Early Guidance for Pharmacists in Managing Opioid Agonist Treatment during the COVID-19 Pandemic

Prepared by pharmacists from the Centre for Addiction and Mental Health

Scope

This document specifically refers to pharmacists' practice as it relates to buprenorphine and methadone as opioid agonist treatments (OAT). Unless otherwise mentioned in this document or the COVID-19 – Opioid Agonist Treatment Guidance document, pharmacists should practice as per existing OAT standards and guidelines.

General principles

- Actions taken during the COVID-19 pandemic balance the risks of community transmission with patient and community safety as it relates to OAT (e.g., risk of opioid overdose, risk of treatment interruptions). More than ever, this balance is a shared responsibility among the patient, the prescriber and the pharmacist.
- None of the guidance requires a pharmacist to provide OAT in a manner that they believe is unsafe for the patient, the pharmacy staff or the public.
- Practice may need to be modified beyond the scope of this guidance document on a case-by-case basis, applying clinical judgment to weigh risks and benefits to patient and public in each case.
- Patients who may not have been suitable for carries as defined by existing guidelines (i.e., 2011 CPSO Methadone Maintenance Treatment Standards and Guidelines) should be reassessed as per the COVID-19 – Opioid Agonist Treatment Guidance document during the COVID-19 pandemic.
- Ongoing and close communication with prescribers is critical. Pharmacists' assessments are valuable, particularly for decisions related to suitability for progressive carry doses.
- When determining the number of carries to be dispensed at one time, pharmacists and prescribers should consider a patient's ability to store carries safely and appropriately.
- Pharmacists should not make any changes to the dosage of existing therapy except in collaboration with the prescriber.
- If pharmacists are not able to meet the needs of the patient due to reduced hours, pharmacy closure or other reasons, the pharmacy must transfer the care of the patient to another pharmacy.

- Given buprenorphine's safety profile, its contingencies can be considered differently than with methadone.
- Pharmacists should ensure all patients on OAT have a take-home naloxone kit and are trained on its use along with other harm reduction strategies.
- For patients in self-isolation or quarantine, a pharmacist may release OAT doses to an authorized agent for pick up at the pharmacy or have the doses delivered. If releasing to an agent, pharmacists must take steps to confirm:
  - the patient authorizes the individual to act as an agent
  - the identity of the individual before releasing the medication
  - the receipt of the medication by the patient.
- Pharmacists should document all activities associated with using this guidance and the COVID-19 – Opioid Agonist Treatment Guidance document.

Observed doses

- For patients who are presenting to the pharmacy, pharmacists should consider extra precautions around managing observed doses, in addition to other general personal protective measures in the pharmacy. These include care in the handling and disposal of dosing cups and reduced contact by not requiring signatures for dosing.
- For patients who are self-isolating or under quarantine, pharmacists should explore alternative measures to support witnessed dosing, including virtual communication and observation methods.
- For observed dosing of buprenorphine in the pharmacy, pharmacists should consider a brief observation period and minimize close contact with the patient.

Take-home doses or "carries"

- Refer to the COVID-19 – Opioid Agonist Treatment Guidance document for recommended maximum take-home doses for methadone and buprenorphine.
- For methadone carries:
  - While an increase in carries may be recommended to limit the number of required pharmacy visits, pharmacists might consider delivering a smaller number of methadone carries at one time to enhance patient safety. For example, a patient may be authorized to receive 13 carries. A pharmacist may decide to deliver six or seven doses weekly so that there is less methadone in the residence at any given time.
  - If patients were previously instructed to return carry bottles, pharmacists should advise patients that the return of used carry bottles is not recommended at this time. Pharmacists must provide direction to these patients to ensure the used carry bottles are rinsed prior to disposal.

NOTE: This guidance may evolve over time.
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