



## Opioid Agonist Maintenance Treatment (OAMT) Services During the COVID-19 Pandemic (March 2020)

The provision of OAMT presents unique challenges than those associated with dispensing other medications, particularly now in the midst of the current COVID-19 Pandemic. Solutions to these challenges are a shared responsibility between the patient, their primary prescriber, and pharmacists and need to be made in consideration of the fine balance of the public health risk due to COVID-19 and the public/patient risk of diversion and overdose. 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 challenges, the following provisions related to the *Standards of Practice: Opioid Agonist Maintenance Treatment* have been made.

**For clarity, none of the provisions below require a pharmacist to provide OAMT in a manner that they believe is unsafe for the patient, the pharmacy staff, or the public.**

### Signatures

In instances where a signature is required, pharmacists may decide the method to be used to confirm and document the identity of the patient or their agent and confirm the receipt of the medication by the patient or their agent.

### Witnessed Dosing (at the pharmacy or by delivery)

Pharmacists may decide who can provide witnessed dosing.

Pharmacists ensure that the person doing the witnessing has been given instruction on how to witness, how to recognize when it may be unsafe to provide the dose to the patient (e.g., patient impairment by drugs or alcohol), and how they should proceed in these situations, particularly if the witnessing is occurring outside of the pharmacy environment.

Pharmacists ensure documentation is completed for witnessed ingestion including documenting who witnessed the dose, and any other relevant patient care notes. (e.g., instances in which the patient did not consume the dose or did not consume the entire dose).

The need for social distancing and infection control measures may outweigh the requirement for patient privacy during this time. (e.g., the use of a private consultation room may not be appropriate)

### Take-Home Doses

Prescribers are considering relaxing restrictions on take-home doses for certain patients. They have indicated that pharmacists' expertise in patient assessments is highly valued and is an important contribution to making the following decisions:

- Whether patients receiving daily witnessed doses can be provided carries.
- Whether patients receiving carries can have the number of carries provided at one time increased.

Pharmacists may dispense prescriptions for OAMT as written (including providing the quantity of take-home doses as prescribed (written or verbal) and in accordance with the prescribed witnessing requirements) if they are satisfied it is appropriate to do so.

### **Provision of Doses for Patients Under Isolation**

Should a patient be unable to come to the pharmacy to receive their dose because they are under isolation, the pharmacist may decide if delivery or alternative arrangements for pick-up at the pharmacy is a reasonable solution.

#### Delivery of Doses

Pharmacists may decide who can deliver to patients, however, in deciding whether delivery is a reasonable option, consideration needs to be given to:

- the ability of the person delivering the doses to identify the patient and to be safe while doing so.
- the security of the medications and the consequences resulting from their loss or diversion.
- the stability of the patient and their circumstances (e.g., housing, their ability to safely store doses, etc.), the extent to which it is critical for the patient's safety that they be assessed prior to being provided their dose, and the ability for the person doing the delivery to do this assessment.

In situations where the pharmacy is delivering to the patient, effective witnessing may not be possible. Every effort should be made to collaborate with the physician to reserve the requirement for witnessing to only those where it is imperative. If consultation with the physician is not possible and a decision is made by the pharmacist that witnessing will not take place, this decision must be communicated to the physician at the earliest opportunity.

If witnessed dosing on delivery is imperative, pharmacists will decide how this will be accomplished. If feasible, efforts should be made to conduct a patient assessment remotely (e.g., telephone, virtual communication)

For all deliveries, the pharmacist will establish a process that ensures that:

- the delivery process is explained to the patient prior to the delivery.
- the person making the delivery knows who they are authorized to release it to (the patient or an individual authorized by the patient).
- the person making the delivery understands that 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 - witnessing can take place from outside of a door, via virtual communication, etc.).
- the dose is returned to the pharmacy if release to the patient or authorized person was not possible. For clarity, doses cannot be left at the door.
- the delivery is appropriately documented.
- the requirements below from Health Canada are met.

Health Canada has made provisions for prescriptions to be delivered to the patient or to someone authorized by the patient as long as the person doing the delivery:

1. 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
2. Has a copy of the [\*Health Canada Section 56 Class Exemption\*](#) in their possession while making the delivery.

In situations where the pharmacy cannot deliver the medication and the patient must have a witnessed dose, solutions could include:

- Having someone authorized by the patient, pick up, deliver, and witness the dosing.
- Having a member of the patient's recovery team pick up, deliver and witness the dosing.
- Facilitating the transfer of care to a pharmacy that can accommodate the patient.

### **Compounding Methadone**

In the event that commercially available methadone becomes unavailable, the *Standards of Practice: Opioid Agonist Maintenance Treatment* do not preclude the compounding of methadone solution.

Inevitably, there will be numerous situations that are not specifically addressed by these provisions. You will need to decide what is best to do, guided by the *Standard of Care During a Crisis* and balancing the patient's need to be supported in their recovery and the public's safety in the context of the ongoing opioid crisis and the COVID-19 pandemic.