

20 March 2020

Dear OAT Prescriber

I am writing regarding the potential impacts of the COVID-19 coronavirus on the delivery of Opioid Agonist Treatment (OAT) services. As an accredited OAT prescriber, I encourage you to undertake planning to ensure the ongoing availability of OAT in the context of increasing numbers of COVID-19 infections.

The NSW Ministry of Health (the Ministry) considers opioid agonist treatment an essential service and is prioritising the prevention and mitigation of any disruption of services as a result of COVID-19.

Develop your COVID-19 Plan now

I have attached an OAT plan checklist to assist you to prepare for any escalation of the impact of COVID-19.

Options to consider:

- Undertake a clinical and risk assessment of patients to consider whether they may be suitable for temporary increases in takeaway doses if the situation worsens.
- Advise all OAT patients to obtain take home naloxone (THN) as a safety precaution. THN is currently available free of charge from participating community pharmacies as part of an [Australian Government THN pilot](#) for anyone at risk of experiencing or witnessing an overdose.
- Build connections with community dosing points and LHD drug and alcohol services to prepare for potential disruption of services – how can alternative dosing points or medical reviews be organised? What are the communication pathways?
- Keep patients engaged and informed about the processes you are looking to implement and ensure they have input into the decisions.

Consider transferring patients to depot buprenorphine where clinically appropriate

The TGA has lifted restrictions on who can prescribe depot buprenorphine from 3 April 2020. From then, depot buprenorphine will be able to be prescribed by all accredited and unaccredited OAT prescribers. Depot buprenorphine minimises patients' need to attend clinics or dosing points. This protects them from exposure to COVID-19, and has the advantage of enabling patients who are, or may be infected to self-isolate.

The Ministry is encouraging accredited prescribers to review patients on sublingual buprenorphine and assess their suitability and interest in switching to depot buprenorphine treatment. The Ministry has training materials and [clinical guidelines](#) available to support treatment with depot buprenorphine, and can provide advice on options for obtaining and storing stock.

Other strategies to reduce congregation and risk of infection

Reduction in the frequency of attendance at OAT administration (dosing) points can also be achieved by two other means:

- 1) Prescribing suitable patients more takeaway doses. For the period in which COVID-19 is having a serious impact, there will be a temporary relaxing of the numerical limits on takeaway doses as set out in the [NSW Clinical Guidelines: Treatment of Opioid Dependence 2018](#). The Ministry has developed a memorandum to support this. Discuss safety precautions, including secure storage of takeaway doses and take home naloxone (THN) if providing takeaway doses.

It is incumbent on each clinician to undertake a thorough risk assessment of each OAT patient to determine if they are safe to receive extra takeaway doses. Risk assessment should involve consideration of the patient's risk of harms from receiving takeaway doses, including child safety.

The Clinical Guidelines provide guidance on assessing suitability for takeaways and clinicians should refer to them in their decision making process.

At this time, the assessment of risk in relation to takeaway dose provision should consider:

- the potential benefits of less contact with large groups of people; and
- whether the patient is in the high risk group for a more severe sequelae from COVID-19 infection.

Of course the responsibility for the decision in relation to takeaway doses rests with the prescriber ultimately.

- 2) Transferring suitable patients on daily sublingual buprenorphine to second or third daily dosing. It is timely to now explore this option with all suitable patients ([see p.30 of NSW Clinical Guidelines](#)).

What else can you do?

The Ministry is currently considering contingency plans in the event that widespread community transmission of the virus affects OAT prescribers. This may involve asking accredited prescribers to temporarily take on additional patients who are unable to access their usual prescriber.

I ask that you consider whether you would be willing to take on additional patients on a temporary basis if the COVID-19 situation escalates. The Ministry may temporarily increase patient limits during this period. I would be grateful if you could click on the link to complete our quick [survey](#) to indicate your capacity to temporarily take on additional OAT patients.

I also request that you provide early notification to the Opioid Treatment Line (ph: 1800 642 428) of any anticipated loss of your own capacity to prescribe for and monitor OAT patients. You are expected to make locum arrangements in advance, but if you become aware that these are not able to be activated, your early advice will enable steps to be taken to find alternative prescribers for your patients with minimal disruption. You are also encouraged to proactively communicate with dosing points in your area during this period to ensure you are aware of any changes in access.

The Ministry has confirmed that pharmaceutical companies have sufficient stock supply of all relevant OAT medications in NSW. If you store medications on site, it is recommended that you ensure you have sufficient stock to last for 2-3 months, with appropriate storage facilities.

Who to contact

For further information and advice on COVID-19, please contact your local public health unit. The NSW Health [website](#) is also a useful source of information.

Yours sincerely



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