



# COVID-19 Response

## Pharmacotherapy services: information for prescribers and dispensers

Last updated: 6 April 2020

### Introduction

Medication Assisted Treatment for Opioid Dependence (MATOD)<sup>1</sup> is a highly effective treatment. Maintaining continuity of MATOD is critical to prevent morbidity and mortality.

Measures to support physical distancing are important to protect the health of those in MATOD, many of whom may be at increased risk during the COVID-19 pandemic. This document provides advice to prescribers and pharmacists to support these measures and to:

- Ensure continued access to MATOD in a way that reduces risks to patients. This may include increasing access to critical harm reduction treatments such as naloxone (where there is a risk of overdose).
- Reduce travel and attendance requirements for MATOD though providing longer prescription durations and more unsupervised doses where clinically appropriate. This will reduce crowding in healthcare services. All measures that reduce visits from the community to healthcare settings will reduce pressures and risk for prescribers, pharmacists, other healthcare staff, and consumers.

The Department of Health and Human Services and pharmacotherapy experts are actively working together to ensure that all reasonable measures are taken to achieve the aims above. Regular advice and updates on any developments will be provided to prescribers, dispensers, and consumers.

### General advice

Guidance contained in this communication is for the primary audience of prescribers and dispensers.

Guidance is current at the date of publication. As the pandemic progresses, settings are likely to change.

Prescribers and dispensers should refer to <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19> or ring the clinical advice line **1300 651 160** and choose the 'Specialist Medical Advice' option to seek current advice if unsure.

All prescribers and dispensers are encouraged to:

- Keep up-to-date with current COVID-19 advice and information for health providers on the Department of Health and Human Services' website: <https://www.dhhs.vic.gov.au/coronavirus>.
- Refer to <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19> for the guidelines for health services and general practitioners, including transmission reduction and physical/social distancing measures.
- Stay up to date by:
  - **Subscribing to CHO alerts:** [health.vic.gov.au/newsletters](https://www.health.vic.gov.au/newsletters)
  - [Subscribing to our Coronavirus update newsletter](#)
  - Following the Chief Health Officer on [Twitter: twitter.com/VictorianCHO](https://twitter.com/VictorianCHO)

<sup>1</sup> MATOD is also referred to as opioid pharmacotherapy or Opioid Replacement Therapy, and involves the use of methadone, buprenorphine or buprenorphine-naloxone for the treatment of opioid dependence.

**Prescribers and dispensers should also be aware that for vulnerable patients or vulnerable health practitioners, new bulk-billed non-admitted items have been introduced for telehealth. Use of telehealth is strongly encouraged where clinically appropriate. Further information can be found at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB>.**

Information on e-prescribing can be found here: <https://www.health.gov.au/resources/publications/covid-19-national-health-plan-primary-care-fast-track-electronic-prescribing>.

## Supporting physical distancing and continuity of Medication Assisted Treatment for Opioid Dependence (MATOD) during COVID-19 pandemic

In this guidance you will find advice developed by experts to support:

- Assessment of suitability for larger quantities of unsupervised MATOD dosing.
- Delivery of MATOD dosing including, single daily doses (dispensed as takeaways) and if clinically appropriate, additional takeaway dosing.

In coming weeks advice will be developed on prescribing, dispensing and using naloxone during COVID-19 pandemic. This may include thresholds for co-dispensing of naloxone (based on a patient's risk of overdose).

The Quick Reference guide and the guidelines for health services and practitioners are continuously updated as the situation evolves. Please ensure you have the latest version from our website. See the Victorian [COVID-19 website](#) for current case definition, guidance and testing recommendations.

### Key Actions

#### Prescribers and dispensers

Please reassure patients in MATOD that there are sufficient supplies of methadone and buprenorphine-naloxone in Australia for the coming months. It is possible that there will be delays in delivery of all products, including MATOD. If this occurs, we recommend contacting another pharmacy in the area to source stock your order is received. Issues around product availability can also be reported to [aod.enquiries@dhhs.vic.gov.au](mailto:aod.enquiries@dhhs.vic.gov.au).

Conversations about safe storage of unsupervised doses and overdose risk remain critical for patient and community safety.

If a patient is considered at risk of overdose, as always please also offer naloxone and provide education on its use for those in MATOD, wherever possible also educate family and carers. Please get in touch with [aod.enquiries@dhhs.vic.gov.au](mailto:aod.enquiries@dhhs.vic.gov.au) if you require further information on naloxone.

Where appropriate, telehealth can be used for clinical consultations and prescribing.<sup>2</sup> Clinical discretion should be used in individual cases of severe illness or emergency.

#### For prescribers

When providing prescriptions for current MATOD patients, consider extending prescription duration for up to 6 months as clinically appropriate. Longer script duration will ensure that patients can continue to be dosed in times of prescriber becoming unavailable but does not preclude earlier review where indicated (e.g. where a pharmacist has concerns about stability). Telehealth and collaboration with pharmacists can be used to enable more frequent (e.g. 4-6 weekly) assessment of patient progress as clinically indicated.

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<sup>2</sup> <https://www.racgp.org.au/running-a-practice/technology/clinical-technology/telehealth/telehealth-video-consultations-guide>. This document will be most useful for patient to GP or specialist consultations. Further advice in relation to the use of telehealth will be provided by the Department of Health and Human Services shortly.

To increase MATOD treatment capacity, any medical practitioner may prescribe buprenorphine/ naloxone for up to 30 patients without undergoing training or assessment but is still required to apply for a Schedule 8 MATOD permit. For further information on prescribing MATOD please see <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/pharmacotherapy/pharmacotherapy-policy-in-victoria>.

To ensure patient wellbeing GPs should consider regular check-ins with patients via telehealth or phone where patients are experiencing less face to face contact with their GP or pharmacist as a result of increased takeaway doses, third party delivery or extended prescriptions. New advice on telehealth can be found here: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB>.

## For pharmacists

Please be aware that that you may receive scripts for MATOD that:

- are of a longer duration than usual and/or
- provide for more takeaway doses (increased numbers of unsupervised doses) (i.e. that fall outside the current Victorian Policy for maintenance pharmacotherapy for opioid dependence).

Providing additional unsupervised doses where clinically indicated will support the broader efforts to maintain continuity of MATOD during the COVID-19 pandemic. Clinical guidance for supporting takeaway dosages appears in '**Checklist for assessing appropriateness of take-away doses**'. This allows for larger quantities of takeaway dosages to be supplied than is possible under the existing Policy. The change is to allow for a revised patients risk assessment approach during the COVID-19 pandemic.

For patients who are unable to attend the pharmacy due to self-isolation or illness, additional procedures so support delivery of MATOD doses (and takeaways, if clinically appropriate) have been developed. These appear in '**Guidance for supplying methadone & buprenorphine (+/- naloxone) dose(s) to a third party in the context of the COVID-19 pandemic**'.

Pharmacists should communicate about current or changing stability of MATOD patients with prescribers and can receive requests for increased unsupervised dosing through verbal orders to support reduced attendance in line with the aims of the current COVID-19 pharmacotherapy response.

## Additional information

- Questions on this guidance or on MATOD policy can be directed to [aod.enquiries@dhhs.vic.gov.au](mailto:aod.enquiries@dhhs.vic.gov.au), or to your local Pharmacotherapy Area Based Network.
- **DirectLine will continue to provide 24 hour / 7 day per week support for AoD clients.**
- The department is continuing to ensure adequate supply and distribution of Needle and Syringe Program (NSP) consumables. NSP clients should consider taking reasonable levels of additional sterile injecting equipment and sharps containers to cover any periods of self-isolation.
- The Victorian Alcohol and Drug Association (VAADA) will continue to update official sector specific information on its website <https://www.vaada.org.au/>.

## AoD workforce health and availability

If prescribers and dispensers are concerned that an employee or employee's family member may have or have been exposed to COVID-19, they should:

- follow DHHS advice on <https://www.dhhs.vic.gov.au/coronavirus>
- contact the 24 hour/7 day per week dedicated COVID-19 hotline 1800 675 398

As AoD services are scaled back to essential services, staff may need to be redirected to support other essential services, such as telephone support. Providers should look at options for flexible staffing arrangements to support continuation of core and essential services.

## Service agreements, funding and reporting

DHHS recognises the critical role of funded AoD agencies in the provision of services to clients, their families, and their communities. The Department has published advice on the Funded Agency Channel addressing the funding

implications for services during the COVID-19 pandemic. This advice can be found on <https://fac.dhhs.vic.gov.au/funding-and-service-delivery-responding-covid-19>.

Services should be reassured that DHHS:

- Understands funding may need to be redirected by services to implement alternative service delivery responses
- Understands that the participation rates could be impacted by COVID-19

Services should have a prior discussion with their DHHS Area Agency Performance and System Support (APSS) Manager about any service **closures** or major service changes that will require significant redirection of funding.

To receive this publication in an accessible format, email [covid-19projectmanagementoffice@dhhs.vic.gov.au](mailto:covid-19projectmanagementoffice@dhhs.vic.gov.au)

For more information about COVID-19, call the Coronavirus Health Information Line on 1800 020 080.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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