# Opioid Maintenance Treatment (OMT) dose delivery during COVID-19: Information for OMT prescribers

## Process for facilitating OMT provision to patients who test positive to COVID-19

**Follow this procedure for clients who test positive to COVID-19 and opt to nominate an agent to deliver their OMT.**

1. **Talk to the patient about their OMT requirements**

    - Ask the patient to verify, if possible, their need for unsupervised doses. There are no longer mandatory isolation requirements in place preventing patients from attending their regular dosing point, however isolation is likely still appropriate.

    - Undertake a Client Stability Assessment and other relevant clinical assessments to determine the number of unsupervised doses that may be delivered to the patient at any one time.

    - Consider prescribing naloxone to patients receiving unsupervised doses either for the first time or in significantly larger numbers than usual, particularly for patients using methadone. Ask the patient to contact Canberra Alliance for Health Minimisation and Advocacy (CAHMA) on 02 6253 3643 if they need support to access and learn more about naloxone.

2. **Assist the patient with nominating an agent. This can be:**

        - a friend or family member of the client who is over the age of 18 and considered appropriate by both you and the pharmacist/RN where the patient usually collects their doses; or

        - if the client is currently in residential rehabilitation or other Therapeutic Community, the relevant organisation can be nominated.

    - Ensure the patient has access to a copy of the 'ACTHD information for OMT patients who test positive to COVID-19' and verbally indicate that they have understood its contents.

    - Confirm the address where the patient will be living.

3. **Ensure appropriate paperwork is completed**

- Options for remote prescribing are permitted under ACT law (including for schedule 8 (controlled) medicines), including telephone, faxed or electronic prescriptions[1]. An original written prescription must be received by the pharmacy within 14 days.

- The patient has the option to have their doses administered as **unsupervised** while testing positive to COVID-19. You may need to apply for approval for an increase in the patient's unsupervised doses, where this is not already authorised by your approval for the patient.

- To enable provision of all doses as unsupervised, you will need to apply for an Approval by Drug to increase the unsupervised doses supplied to the patient beyond Category 3A or 3B approval limits in the Controlled Medicines Prescribing Standards, with the COVID-19 pandemic considered 'special circumstances'. You must conduct a stability assessment of the client using the Client Stability Assessment Form and submit to the Health Protection Service (HPS) with the application.

- If you are working in a public institution, you have interim standing approval to prescribe controlled medicines (including increase takeaways) for a patient of the institution. However, you must apply for a Chief Health Officer (CHO) approval within 72 hours of prescribing the controlled medicine for the patient[2].

- GP or other OMT prescribers will need CHO approval prior to increasing the patient's unsupervised doses (unless the takeaway doses are already authorised under a patient's Category 3B approval for suboxone). Increases to unsupervised dosing approval in most cases will be provided for a maximum of eight weeks per approval.

- Write a new prescription including unsupervised doses as appropriate for the patient's quarantine or self-isolation period.

4. **Liaise with the pharmacy/ADS clinic**

- Provide the updated prescription, including nominating the maximum number of unsupervised doses which may be provided at any one time.

- Discuss the appropriate agent for the patient

5. **Follow up with the patient and dosing point as required**

- We recommend ongoing telehealth appointments where required.

- Establish updated dosing schedule once delivery of OMT is no longer needed.

1 Sections 31, 40 and 41 Medicines, Poisons and Therapeutic Goods Regulation 2008.

2 Section 557 of Medicines Poisons and Therapeutic Goods Regulation 2008