to the pharmacy for their witnessed dose or to pick up their carries. To facilitate continued access to OAT medications all health care providers should:

- Talk with all patients about COVID-19, including ways to reduce risk of infection and any specific concerns related to an individual's health (e.g., existing chronic health conditions, immunosuppression). See General COVID-19 Preparedness Practices, below
- Develop a contingency plan with patients, in the event they are unable to come in for appointments or access all of their medications through regular means, including OAT
- Consider alternative avenues to get essential medications to patients that both reduce the number of patient visits (e.g., extending prescription durations) and promote social distancing (e.g., telemedicine). This may also include pharmacy delivery of OAT, where services exist. If delivery is not an option, prescribers and pharmacists should work closely together to ensure patients can pick up medications with proper safety precautions in place
- Support patients who may continue to use alcohol and illicit drugs during this pandemic. Interim clinical guidance is available on the BCCSU's [website](http://www.bccsu.ca) to support prescribers to prevent clients from experiencing unsupported withdrawal while adhering to physical distancing and self-isolation measures

GUIDANCE FOR OAT PRESCRIBERS

- Carefully document in the patient's medical record the rationale for any treatment plan augmentations or alterations due to COVID-19
- Specific guidance for different types of OAT:
 - **Buprenorphine/naloxone:** If possible, and with a discussion of the risks and benefits with the patient, consider transitioning to buprenorphine/naloxone—first-line treatment for opioid use disorder. Given the superior safety profile, patients can receive longer duration carries (a benefit if they are in self-isolation or quarantined) and there is reduced risk of overdose and diversion
 - Micro-induction may be considered for individuals transitioning from another OAT medication to buprenorphine/naloxone, to avoid the need for a washout period and moderate withdrawal to be reached prior to induction¹
 - Where clinically appropriate, prescribers should prescribe carry doses in blister packages, if available, by indicating this on the prescription for the pharmacy to arrange
 - **Sustained release oral morphine (SROM or Kadian):** prescribers should temporarily prescribe carry doses, whenever clinically appropriate (e.g., stable patient with secure place to store up to a week's supply of medication)
 - For daily witnessed ingestion (DWI) doses (e.g., patient deemed too unstable or patient unable to safely store a week's supply of medications), consider not recommending 'sprinkling' (i.e., opening capsules and sprinkling medications) in the prescription. Indicate this clearly on the prescription and communicate with the pharmacy if necessary. This will reduce the amount of time patients spend in pharmacy and reduce medication handling and interactions with pharmacy staff
 - Note: There is a potential Kadian shortage currently. More information available [here](#)
 - Any formulation of **methadone** (Methadose, Metadol-D, compounded methadone, or Sandoz methadone [Sterinova] or compounded methadone): where clinically appropriate, prescribers should consider temporarily allowing carry doses in adequately stable patients, including longer take-home intervals and fewer in-person appointments, supporting uninterrupted access to these essential medications
 - For patients on **injectable OAT** (hydromorphone and diacetylmorphine): guidance is forthcoming
- Ensure prescription does not end on a weekend, statutory holiday, or other time in which prescriber would not be available. If prescription is DWI, ensure that carries are included for statutory holidays. The exact date(s) of carries must be specified on the prescription
- The duration of carry doses should be individualized
 - For patients with symptoms or in quarantine, consider means by which patients can have medications safely delivered for daily witnessed doses or increase carries to ensure adequate medication
 - A reminder that the duration of carry or delivery can be written as part-fill in the SIG for a longer prescription (e.g., 7-day weekly carry with first dose witnessed)
- When prescribing longer duration of carry doses, clinicians must weigh the benefits of larger dispenses with the risk of overdose, diversion, or risk to household members. In any case where carry doses are provided, counselling on safe storage of medication is critical. Also, ensure that patients have naloxone kits and training on their use
- Urine drug tests should only be used when clear clinical utility exists. A negative urine drug test is not required in order to prescribe take-home doses
- Wherever possible, provide support to patients via telemedicine ([telehealth/virtual service billing codes](#)). A reminder that billing codes for OAT may be eligible for telehealth visits and some may be billed when delegated to a nurse (see [OUD billing codes](#) for more information)
- During the pandemic, it is now acceptable for prescribers to fax prescriptions, or give verbal prescriptions for controlled drugs to pharmacists, and then deliver (by mail courier or other means) a hard copy of the original duplicate prescription at a later date
- Regulators are collaborating and aligning with public health and provincial directives and will continue to modify policy where possible, to adapt to changing circumstances during the pandemic. More information on the changes to date can be found on the College of Physicians and Surgeons of British Columbia's [website](#)

¹ See [Klaire, 2019](#) for a rapid micro-induction protocol and [guidance from the BC Pharmacy Association](#) for more information and a slower micro-dosing protocol (the Bernese method); consider consulting the [RACE line](#) if additional guidance necessary

GUIDANCE FOR PHARMACISTS

- Consider whether there will be stable and predictable hours of operation and delivery options for those who receive OAT daily and communicate clearly to patients
- Where appropriate, consider pharmacist delivery of OAT medications to patients as outlined in the College of Pharmacists of BC's [Professional Practice Policy-71 Delivery of Opioid Agonist Treatment](#)
- Methadose, Metadol-D, and Sandoz Methadone (Sterinova) are all commercially available methadone 10mg/mL products that meet the Health Professions Act definition (section 25.91) of an interchangeable drug. For more information and key considerations when deciding on a formulation, please see the [BCCSU Methadone Formulations Options Bulletin](#). Patient preference should be taken into account when considering a change.
- Further information for pharmacists is available on the CPBC website: <https://bcpharmacists.org/covid19>

In the context of the pandemic, Health Canada has issued [additional exemptions](#) under the Controlled Drugs and Substances Act (CDSA) for prescriptions of controlled medications, including OAT, effective March 19, 2020.

The exemptions:

- Permit pharmacists to extend prescriptions
- Permit pharmacists to transfer prescriptions to other pharmacists
- Permit prescribers to issue verbal orders (i.e., over the phone) to extend or refill a prescription
- Permit pharmacy employees to deliver prescriptions of controlled substances to patient's homes or other locations where they may be staying (Note: At this time, only pharmacists in BC are permitted to deliver OAT medications to a patient if they feel it is safe, appropriate, and in the best interest of the patient, as per recent amendments to Professional Practice Policy – 71: Delivery of Opioid Agonist Treatment.)

Guidance on operationalizing these exemptions is available on CPBC's [website](#).

The BCCSU will make every effort to stay apprised of potential disruptions in the drug supply chain or other factors that may affect medication availability and will provide updates as they become available.

GENERAL COVID-19 PREPAREDNESS PRACTICES

Clinicians should follow hand hygiene, respiratory etiquette, and social distancing measures and advise patients to do the same. Have hand sanitizer available and consider face masks for those who present with respiratory symptoms. More information can be found on the Government of Canada [website](#).

Clinicians should ensure patients have an adequate supply of other required medications (e.g., for HIV, hepatitis C, other chronic conditions) that may be necessary during a period of quarantine, providing extra refills as appropriate.

Clinicians should provide information about COVID-19 to patients, including about social distancing measures when visiting the pharmacy or clinic, and refer patients to the [BC Centre for Disease Control](#) for more information.

The [BC Centre for Disease Control](#) has created guidance for responding to an overdose in the context of the COVID-19 pandemic, including when rescue breaths and ventilation are required.

The Harm Reduction Coalition has published a [fact sheet](#) on COVID-19 operational practices for harm reduction providers, which provides additional relevant guidance.

ADDITIONAL RESOURCES

811 call centre focused on COVID-19 queries
1-888-COVID19 (268-4319)

British Columbia Centre for Disease Control

- For health care providers ([link](#))
- For the public ([link](#))
- For people who use drugs and registered harm reduction and naloxone sites ([link](#))