

## COVID-19 and Pharmacotherapy: Recommendations for prescribers in self-isolation or unable to prescribe

### Overview

Medication Assisted Treatment for Opioid Dependence (MATOD)<sup>1</sup> is a highly effective treatment involving the use of methadone, buprenorphine or buprenorphine/naloxone. Maintaining continuity of MATOD is critical to prevent morbidity and mortality in our society. Measures to support physical distancing are important to protect the health of patients on MATOD as well as the health of medical staff, pharmacists, counsellors and administration staff involved in MATOD treatment during the COVID-19 pandemic.

Immediate aims are to ensure continued access to MATOD in the event of:

1. **Prescriber self-isolation / Temporary practice closure, or**
2. **Prescriber unable to continue care for patient(s) / Permanent practice closure**

Recommendations outlined in this document are designed to support Victorian MATOD prescribers.

This document has been created by the [Pharmacotherapy Area-Based Networks](#), a program funded by the Victorian Department of Health and Human Services to support and build the capacity of the opioid pharmacotherapy service system.

### Prescriber in self-isolation / Temporary practice closure, but able to continue practicing

A prescriber in self-isolation or working remotely due to temporary practice closure, who is able to continue providing MATOD care to patients, can consider using the temporary COVID-19 Medicare telehealth bulk-billed items and provide phone and/or video consultations from their clinic or home.

Click [here](#) to access instructions for video- and phone-based telehealth setup and use, including where to access support. This website includes MATOD-specific telehealth advice, to reflect the unique challenges of providing MATOD using telehealth. The information will be updated regularly as appropriate.

Potential limitations of telehealth include clinic/prescriber IT availability as well as patient access to technology or a phone.

A summary of the current [Policy for maintenance pharmacotherapy for opioid dependence](#)<sup>2</sup> (the Policy) relating to **prescription duration** and **verbal orders** is attached in **Appendix 1**. This may assist in ensuring continuity of MATOD prescribing during the COVID-19 pandemic.

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<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.

<sup>2</sup> Policy for maintenance pharmacotherapy for Opioid Dependence, State of Victoria, Department of Health and Human Services, 2016. <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/pharmacotherapy/pharmacotherapy-policy-in-victoria>

## Prescriber unable to continue care for patient(s) / Permanent practice closure

It is suggested that MATOD prescribers plan ahead and prepare for their possible absence from practice due to unforeseen circumstances (e.g. sudden illness, existing medical concerns or sudden retirement).

[See Appendix 2: Arrangements to cover absence from practice before reading this section](#)

### Options for arranging alternative prescribers

#### 1. Arrange alternative prescriber at usual GP clinic

- a. If there are other MATOD-accredited prescribers, arrange for these prescribers to:
  - i. Deputise (refer to the Policy for deputising guidelines), or
  - ii. Take over patient permits, ensuring that the old permit is cancelled before a new permit is applied for. N.B. The permits team at the Medicines and Poisons Unit at the Department of Health and Human Services (DHHS) is significantly reduced in their size and capacity as a result of the COVID-19 pandemic. It is recommended during these times to check the permit approval status on SafeScript, instead of the phone, fax and email approval pathways.
- b. If there are no other MATOD-accredited prescribers at the current clinic, arrange for any other prescribers at the clinic to:
  - i. Deputise, with clinical support from the [Drug and Alcohol Clinical Advisory Service \(DACAS\)](#) and [Pharmacotherapy Area-Based Networks \(PABN's\)](#)<sup>3</sup> (refer to the Policy for deputising guidelines), or
  - ii. Take over patient permits for suboxone patients only, with clinical support from [DACAS](#) and [PABNs](#), for a maximum of thirty (30) patients per prescriber<sup>4</sup>.

#### 2. Arrange alternative prescribers at/from other GP clinic (it is recommended to try these options in the order listed):

- a. Contact [DirectLine](#) (tel. 1800 888 236, available 24 hours a day, 7 days a week) to seek alternative prescriber for transfer of patient(s)
- b. Contact the [Pharmacotherapy Advocacy, Mediation and Support service \(PAMS\)](#) (tel. 1800 443 844) to seek alternative prescriber for transfer of patient(s)
- c. Contact your local [Pharmacotherapy Area-Based Network \(PABN\)](#) to seek alternative prescriber for:
  - i. Transfers of patient(s), or
  - ii. Locum/temporary sessional work at usual prescriber's clinic (deputising from usual prescriber's clinic)

During the COVID-19 pandemic the PABNs may be able to provide additional assistance with sourcing alternative prescribers. See **Appendix 3** for contact details of your local PABN or visit [www.pabn.org.au](http://www.pabn.org.au).

<sup>3</sup> See **Appendix 3** for more information about the Pharmacotherapy Area-Based Networks.

<sup>4</sup> As per the [current policy](#) a permitted prescriber may prescribe suboxone to a maximum of thirty (30) patients without undergoing the additional training and accreditation required to become an approved prescriber.

3. Arrange support from and/or referral to local Addiction Medicine Specialist or Specialist Pharmacotherapy Services

Noting that Specialist Pharmacotherapy Services may be inundated during this time, this option is particularly suitable for:

- Complex clients, or
- If other options in the primary care setting have been unsuccessful

Addiction Medicine Specialist support

Community prescribers can contact local Addiction Medicine Specialists for access to:

- Mentoring and support
- Secondary consultation
- Shared care
- Telehealth

Some Addiction Medicine Specialists can be contacted directly via the details in **Table 1**.

Referral to Specialist Pharmacotherapy Services

Referral pathways to Specialist Pharmacotherapy Services or Addiction Medicine Specialist outpatient services in Victoria are outlined below.

Table 1 - Access to Addiction Medicine or Specialist Pharmacotherapy Services

Provider	GP referral process	Addiction Medicine Specialist contact
Monash Health – Addiction Medicine Unit	<b>Fax</b> referral letter to 9554 8693 OR <b>Phone</b> 9554 8201	Dr David Jacka
Alfred Health – SouthCity Clinic	<b>Fax</b> 9525 7369 OR <b>Phone</b> 9525 7399	Dr Benny Monheit
Eastern Health – Turning Point (Box Hill & Richmond)	<b>Fax</b> referral letter or <a href="#">referral form</a> to 9416 3420 OR <b>Phone</b> 8413 8413	Dr Matthew Frei
Peninsula Health – Consultation Liaison Addiction Medicine Service	<b>Key contact:</b> Dellie McKenzie <b>Fax</b> referral letter to 9784 2309 OR <b>Phone</b> 0419 764 155	-
Western Health Drug Health Services	<b>Fax</b> referral to 8345 6027 OR <b>Phone</b> 8345 6683	Dr Jon Cook and Dr Joan Chong

Austin Health Consultation Liaison Psychiatry Service	<b>Fax</b> referral to 9496 6520 OR <b>Phone</b> 9496 6500	Dr Pooja Shetty
<a href="#">Rural Addiction Medicine &amp; Pharmacotherapy Specialists (RAMPS)</a>	<b>Gippsland and Hume</b> Contact Lynne Jephcott on 0407 533 980 OR email referral to <a href="mailto:Lynne.jephcott@lchs.com.au">Lynne.jephcott@lchs.com.au</a>  <b>Grampians Loddon Mallee</b> Contact Kate Davenport, Ballarat Community Health, 0448 871 391 or 5338 9164, <a href="mailto:ramps@bchc.org.au">ramps@bchc.org.au</a>	-

## Resources and supports

### Support for finding new prescribers

- [DirectLine](#) is available on 1800 888 236, 24 hours a day, 7 days a week to provide drug and alcohol counselling and referral support to consumers/patients, and may be able to assist with sourcing alternative prescribers
- The [Pharmacotherapy Advocacy, Mediation and Support \(PAMS\)](#) service is available on 1800 443 844 to provide support to consumers/patients on opioid pharmacotherapy, and may be able to assist with sourcing alternative prescribers
- The [Pharmacotherapy Area-Based Networks \(PABNs\)](#) are funded to support and build the capacity of the opioid pharmacotherapy service system. During the COVID-19 pandemic the PABNs may be able to provide additional assistance with sourcing alternative prescribers. See **Appendix 3** for contact details of your local PABN or visit [www.pabn.org.au](http://www.pabn.org.au).

### Clinical support

- [The Drug and Alcohol Clinical Advisory Service \(DACAS\)](#), including the SafeScript GP Clinical Advisory Service (GPCAS), is available on 1800 812 804, 24 hours a day, 7 days a week, to provide clinical support and advice to health care professionals
- The [Pharmacotherapy Area-Based Networks \(PABNs\)](#) provide direct access to Addiction Medicine Specialists and GP Mentors for specialist and peer-based support to prescribers. See **Appendix 3** for contact details of your local PABN or visit [www.pabn.org.au](http://www.pabn.org.au).

### Resources and online training

- [DHHS pharmacotherapy website](#)
- [Policy for maintenance pharmacotherapy for opioid dependence](#)
- RACGP 16 minute video: [Brief guide to prescribing buprenorphine/naloxone](#)
- DHHS 4-page guide: [Brief guide to prescribing buprenorphine/naloxone](#)

## Appendix 1 - A summary of the current Policy<sup>1</sup> relating to prescription duration and verbal orders<sup>5</sup>

### Overview

Medication Assisted Treatment for Opioid Dependence (MATOD) 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.

**An immediate priority is to ensure continued access to MATOD** in a way that reduces risks to patients. Flexibility in the duration of patients' MATOD prescription will reduce the risk due to decreased prescriber capacity or prescriber illness over the coming months.

### Prescription duration

As for any other Schedule 8 poison, methadone or buprenorphine may not be administered or supplied without a valid prescription.

When providing prescriptions for current MATOD patients, as per page 27 of the Policy for maintenance pharmacotherapy for opioid dependence<sup>6</sup>: **"Prescriptions are valid for the duration specified by the prescriber (which may not exceed six (6) months)."** It is within the current policy to provide prescriptions with a duration of up to 3-6 months. ***This does not preclude more frequent clinical review.*** Telehealth can be used for clinical consultations and prescribing.<sup>7</sup> Using telehealth consultations in addition to speaking with the dosing pharmacists about patient stability can occur as frequently as needed (e.g. 4-6 weekly for established treatment, and more often at the start of treatment). The current Policy<sup>1</sup> states "Throughout the first two years of treatment, medical review should be at least monthly. More frequent reviews may be indicated, especially if the patient does not appear to be progressing well or if the prescriber, pharmacist or the patient (or the patient's carer or case manager) has concerns."

Conducting reviews via telehealth in addition to providing a longer script duration means that prescribers can continue to review and support patients, while reducing the risk that a patient will not be able to be dosed if a prescriber becomes unwell, or if demand for prescriber services exceeds capacity during COVID-19, reducing appointment availability.

### Verbal orders

Pharmacists can receive requests for prescription extensions and increased unsupervised dosing through verbal orders.

As already stated in the current pharmacotherapy Policy<sup>1</sup> "In accordance with Regulation 25(1) of the Drugs, Poisons and Controlled Substances Regulations 2017, in an emergency, dosing instructions may be verbally communicated to the pharmacist administering the dose. With pharmacotherapy dosing, confirm the verbal communication by faxing or emailing a copy of the prescription, endorsed with the name of the pharmacy to which it is being sent. In all cases, verbal instructions must be confirmed in writing by forwarding the original prescription to the pharmacy as soon as practicable."

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<sup>5</sup> Developed by A/Prof Suzanne Nielsen (Monash Addiction Research Centre) and Dr Benny Monheit (SouthCity Clinic)

<sup>6</sup> <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/pharmacotherapy/pharmacotherapy-policy-in-victoria>

<sup>7</sup> <https://www.racgp.org.au/running-a-practice/technology/clinical-technology/telehealth/telehealth-video-consultations-guide>

## Appendix 2: Arrangements to cover absence from practice<sup>1</sup>

The following is an excerpt from the Policy relating to **arrangements to cover absence from practice**.

### Arrangements to cover absence from practice<sup>1</sup>

There will be times when the prescriber is unavailable to supervise the treatment of patients, for example, anticipated absences (leave or sessions at other locations) or sudden and unexpected absences (leave for sickness, injury or family reasons). Interruptions to patients' treatment may jeopardise progress towards treatment goals. Other risks of interrupted treatment supervision include treatment by a colleague who has little experience with the hazards of pharmacotherapy or who is unfamiliar with the patients being treated. To minimize any risks arising from the prescriber's absence, the following arrangements should be made.

#### Preparation for absence of a pharmacotherapy prescriber

- Document and maintain up-to-date individual management plans in the patient's records.
- Arrange for a colleague (preferably a trained pharmacotherapy prescriber) to continue the documented management plan for each patient.
- Request any deputised colleague to record treatment changes in the patient notes.

#### Trained pharmacotherapy prescribers acting as deputies

If 'deputy' prescriber practices at the same practice where the usual prescriber is treating the patient, a new permit is not required provided the usual prescriber holds Schedule 8 permit to treat the patient with pharmacotherapy.

#### Practitioners who have not completed pharmacotherapy training acting as deputies

Practitioners who are acting as deputies and have not completed a pharmacotherapy training course should adopt a cautious approach to treating patients.

However, untrained prescribers without permits may act as a deputy in order to continue the treatment of a stable patient if the following circumstances are met:

- the deputy is practising at the same practice where the usual prescriber is treating the patient OR the deputy is not acting at the same practice but has been granted access to the usual prescriber's files; and
- the deputy is not re-starting treatment of a patient with pharmacotherapy (a patient is considered to be 're-starting pharmacotherapy' if the patient has missed doses on four (4) or more consecutive days).

For stable patients requiring the continuation of an expired prescription without an increase of dose or take-away frequency:

- take a history and examine the patient\* (as clinically appropriate)
- contact the pharmacy to check the patient's progress and that the patient has attended regularly for dosing
- contact DACAS:
  - if there are any management problems or concerns about the safety of the patient
  - if a dose increase or increase in number of take-away doses appears necessary
- document the advice given and the name of the DACAS consultant in the patient's notes

- do not provide an increased dose or increased number of take-away doses without seeking
- advice from DACAS (see below) and discussing changes to treatment with the pharmacist.

Prescribers can contact the Department of Health and Human Services for information on safe prescribing and a list of the usual prescriber's current permits.

### Management by deputised prescribers

All deputised prescribers should manage the patient as described here:

- Continue the usual prescriber's management plan and dosage regimen as documented in the clinical record. (It is acceptable to reduce the dose if the patient is experiencing toxicity.)
- Check SafeScript to review the patient's medication history and ensure that treatment remains safe and appropriate.
- Note on the prescription that you are temporarily acting as a deputy for the patient's usual prescriber.
- Limit the duration of the prescription to the expected period of absence of the usual prescriber, indicating precise starting and finishing dates.
- Arrange for the usual prescriber to review the patient as soon as possible thereafter.
- Document details of the consultations and pharmacotherapy prescriptions in the patient's notes.
- Process for managing 'verbal orders' (pharmacists may accept emergency telephone orders from the prescriber (regulation 25) with a fax for confirmation. Faxed prescriptions to be used **only** for confirmation.

### Prescribers who are not approved, but who hold a Schedule 8 permit

A permit is required in order for a medical practitioner to prescribe suboxone.

However, a permitted prescriber may prescribe suboxone to a limited number of patients without undergoing the additional training and accreditation required to become an approved prescriber. Current policy as per the [DHHS COVID-19 guidelines released 6 April 2020](#) limits the number of patients to thirty (30).

### Drug and Alcohol Clinical Advisory Service (DACAS)

Exclusively for health and welfare professionals, the service provides advice and information on the clinical management of patients with drug and/or alcohol problems, including:

- advice on recognising and managing withdrawal symptoms
- information about drug use complications
- drug information
- prescribing information
- assistance with cases of acute intoxication.

Tel (toll free): 1800 812 804 (24-hour service)

Web: [www.dacas.org.au](http://www.dacas.org.au)

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## Appendix 3: Pharmacotherapy Area-Based Networks

The [Pharmacotherapy Area-Based Networks \(PABNs\)](#) are funded by the Victorian Department of Health and Human Services to support and build the capacity of the opioid pharmacotherapy service system. They provide direct access to Addiction Medicine Specialists and GP Mentors for specialist and peer-based support to prescribers. During the COVID-19 pandemic they may be able to provide additional assistance with sourcing alternative prescribers.

### Pharmacotherapy Area-Based Network contact details

Area	Phone	Email
Barwon South West	03 5564 5815	<a href="mailto:gabrielle.watt@westvicphn.com.au">gabrielle.watt@westvicphn.com.au</a>
Grampians Loddon Mallee	03 5338 9142 Pauline: 0429 363 404 Jessica: 0491 174 115 Debra: 0490 049 942 Katherine: 0419 512 854	<a href="mailto:Paulinemo@bchc.org.au">Paulinemo@bchc.org.au</a> <a href="mailto:Jessical@bchc.org.au">Jessical@bchc.org.au</a> <a href="mailto:Debrah@bchc.org.au">Debrah@bchc.org.au</a> <a href="mailto:Katherineh@bchc.org.au">Katherineh@bchc.org.au</a>
Gippsland	0458 693 094 0409 588 415	<a href="mailto:Sean.Taylor-Lyons@lchs.com.au">Sean.Taylor-Lyons@lchs.com.au</a> <a href="mailto:Elizabeth.Plunkett@lchs.com.au">Elizabeth.Plunkett@lchs.com.au</a>
Hume	0418 910 200	<a href="mailto:TGriffiths@primarycareconnect.com.au">TGriffiths@primarycareconnect.com.au</a>
Area 4 Pharmacotherapy Network (southern and eastern metropolitan Melbourne)	0436 031 887 (southern) 0429 808 317 (eastern) 0428 785 371 (manager)	<a href="mailto:michael.abelman@semphn.org.au">michael.abelman@semphn.org.au</a> <a href="mailto:adrian.may@semphn.org.au">adrian.may@semphn.org.au</a> <a href="mailto:jana.dostal@semphn.org.au">jana.dostal@semphn.org.au</a>
North West Melbourne	0439 436 772	<a href="mailto:pharmacotherapy@cohealth.org.au">pharmacotherapy@cohealth.org.au</a>

For more information about the Pharmacotherapy Area-Based Networks visit [www.pabn.org.au](http://www.pabn.org.au).