



## ADVICE REGARDING TAKE-HOME DOSING (CARRIES) FOR PATIENTS ON OPIOID AGONIST THERAPY WITH METHADONE OR SUBOXONE

The College of Physicians and Surgeons of Manitoba (CPSM) and the College of Pharmacists of Manitoba (CPhM) have received several inquiries regarding the appropriateness of increased take home doses for patients on opioid agonist therapy in the context of the COVID-19 outbreak.

If you have not done so yet, prescribers and pharmacists are encouraged to review the CPSM draft guidance for take-home doses (carries) for patients on buprenorphine/naloxone at the link below. Even though this document is still in draft form, health care providers are encouraged to incorporate this guidance into their practices as soon as possible.

<https://cpsm.mb.ca/assets/PrescribingPracticesProgram/Buprenorphine%20naloxone%20take%20home%20dosing%20draft%20section%20Aug%2021%202019.pdf>

*Advice regarding take home doses for patients on buprenorphine/naloxone (Suboxone):*

- Patients who are to self-isolate may receive 14 days of buprenorphine/naloxone doses as a take home supply to allow them to adhere to advice from public health officials/care providers. Prescribers and pharmacists should emphasize the importance of safe storage of this medication supply (lock box or a locked cabinet at home).
- **Prescribers must provide pharmacies with adequate advance notice in order to prepare increased quantities of take-home doses for patients on opioid agonist therapy.**
- For those patients who are not required to self-isolate and who do not meet the requirements for a significant number of take-home doses under normal circumstances:
  - Prescribers may, at their discretion, temporarily increase the number of take-home doses permitted up to a maximum 13 take home doses received during a single pharmacy visit.
  - Factors to consider in the decision-making process include:
    - Whether the pharmacy is within walking distance or the patient requires travel.
    - Mode of transportation used for pharmacy attendance (public vs private transit).
    - Concurrently prescribed medications that may increase accidental overdose risk including benzodiazepines, anti-psychotics, SSRIs, anti-emetics, gabapentin, tricyclics and other medications with sedating properties.
    - Whether patients have unstable mental health concerns, cognitive impairment (in the absence of a reliable caregiver) or are at significant risk of overdose.
  - Other general measures that may improve patient safety include:
    - Utilizing pharmacies close to the patient's home or shelter.

- **Practice groups who limit their patients to one or more pharmacies as part of a private funding model must permit their patients to attend a pharmacy of choice close to home or shelter accommodations.**
- **If a change in pharmacy is required, appropriate prescriptions must be provided to the new pharmacy and communication must occur between all health care providers (prescriber, current and new pharmacies) to ensure a seamless transition.**
- Encourage patients to attend pharmacies for witness dosing at off peak hours to reduce line ups if possible. If line ups occur, social distancing of 2 meters should be encouraged and supported when possible.
- Patients should be encouraged to practice hand washing before and after pharmacy visits, avoid touching their faces while at the pharmacy, avoid physical contact with pharmacy staff and other pharmacy patrons, and to wear a mask if ill.
- Patients to notify their prescriber if ill to discuss potential advice for COVID-19 testing, self-isolation, and take-home dosing adjustments.
- For patients who are immunocompromised or have other medical co-morbidities, a more liberal approach to take-home doses is recommended, with a maximum of 13 take-home doses received during a single pharmacy visit.
- For patients with long term documented stability, now would be a good time to consider transitioning them to monthly pharmacy attendance with a maximum of 30 take home doses received during a single pharmacy visit.

#### *Advice regarding take home doses for patients on methadone*

Opioid agonist therapy with methadone requires careful consideration of the increased risk of overdose or death to the unstable patient, especially when combined with alcohol or other sedative medications. Prescribers also need to carefully consider the risk of serious harm or death to the public in the context of diversion of methadone doses.

- Patients who are to self-isolate must receive advice as to how they can reduce their risk of exposure to COVID-19 during pharmacy visits and should be encouraged to wear a mask, if ill. However, the benefit of additional take-home (carry) doses need to be weighed against the serious risks mentioned above.
- **Prescribers must provide pharmacies with adequate advance notice in order to prepare increased quantities of take-home doses for patients on opioid agonist therapy.**
- Should a prescriber, in consultation with the pharmacist, feel that a patient with possible exposure/symptoms of COVID-19 should not attend a pharmacy for a period of 14 days, daily pharmacy delivery of methadone doses may be considered if possible. This decision needs to be made in discussion with the patient's pharmacy and may depend on the availability of reliable daily delivery services as well as the overall number of such requests the pharmacy receives. Please note that a witnessed dose can only be administered by a pharmacist, approved prescriber, or nurse in Manitoba. Delivered methadone doses would thus be considered unwitnessed (the patient would self-administer the dose in the privacy of their home). The benefit of this approach may be improved safety for the unstable patient as well as to some

degree safeguarding the patient's medication supply. However, the risk of diversion still exists and needs to be considered.

- Narcotics, controlled and targeted drugs require confirmation of delivery. During this unprecedented time, it may not be possible or advisable for pharmacies to seek the patient or agent's signature upon delivery. It would be up to the pharmacists' professional judgement as to how they would like to ensure the prescription was properly delivered to the correct patient. Some options would be to work with the delivery personnel to confirm delivery by phone or work with the patient to confirm delivery by phone. If a signature is not obtained, the reasons and confirmation of delivery must be properly documented.
- Additional methadone take-home doses (carries) are **not recommended** for patients who do not otherwise meet criteria for take-home doses, in the context of the COVID-19 outbreak. Prescribers and pharmacists should continue to emphasize the importance of safe storage of any methadone take-home doses (lock box or locked cabinet at home).
- For patients who are immunocompromised or have other medical co-morbidities, prescribers may, at their discretion, temporarily increase the number of take-home doses permitted up to a maximum of 6 take home doses received during a single pharmacy visit.
- Factors to consider in the decision-making process include:
  - Whether the pharmacy is within walking distance or the patient requires travel.
  - Mode of transportation used for pharmacy attendance (public vs private transit).
  - Concurrently prescribed medications that may increase accidental overdose risk including benzodiazepines, anti-psychotics, SSRI's, anti-emetics, gabapentin, tricyclics and other medications with sedating properties.
  - Whether patients have unstable mental health concerns, cognitive impairment (in the absence of a reliable caregiver) or are at significant risk of overdose.
- Other general measures that may improve patient safety include:
  - Utilizing pharmacies close to the patient's home or shelter.
  - **Practice groups who limit their patients to one or more pharmacies as part of a private funding model must permit their patients to attend a pharmacy of choice close to home or shelter accommodations.**
  - **If a change in pharmacy is required, appropriate prescriptions must be provided to the new pharmacy and communication must occur between all health care providers (prescriber, current and new pharmacies) to ensure a seamless transition.**
  - Encourage patients to attend pharmacies for witness dosing at off peak hours to reduce line ups if possible. If line ups occur, social distancing of 2 meters should be encouraged and supported when possible.
  - Patients should be encouraged to practice hand washing before and after pharmacy visits, avoid touching their faces while at the pharmacy, avoid physical contact with pharmacy staff and other pharmacy patrons, and to wear a mask if ill.
  - Patients to notify their prescriber if ill to discuss potential advice for COVID-19 testing, self-isolation, and take-home dosing adjustments.