



## COVID-19: Information for OAT Prescribers

March 19, 2020

Dear Colleagues,

The Opioid Agonist Therapy Program (OATP) provides an essential service and our collective goal remains safe, accessible, effective and consistent treatment for individuals with opioid use disorder. With the quickly evolving environment in the context of the COVID-19 outbreak, it is crucial to ensure uninterrupted, appropriate access to health care and medications.

Dr. Karen Shaw, Registrar of the College of Physicians and Surgeons, has declared an emergency under Bylaw 2.18 Emergency Licensure.

Bylaw 2.18 (b) (ii) allows the Registrar to “suspend the effect of any provisions of the College’s bylaws or any policy, guideline or standard of practice of the College which, in that person’s opinion, should be suspended in order to reduce the risk of harm to the population of Saskatchewan”. It is under this authority that the OATP Standards and Guidelines are amended to allow for flexibility in treatment, if the OATP provider feels it is warranted and in the best interest of the patient.

### Guidance for OAT Prescribers

Any deviation from the [Opioid Agonist Therapy Program: Standards and Guidelines for the Treatment of Opioid Use Disorder](#) or any rationale for treatment alterations due to COVID-19 **must** be thoroughly documented in the patient’s medical record.

Prescribers should emphasize the temporary nature of any deviation from the Standards and Guidelines with patients and stress that once the current pandemic risks have subsided, strict adherence to the existing Standards and Guidelines will be required.

When considering OAT take-home doses or deviation from non-standard practices, prescribers are encouraged to be mindful of (not limited to):

- The patient’s risk of taking more medication than prescribed;
- The safe storage of medication;
- The risk of medication diversion;
- The concurrent use of interacting prescribed and non-prescribed substances such as alcohol and other CNS depressants;
- Potential instability due to mental health concerns; and
- The risk of carried doses to other members in the home.



Anytime, but especially when carries are provided, it is essential to highlight the importance of a Take Home Naloxone Kit for patients, social supports and caregivers.

Prescribers should consider fewer in-person appointments, if possible, to encourage social distancing while still ensuring uninterrupted access to OAT (e.g. prescription extensions). If appropriate, prescribers may consider consultations using telemedicine. Please see [Delivering Virtual Care During a Pandemic](#) for more information.

The time between urine drug screens may temporarily be extended as you see fit.

To enhance communication with the pharmacy, please reference “COVID-19 prevention” (or something alike) on the prescription, especially with any practice modification. The current Standards require prescribers to specify extraordinary situations on prescriptions.

Patients should be encouraged to seek care from his/her regular provider; however, because access to regular providers may be challenging, prescribers **must** be diligent in checking PIP/her Viewer prior to authorizing medications, especially when the medications are high-risk for intoxication and/or overdose.

The Harm Reduction Coalition has published information for [Safer Drug Use During the COVID-19 Outbreak](#). Please note the [Prescription Quantities Restrictions](#) applicable to Saskatchewan residents.

### Buprenorphine/naloxone (bup/nal)

If clinically appropriate, engage the patient in a conversation regarding the potential benefits (e.g. enhanced safety, earlier take-home doses) of transitioning from methadone to bup/nal. This should only be done by initiating prescribers and may require consultation with an OAT experienced mentor. Micro-induction may be used to transition to bup/nal. **Please do not mandate a patient to switch from methadone to bup/nal.**

The maximum number of take-home doses should not exceed **28 doses** and medication should be blister-packaged (if not already in blister-packaging), if packaging options are available through the pharmacy. Blister-packaging requests should be indicated on the prescription.

### Methadone

For patients who are currently receiving DWI, and especially for those with chronic health conditions, carried dose may be considered once a stable dose is achieved (e.g. not during initiation). The physician must consider the benefits and risks of granting take-home doses and is encouraged to provide incremental carried doses (e.g. 1 to 2 doses per week) where possible.

Patients receiving carries **must** present a locked box at the pharmacy before carries are provided, regardless of the number of take-home doses provided. Empty carry bottles **must** be returned to the pharmacy, intact and not tampered with, for proper disposal. We must make every effort to keep our patients and our community safe.

The maximum number of take-home doses should not exceed **14 doses**.

Patients who have a confirmed/suspected case of COVID-19, who have had exposure to COVID-19 and require self-isolation/quarantine, or are at extremely high risk of contracting COVID-19 **and**:

- Are taking a daily methadone dose of  $\geq 120\text{mg}$ , may receive up to 7 carried doses (witnessed ingestion is not required); or
- Are taking a daily methadone dose of  $< 120\text{mg}$ , may receive up to 14 carried doses (witnessed ingestion is not required)

### Obtaining OAT

Patients with confirmed/suspected cases of COVID-19, who have had exposure to COVID-19 and require self-isolation/quarantine, or at extremely high risk of contracting COVID-19, may have a trusted designate pick-up OAT carries from the following, following the established protocol from the Saskatchewan College of Pharmacy Professionals (e.g. must have valid ID, a locked box, etc.). **This is to be determined case-by-case by the prescriber.**

Allowance for pharmacy delivery, where available, of OAT in the context of the COVID-19 outbreak will be addressed in Health Canada's exemptions for prescriptions of controlled substances under the *Controlled Drugs and Substances Act* (CDSA). Guidance around this will be provided by the Saskatchewan College of Pharmacy Professionals once implemented by Health Canada. For more information, you may contact community pharmacy members.

### Future Communications

We recognize the evolving context of the COVID-19 outbreak and as further modifications and updates are necessary based on public health recommendations, we will communicate as necessary.

**Thank you for the care you are providing during these uncertain times. Your continued efforts do not go unrecognized.**

### QUESTIONS:

For more information, please email Nicole Bootsman, Opioid Agonist Therapy Program Pharmacist Manager, at [nicole.bootsman@cps.sk.ca](mailto:nicole.bootsman@cps.sk.ca).

*Some recommendations have been aligned and adapted with British Columbia and Manitoba communications to OAT providers with permission from British Columbia Centre on Substance Use and the College of Pharmacists of Manitoba.*

