

COVID-19

Information for Opioid Agonist Treatment Prescribers and Pharmacists

March 19, 2020

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.

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic. The novel coronavirus has caused a global outbreak of respiratory infections since its discovery in December 2019.

Opioid Treatment Programs provide essential medication and care to individuals with opioid use disorder. In circumstances in which a patient(s) have symptoms of infection (fever, chills, cough, and shortness of breath) or in which they may have been in contact with someone who has such symptoms or has been diagnosed as having COVID-19 infection, it is important that the individual(s) not attend the ODT program, but continue to receive treatment including opioid agonist medication.

Individuals who are experiencing symptoms of COVID-19, or who have come in contact with someone who has fever, cough or difficulty breathing, should complete the online self-assessment at www.811healthline.ca before calling the NL Health Line 811. If you are not seriously ill, **do not** go to an emergency department or doctors' office.

The following information is meant to support OAT prescribers and pharmacists for opioid use disorder (OUD) relating to the coronavirus (COVID-19) situation in Newfoundland and Labrador. *Please note, this is not 'official' public health advice but a clinical recommendation pertaining solely to the treatment of opioid use disorder.*

General COVID-19 Preparedness Practices

- Clinicians should follow hand hygiene, respiratory etiquette, and social distancing measures and advise patients to do the same.
- Clinicians should provide information about COVID-19 to patients, including information about social distancing measures when visiting the pharmacy or clinic, and refer patients to the [Government of Newfoundland and Labrador COVID-19](http://www.gov.nl.ca/health/covid19/) website for more information.
- Clinicians should ensure patients have an adequate supply of 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.
- Ensure you have up-to-date emergency contacts for your patients and employees.
- Develop a plan for possible alternative staff scheduling in case you experience staffing shortages due to staff illness.
- Prescribers may want to consider expanding service hours to help mitigate the potential for individuals gathering in large numbers in waiting rooms.
- Current guidelines recommend trying to maintain a six-foot distance between clients in any primary care setting. This should be attempted, while considering the space and patient flow within your physical location.
- Consider reserving special dosing times for high-risk populations like those who have medical comorbidities.
- While the effects of COVID-19 for pregnant women and the fetus are unknown, consider using these special dosing times for this population as well.

Contingency Planning for Patients on Opioid Agonist Treatment (OAT)

Regulatory Boards, health officials, and stakeholders 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.

- Many patients receiving OAT receive daily witnessed medications. In the context of the COVID-19 pandemic, there may be additional considerations for access that prescribers and pharmacists should consider. 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.
- Talk with all patients about COVID-19, including ways to reduce the 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 OAT medications through conventional means.
- 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.
- Document in the patient's medical record the rationale for any treatment plan changes due to COVID-19.
- Where 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).
- The duration of carry doses should be individualized. Increasing medication carries outside of guidelines should be evaluated on an individual patient basis in a quarantine situations. Clinicians must weigh the benefits of larger dispenses with the risk of overdose, diversion, or risk to household members. Counselling on safe storage of medication is critical. OAT prescribers must assess for the increased potential for risk of overdose on OAT or diversion.
- Considering a minimum two-week supply of buprenorphine containing products, and phone or telehealth follow up when clinically appropriate may help to lessen people's risk of coming into contact with persons who may be carrying the COVID-19 virus.
- For patients with symptoms or in quarantine, consider means by which patients can have medications safely delivered or increase carries to ensure adequate medication (i.e. may increase to 14 days if needed).
- If you cannot admit new clients for opioid use disorder treatment, please refer clients to the [RHA ODT HUB](#) treatment program in your region.
- Ensure that patients have naloxone kits. Visit the [Health and Community Services Naloxone webpage](#) for more information
- Telehealth options for continued counseling in times of emergency or disaster should be utilized to the extent possible, maintaining standards for patient confidentiality.

Guidance for Pharmacists

- In addition to many of the points above, 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.
- If a quarantined patient is infected with COVID, this potentially exposes the public to risk.
- Pharmacists are encouraged to collaborate with OAT prescribers and other members of the care team to prioritize both continuity of care and patient safety.
- Where appropriate and safe, consider potential for delivery of OAT medication to patients.
- At this time, there has been no reported concern from any provincial or national partner about a potential for disruption in the medication supply for methadone and/or any buprenorphine containing product. Any future updates or changes to this guidance will come from the NL Provincial Government, Newfoundland Pharmacy Board (NLPB), and/or RHA.

- If hours of operation are changed, revised hours must be posted in full view at the public entrance of the pharmacy, and, at the dispensary, if different. NLPB office does not need to be notified of this temporary change.
- Secure prescriber contact information for times when immediate communication is necessary.
- If a temporary closure is required, please contact NLPB office as soon as possible for direction.
- More information for pharmacists is available on the [NLPB](#) website.

Additional Resources

- [Government of Newfoundland and Labrador COVID-19](#)
- [811 HealthLine](#)
- [COVID-19 Self-Assessment](#)
- [How to self-isolate \(PDF\)](#)
- [Self-isolation guide for caregivers, household members and close contacts \(PDF\)](#)
- [Provincial Mental Health and Addictions Systems Navigator 1-877-999-7589](#)
- [Mental Health Crisis Line 1 888 737 4668](#)
- [CHANNAL Warm Line 1 855 753 2560](#)
- [Bridge the gApp](#)
- [RHA ODT HUB Services](#)
- [Take Home Naloxone](#)
- [Health Canada](#)
- [World Health Organization](#)
- [NIDA COVID-19: Potential Implications for Individuals with Substance Use Disorders](#)



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<http://www.easternhealth.ca/WebInWeb.aspx?d=2&id=2458&p=2106>

Note: Information adapted from Washington State Health Care Authority, British Columbia Centre on Substance Use, SAMSHA, and Ohio Mental Health and Addiction Services COVID-19 resources.