

BC ECHO on Substance Use

Caring for patients on OAT during the COVID-19 pandemic – Part 2

Frequently Asked Questions and Resource List

This document was published on April 17, 2020. Clinical guidance is rapidly changing in the context of COVID-19. For up-to-date information, please see <https://www.bccsu.ca/covid-19/>

Q: Who can deliver medications, other than pharmacists? Can outreach workers deliver medications under the supervision of an RN/NP?

A: As of March 19, Health Canada has issued [exemptions](#) under the Controlled Drugs and Substances Act which permit pharmacy staff to support the delivery of controlled medications. Health Canada has also made [Section 56 exemptions](#) that permit nurses to transport narcotics, including OAT.

At this time, outreach workers are not able to deliver medications in BC. The College of Pharmacists of BC (CPBC) recently issued a [temporary amendment](#) to Professional Practice Policy-71: *Delivery of Opioid Agonist Treatment* which allows pharmacists to authorise regulated health professionals to deliver OAT to a patient. Pharmacists can also authorise pharmacy employees (e.g., pharmacy technicians, pharmacy assistants) to deliver OAT in *exceptional circumstances* where it is not possible for a pharmacist or other regulated health professional to deliver OAT.

Refer to the [CPBC website](#) for more information on supporting delivery of controlled drugs.

Q: Can a medical office assistant (MOA) be delegated to call in an OAT prescription?

Verbal orders for OAT must be from the prescriber to pharmacist. For 1A medications, a Controlled Prescription Program (CPP) form should also be mailed to the pharmacy as soon as it is reasonable to do so.

Q: What is needed for faxed prescriptions to the pharmacy?

The faxed prescription for any medications must be addressed to the pharmacy, contain unique prescriber signatures, and the practitioner's telephone number and fax number on the prescription. For 1A medications, the original Controlled Prescription Program (CPP) form should also be mailed to the pharmacy as soon as it is reasonable to do so.

Q: Can new starts for OAT be done via telehealth?

A: Wherever possible, it is preferable to do an OAT start in person for a patient who is new to the healthcare provider. The College of Physicians and Surgeons of BC's (CPSBC) practice standard for telehealth states that physicians must only prescribe opioid medications when they have a longitudinal treating relationship with the patient and have examined the patient themselves, or when they are in direct communications with another clinician who has a longitudinal relationship with the patient and

has examined the patient and agrees that opioids are indicated. Refer to the following resources for guidance on virtual care:

- a. [Doctors of BC: New Guides for Physicians on Using Virtual Care](#)
- b. [College of Physicians and Surgeons of British Columbia: Prescribing Medications During the COVID-19 Pandemic](#)
- c. [CPSBC Practice Standard: Telemedicine](#)
- d. The BC College of Nursing Professionals has specific standards for nurse practitioners prescribing narcotics via telehealth on their website—see NP scope practice/prescribing/**principle 13**. [BC College of Nursing Professionals: Prescribing Drugs: Standards](#)

Q: Should tapers be halted for patients on long-term opioids for analgesia? Does it make sense to halt tapers for patients without an identified substance use disorder, but who are on long-term opioids for pain, and those opioids were being slowly tapered down? The rationale here is that continuing to taper might put someone at higher risk of seeking street drugs.

A: A long-term taper is a slow process and is not an emergency. Clinicians should decide whether to start or continue a taper for a given patient on a case-by-case basis. If a patient is at high risk of seeking out street drugs throughout the taper, it may be prudent to pause the taper due to the increasingly limited and toxic illicit drug supply. However, if the patient is interested in continuing the taper and is deemed to be at low risk of seeking out street drugs, continuing the taper may also be considered.

Q: Are the Duplicate Prescription Pads still required for prescribing OAT in BC?

A: Currently in BC, prescribers are required to use the Controlled Prescription Program (CPP) forms when prescribing OAT. The pink CPP form is used for Methadone and the blue CPP form is used for all other OAT and narcotics on the 1A program in BC. A new single form is in development for the Controlled Prescription Program, which will apply to OAT prescriptions and 1A medications. Until the new form is available and implemented into regular practice, prescribers will need to continue to use the corresponding blue or pink CPP forms. See the CPBC website for more information on [Delivery Authorization and Controlled Prescription Programs Forms](#).

Q: Is Sublocade available in Canada and covered by public drug programs?

A: Sublocade is an extended-release subcutaneous buprenorphine injection, administered monthly. Sublocade is approved by Health Canada for the management of moderate to severe opioid use disorder in adults who have been inducted onto sublingual buprenorphine/naloxone. Sublocade is not currently covered by BC PharmaCare but may be covered in the future. Private drug programs (such as through an employer) may provide coverage for Sublocade.

Q: What is being updated in the new *Risk Mitigation in the Context of Dual Public Health Emergencies* interim clinical guidance?

A: The updates to the interim clinical guidance include clearer guidance on opioid, stimulant, and benzodiazepine prescribing, as well as example case scenarios to help support treatment planning. The updated guidance is available [here](#).

Resources

- [BCCSU Bulletin COVID-19: Information for Opioid Agonist Treatment Prescribers and Pharmacists](#)
- [BCCSU Interim Clinical Guidance: Risk Mitigation in the Context of Dual Public Health Emergencies](#)
- [BCCDC: Harm reduction information for people who use substances in the context of COVID-19](#)
- [Harm Reduction Coalition fact sheet on COVID-19 for harm reduction providers](#)
- [Section 56 exemptions](#)
- [College of Pharmacists of British Columbia – temporary authorizations for controlled drugs and substances](#)
- [College of Pharmacists of British Columbia – temporary authorizations for OAT delivery by non-pharmacists](#)
- [College of Pharmacists of British Columbia – Novel Coronavirus \(COVID-19\)](#)
- The BC College of Nursing Professionals has specific standards for nurse practitioners prescribing narcotics via telehealth on their website—see NP scope practice/prescribing/**principle 13**. [BC College of Nursing Professionals: Prescribing Drugs: Standards](#)
- There are standards on the BCCNP website for nurses dispensing with pharmacist involvement. [BC College of Nursing Professionals: Dispensing Medications](#)
- [PHSA Virtual Health COVID-19 accessible solution toolkit](#)