BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
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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 here in BC, Canada, and other jurisdictions in 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 delivery of OAT via outreach teams or pharmacist delivery, where services exist.

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

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- 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 induction[1]
    - 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]): 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): consider offering a transition to the morphine equivalent of oral opioids (see iOAT guidance chart here) and providing carries, as clinically appropriate, to reduce daily clinic visitation
- Consider writing renewable prescriptions (i.e., weekly or bimonthly dispensation for up to 60 days), so that patients aren't required to come to clinic as frequently, to support social distancing
- 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 (i.e., may increase to 14 days if needed)
  - 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
- 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)
- 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

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 is preparing to issue additional exemptions under the Controlled Drugs and Substances Act (CDSA) for prescriptions of controlled medications, including OAT, as early as this week (week of March 16, 2020). The exemptions under consideration would permit pharmacists to extend prescriptions, transfer prescriptions to other pharmacists, and permit prescribers to issue verbal orders (i.e., over the phone) to extend or refill a prescription. Elements of these exemptions may require matching changes to provincial requirements. Further guidance will be forthcoming once more information is available.

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 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)