



Newfoundland and Labrador Pharmacy Board

Guidance Document

COVID-19 and the Provision of Opioid Agonist Maintenance Treatment

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The provision of opioid agonist maintenance treatment (OAMT) presents unique challenges compared to other medications, particularly during the COVID-19 pandemic where individuals receiving treatment may need to isolate and pharmacy services may not be as accessible. Solutions to these challenges are a shared responsibility between the patient, their primary prescriber and pharmacists.

This guidance document is intended to support pharmacists in their efforts to continue to provide this critical service and to enable pharmacists to use their knowledge and skills to solve these pandemic related challenges. The guidance included provides provisions to certain aspects of the [Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment](#) (the “OAMT Standards”). However, whenever possible, pharmacy professionals should continue to practice in accordance with the OAMT Standards and usual clinical recommendations for the treatment of opioid use disorder.

For clarity, the guidance included in this document does not require a pharmacist to provide OAMT in a manner that they believe is unsafe for the patient, the pharmacy staff or the public.

Patient Communication

Pharmacists should educate patients about the pharmacy’s current and potential emergency measures for providing ongoing care during the pandemic in order to mitigate patient anxieties related to medication access and COVID-19 infection risk. Ensure patient files include up-to-date contact information for each patient. Pharmacists should also:

- Proactively inform each patient that they are not to come to the pharmacy for their dose if they suspect they have [symptoms of COVID-19](#).
 - Reassure patients that access to their OAMT will still remain a priority, but measures need to be put in place to ensure their safety and the safety of others, including the pharmacy staff.
 - Patients should call 811 for advice regarding their COVID-19 symptoms and the pharmacy for information regarding how they may access their OAMT.
- Assess each patient at each visit to the pharmacy by asking if they have any symptoms of COVID-19.

Reducing Patient Contact

Take-home dosing considerations

While health care providers are aiming to reduce the risk of exposure to COVID-19, the benefits of take-home doses to the patient must still be weighed against the potential risks to patients and the public that can be associated misuse, theft, or diversion. Due to its inferior safety profile in circumstances of diversion, co-ingestion with other substances, and overdose, methadone should generally be prescribed as a daily dose with ingestion witnessed by a pharmacist (or another authorized health professional) until patients demonstrate a high degree of stability, including a stable dose.

The Centre for Addiction and Mental Health (CAMH) has developed guidance documents for the prescribing and dispensing of OAMT during COVID-19 (including implementation of take-home doses). Pharmacists are expected to be aware of current clinical practice guidelines and use them to inform their practice decisions. As per the OAMT Standards, if pharmacists see OAMT medication being prescribed in a way that is inconsistent with established clinical practice guidelines, they should consult with the prescriber, collect information about the prescribing rationale, and document the outcome of the discussion and rationale for dispensing decisions. Pharmacists are encouraged to

collaborate with OAMT prescribers and other members of the care team to prioritize both continuity of care and patient and public safety.

As a reminder, the OAMT Standards provide specific patient counselling points for take-home dosing.

- Reiterate safe storage, the importance of taking the full prescribed dose, and what to do in an overdose situation.
- Assess whether the patient has a naloxone kit on hand; if not, either provide a kit, or refer the patient to the provincial take-home naloxone program for access to a free kit.

With respect to the collection of take-home dose bottles and concerns about exposure risk, pharmacists should consider the current risk of contracting COVID-19 and the public health recommendations in place at the time as well as the risk of take-home dose diversion and make a professional judgement as to whether or not it is appropriate require the patient to return their take-home dose bottles (which is a requirement of the OAMT Standards under usual circumstances). It may be prudent to discuss decisions around this with OAMT prescribers in case they have concerns about the need for take-home dose monitoring. If a pharmacist decides it is best for a given patient to not return methadone take-home dose bottles, they should counsel the patient to remove the methadone bottle caps and identifying information (i.e. labels) from the empty bottles prior to discarding them.

Social distancing recommendations for OAMT services

Pharmacists should follow the physical distancing recommendations of Public Health. This may mean that:

- The pharmacist observes from the maximum physical distance that still allows an adequate patient assessment.
- Depending on the size of the consultation room, it may no longer be the most appropriate place to provide OAMT doses – ensure that you address concerns about privacy with each patient.
- The pharmacy uses a demarcation line on the floor or placement of transparent barriers with a pass through window to promote safe distancing between pharmacy personnel and patients.

Position a waste receptacle so patients can dispose of their own used cups. **Patients should not** drink directly from methadone dose bottles and **pharmacy personnel should not** personally handle straws and cups.

In circumstances where it is necessary to limit the exchange of paper, a pharmacist's signature may represent verification that the dose has been received by the patient.

If a patient is isolated or quarantined because of suspected or confirmed COVID-19 infection:

- If a patient is unable to come to the pharmacy to receive their dose because they are required to isolate, the pharmacist may consider if delivery, or alternative arrangements for pick-up at the pharmacy, is a reasonable solution.
- The pharmacist should contact the patient's OAMT prescriber to discuss a plan for accessing medication.
 - *Can take-home doses be safely implemented or the number increased? (Keep in mind clinical recommendations for implementation of take-home doses)*
 - *Does the pharmacy have resources to deliver take-home doses to the patient? (see following section)*
 - *Does the patient have an appropriate agent that they could delegate to pick up their take-home dose(s) on their behalf? (This must be a shared decision with the patient and prescriber)*
- If it is determined that the pharmacy team is unable to safely provide care to a patient under the circumstances, with the patient's consent, try to facilitate care at another nearby community pharmacy that provides OAMT and may be able to provide the level of care required. If this is not an option, consult with the nearest [Regional Health Authority Opioid Treatment Centre](#) to determine if they can provide OAMT to the patient.

Delivery of OAMT Medications

According to the Health Canada Subsection 56(1) Class Exemption that is in place for the COVID-19 pandemic, pharmacists may delegate delivery of OAMT to another appropriate individual. **Due to the considerable risks involved, this should not be an automatic decision and serious consideration MUST be given to:**

- The stability of the patient and their circumstances (e.g., housing, their ability to safely store doses, etc.), including whether or not it is critical for the patient's safety that they be assessed by a pharmacist (or another appropriate health professional) prior to receiving their dose.
- The ability of the person delivering the doses to properly identify the patient and to be safe while doing so.
- The security of the medications during transport and the consequences resulting from their loss or diversion.
- The safety of the person carrying out the delivery.

Pharmacists must consult with the OAMT prescriber to determine if an assessment and witnessed ingestion is required for the patient's safety.

- If a patient requires assessment and witnessed ingestion, a pharmacist or another appropriate health professional (e.g. nurse with appropriate training, nurse practitioner or physician with this scope of practice) must deliver the dose.
- For patients who do not require assessment and witnessed dosing, the qualifications of the person carrying out the delivery must be determined by the pharmacist-in-charge of the pharmacy.

For all OAMT deliveries, the pharmacist-in-charge must have processes in place to ensure that:

- The delivery process is explained to the patient prior to delivery and patient consent is obtained verbally.
- If a pharmacist delegates delivery to another individual, clear instructions are given to the person carrying out the delivery so that:
 - They know who they are authorized to release the medication to (the patient or an individual authorized by the patient) and process for identification (i.e. checking photo identification)
 - They understand they do not need to put themselves in a position that threatens their health or safety (e.g., delivery drivers do not have to enter homes, should stay 2 metres away from patients when releasing deliveries, and limit exchange of cash).
 - The dose is returned to the pharmacy as soon as possible if release to the patient or authorized person was not possible (**doses cannot be left at the door or unattended**).
- The delivery is appropriately documented as per the NLPB Standards of Pharmacy Operation (patient signature may not be required due to the need to reduce contact, but the pharmacy may want to contact the patient to verbally confirm delivery and ingestion of medication).
- The Health Canada requirements outlined below are met.

Health Canada has made provisions for a person other than a pharmacist to deliver controlled substances to a patient as long as the person doing the delivery:

- Has authorization to deliver the medications in writing from the pharmacist that includes the names of people to whom they are delivering and the pharmacy contact information; AND
- Has a copy of the Health Canada Subsection 56(1) Class Exemption in their possession while making the delivery.

Prescription Transfers

In accordance to the Health Canada Subsection 56(1) Class Exemption that is in place for the COVID-19 pandemic, prescriptions for controlled substances, including methadone and buprenorphine-naloxone, may be transferred to another pharmacy providing all of the requirements outlined in the exemption are met, including documentation. Pharmacists must be familiar with the Health Canada exemption documents (included on the [COVID-19 Guidance for Pharmacy Professionals](#) page) and NLPB Standards of Pharmacy Operation and ensure documentation requirements are fully met.

As a reminder, in these situations it is critical for the pharmacy assuming the patient's care to collect pertinent details about the patient's OAMT care plan and dosing history. In addition, the OAMT prescriber should be advised of the change in pharmacy and the reason for such.

Pharmacist Prescribing

According to the Health Canada Subsection 56(1) Class Exemption that is in place for the COVID-19 pandemic, pharmacists may prescribe interim supplies of methadone or buprenorphine-naloxone.

In NL, the following restrictions apply:

- This prescribing authority is only available to pharmacists who are authorized by NLPB to prescribe AND authorized by NLPB to participate in OAMT services.
- Authorized pharmacists may only prescribe OAMT medications in instances where the usual OAMT prescriber is unable to provide a written or faxed order.
- The duration of the interim prescription must be for the minimum amount necessary.
- For patients where stability is a concern, pharmacists should only continue the original prescription one day at a time, reassessing the risks versus overall benefits to the patient each day, until they can reach the patient's OAMT prescriber.

Please keep in mind that pharmacists are expected to have emergency contact numbers for OAMT prescribers and should consult regarding continuation of therapy wherever possible.

Pharmacists must be familiar with the Health Canada exemption documents (included on the [COVID-19 Guidance for Pharmacy Professionals](#) page) and NLPB Standards for Prescribing by Pharmacists and ensure documentation requirements are fully met.

Pharmacists may not initiate take-home doses or change the number of take home doses; they can only continue methadone and buprenorphine-naloxone prescriptions as originally prescribed. However, for existing active prescriptions, pharmacists may accept verbal orders from the OAMT prescriber for changes to witnessed dosing and take-home dosing instructions, not exceeding the original end date or total quantity prescribed.

If a pharmacist is continuing an OAMT prescription that was originally dispensed at another pharmacy, the pharmacist should speak directly with a pharmacist at the original pharmacy to collect relevant details regarding the patient's care plan and dosing history. If this is not possible – i.e. if the pharmacy is closed and the pharmacist staff are unreachable – the pharmacist will need to base prescribing and dispensing decisions on the best information available (i.e. HEALTHe NL, consultation with OAMT prescriber, and patient) while prioritizing the patient's safety and best interests.