

Fact sheet: Queensland Opioid Treatment Program – COVID-19 advice for treatment providers

Information for prescribers and pharmacists

This information is to assist health care providers in maintaining care of patients receiving treatment under the Queensland Opioid Treatment Program (QOTP) during the COVID-19 pandemic response.

Opioid agonist treatment should be considered an essential treatment during this pandemic, as significant risks exist to the community if the stable provision of opioid treatment is interrupted. Methadone and buprenorphine are on the 2019 WHO list of essential medications.

Key information

Queensland Opioid Treatment Program (QOTP) patients are particularly vulnerable to disruptions resulting from a pandemic.

Planning is necessary to ensure continuity of access to QOTP treatment for these patients.

QOTP patients may suffer from chronic diseases or have impaired immune function, experience mental health problems, face barriers to access public and private health services, may experience stigma and exclusion from health services, and experience greater disadvantage including overcrowded living situations and transportation difficulties.

Without proactive measures, these patients may be at higher risk of COVID-19 due to these vulnerabilities, and they also may be less likely to be appropriately tested for COVID-19, have difficulty complying with home isolation and may be in living situations where the infection may spread rapidly.

This fact sheet contains information regarding maintaining QOTP treatment during the COVID-19 pandemic, as well as social distancing and hygiene considerations.

Please ensure compliance with the relevant regulatory requirements under the *Health (Drugs and Poisons) Regulation 1996* and the *Queensland Medication-Assisted Treatment of Opioid Dependence: Clinical Guidelines 2018* to maintain QOTP treatment.

Prescribers: Actions for consideration

- Where observed dosing is not possible due to self-isolation, discuss treatment options such as a change to treatment e.g. Switching to unsupervised sublingual buprenorphine/naloxone, switching to long acting injectable buprenorphine or a nominated person for pick up on a patient's behalf.
- Provide extra take-away (non-supervised) doses (TADs) of both buprenorphine (mono and with naloxone) and methadone on a case by case basis, considering associated

risks. [Check with your local pharmacies that they have adequate supply of take-away bottles].

- Ensure improved access to take home naloxone for patients on high dose methadone with greater than five take-away doses (Nyxoid or Prenoxad). [Liaise with your local pharmacy to check supply].
- Verify your supporting prescriber locum arrangements to accommodate your possible inability to maintain prescribing.
- Liaise with your dosing community pharmacy or dosing centre for options for home delivery of take-away doses, where indicated with appropriate risk mitigation to ensure staff safety.
- Verify with your patients if they wish to nominate agents or carers to collect their take-away doses (TADs) and liaise with the dosing centre or community pharmacy to confirm arrangements.
- Prepare extended written instructions for up to three months ahead – and consider instructions for extended supplies of TADs.
- Consider liaising with your local Hospital and Health Service Alcohol and Other Drugs Service for clinical support.
- Verify status patients QOTP registration status or use of other controlled (Schedule 8) drugs by contacting 13S8INFO (13 7846).
- Please ensure you continue to complete admission and discharge forms so that current records of patients' treatment status is maintained.
- Please contact Monitored Medicines Unit (13S8INFO) if your circumstances change and prevent you from continuing to prescribe to your QOTP patients.
- Recommend influenza vaccination.

Pharmacists: Actions for consideration

- Ensure adequate stock, storage and take away containers of opioid replacement therapy (methadone and buprenorphine).
- Review all current written instructions and those that are due to expire soon. Advise the patient to make arrangements with their prescriber initially via telephone.
- Ensure patient records are updated (contact information and address).
- Liaise with your regular QOTP prescribers to provide advice on the availability of QOTP medicines supplies, particularly in support of providing extra TADs.

- Supervised dosing:
 - Consider extending or staggering dosing times if necessary to reduce congregation or overcrowding of patients. Advise patients to maintain distance of 1.5m from others.
 - Provide alcohol-based hand sanitiser for patients use in the pharmacy.
 - Ask patients receiving supervised doses to remain 1.5m from staff and other customers.
 - Disposable cups must be used and discarded immediately directly into the waste bin.
 - Increase the frequency of environmental cleaning e.g. clean the counters, pens and other high-touch surfaces more regularly.
- Consider selling over the counter Schedule 3 naloxone for patients on high dose methadone with greater than five take-away doses (Nyxoid or Prenoxad).
- Liaise with your regular QOTP prescribers if you are considering providing a home delivery take-away doses service and discuss the appropriate risk mitigation strategies to ensure staff safety.
- Where observed dosing is not possible due to self-isolation, discuss treatment options with the prescriber, such as a change to treatment eg. Switching to unsupervised sublingual buprenorphine/naloxone, switching to long acting injectable buprenorphine or a nominated person for pick up on a patient's behalf.
- Verify with the prescriber to confirm arrangements if patients wish to nominate agents or carers to collect their TADs. Nominated persons should have photo ID stored to ensure continuity of care.
- Please ensure you continue to provide weekly submission of dispensed controlled drugs and monthly reports of written instructions so we can maintain current records of patients' treatment status.
- Consider supporting locum or alternative dosing arrangements to accommodate your inability to maintain your pharmacy's support of the QOTP.
- Please contact Monitored Medicines Unit if your circumstances prevent you from continuing to supply QOTP medicines.
- Recommend influenza vaccination.

Supporting information

- Queensland Medication-Assisted Treatment of Opioid Dependence: Clinical Guidelines 2018. https://www.health.qld.gov.au/_data/assets/pdf_file/0032/718952/qld-matod-clin-gdln-2018.pdf
- Queensland Opioid Treatment Program: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/drugs-of-dependence/qld-opioid-treatment>
- Sale of naloxone as a Schedule 3 (Pharmacist Only) medicine – Queensland Health Fact Sheet: https://www.health.qld.gov.au/_data/assets/pdf_file/0020/443351/fs-33-s3-naloxone.pdf
- *Health (Drugs & Poisons) Regulation, 1996*: <https://www.legislation.qld.gov.au/view/html/inforce/current/sl-1996-0414>
- *Regulatory information and resources*: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/drugs-of-dependence/regulation>
- Alcohol and other drugs services in Queensland: <https://www.health.qld.gov.au/public-health/topics/atod/services>

Patients requiring further support for any alcohol and other drug concerns can be directed to contact the **Alcohol and Other Drugs Support (ADIS) on 1800 177 833**

Further information

Monitored Medicines Unit (MMU)
Department of Health
Tel: 13 S8INFO (13 78 46)
Email: QOTP@health.qld.gov.au