

# Guidance for supplying methadone & buprenorphine (+/- naloxone) dose(s) to a third party in the context of the COVID-19 pandemic

## Overview

In the ordinary course of dispensing methadone and buprenorphine pharmacists are required to dispense directly to the patient. This is reflected in existing MATOD policy.

However, it is likely during the response to COVID-19 that a number of patients will be unable to attend a pharmacy in person, for reasons of illness or isolation. This guidance provides advice to pharmacists to follow in the event where it is likely that an agent may be required to collect pharmacotherapy on behalf of the patient. Appendix 1 may help pharmacists ensure that all relevant safety factors are considered.

The advice requires:

1. Communication between prescriber and pharmacists.
2. Identification and verification of an appropriate third party, including obtaining consent and appropriately documenting arrangements.
3. Risk assessment.
4. Care to be taken in delivery of the medication.

### *(1) Communication between prescriber and pharmacist*

Where an agent presents to a pharmacy for collection of pharmacotherapy on behalf of a patient, the pharmacist or prescriber must independently establish that the patient is unable to come into the pharmacy to be dosed due to the patient being in quarantine due to COVID-19 (i.e. have tested positive, are awaiting a COVID-19 test result and have been advised to self-quarantine, have returned from overseas and are under 14 day quarantine).

The nominated third party must be identified and the pharmacist and prescriber should both agree that supply to that nominated third party is appropriate. This includes exploring relevant factors for patient safety relating to third party supply including family violence, child safety concerns and storage.

### *(2) Third party arrangement consent, identification and documentation*

In all cases where third party collection is proposed the pharmacist must:

- Verbally confirm with the patient their consent to a third party collecting and delivering their medication on their behalf.
- Confirm the identity of the nominated third party.

Where the third party collecting the medication is an individual known to the patient:

- The third party **must**:
  - provide photo ID to show that they are the person that has the patient's authorisation to collect the patient's dose on their behalf
  - where the third party is a **contracted service**, the representative from the contracted service must have official identification from that service, and the patient must have provided consent for a contracted third party to deliver their pharmacotherapy treatment.
- Documentation that **may** assist these processes are:
  - a written letter of consent<sup>1</sup> signed and dated by the patient and naming the third person to collect the medication
  - signing for receipt of medications and agreeing to conditions of supply.<sup>2</sup>

*Note: Pharmacists may use discretion about this documentation, for example, may accept verbal consent or sign on behalf of the patient to avoid unnecessary occupational exposure during the COVID-19 pandemic.*

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<sup>1</sup> See template consent letter for third party collection of MATOD – Appendix 2

<sup>2</sup> See template for agreement to take responsibility for third party supply – Appendix 3

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- The pharmacist should:
  - cross-check the patient's signature with what they have on file in the patient's record if the individual is a known third party with a consent letter
  - adequately document on the patient file the details of dispensing to the third party. The detail to be recorded should include the quantity supplied, the date and time of supply, the signature of supplying pharmacist, and written confirmation from the third party agent of the date and time of receipt of dose to be provided to the consumer
  - where the third party is an individual, conduct a risk assessment (see below).

### *(3) Risk and risk assessment*

Where the third party is an individual, the pharmacist should assess that the person collecting the dose is not intoxicated and confirm plans for transport and storage of medication whilst being transported to patient, and for the patients' storage of medication at home. Where the third party is a contracted service, the contracted service is responsible for ensuring staff have been through appropriate background checks.

**Doses dispensed to third party should be supplied as a 'takeaway' labelled and be consistent with all other takeaway requirements.**

The pharmacist should consider the level of risk for the patient where there is a history of intentional misuse, diversion or poor adherence to treatment, and whether any of these factors apply to a third party collecting the medication on their behalf where the third party is an individual known to the patient. If the pharmacist feels the quantity of medication supplied is more than is reasonable for the risk level, they should contact the prescriber to determine how to best proceed with safe supply.

The number of doses dispensed should be guided by use of the risk assessment tool,<sup>3</sup> and not exceed the recommended number of doses a patient can receive as supervised doses given their level of risk.

### *(4) Delivery to the patient*

Medications should be delivered by the third party directly to the patient, while maintaining a 1.5m distance from the patient consistent with physical distancing recommendations. The identification of the patient and their availability to receive the medication should be confirmed verbally immediately prior to delivery by the third party. The phone can be used to support physical distancing, where possible.

**Medication must not be left unattended and should be returned to the pharmacy if the delivery is unable to be made to the named patient.**

#### **References:**

Pharmaceutical Society of Australia (2011). Standard and guidelines for pharmacists providing a staged supply service for prescribed medicines.  
Australian Pharmacist (April 23, 2018). Supplying medication

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<sup>3</sup> See risk assessment tool for unsupervised doses during the COVID-19 pandemic

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## Appendix 1: Pharmacist checklist for third party collection

### Pharmacist Checklist: Emergency Methadone & Buprenorphine guidance for dispensing dose/s to a third party in the context of the COVID-19 pandemic

The patient is unable to attend the pharmacy due to being in home quarantine due to Covid-19 (i.e. have tested positive, are awaiting test results and have been advised to self-quarantine, have returned from overseas and are under 14-day quarantine)	<input type="checkbox"/>
The pharmacist has verbally confirmed with the patient their wish for a third party to collect their medication on their behalf, and confirmed the identity of the third party	<input type="checkbox"/>
The third party has provided the pharmacist with a written letter of consent signed and dated by the patient and naming the third party to collect the medication (where third-party is known to the patient), <u>or consent has been otherwise determined by the pharmacist</u> . Where a contracted service will deliver the take-away(s), verbal consent from the patient is sufficient but should be documented	<input type="checkbox"/>
The third party has provided photo ID, and where there is a nominated (patient known) third party, the ID confirms that they are the person that has the patient's authorization to collect the patient's dose on their behalf. The third party is considered appropriate ( <u>non-intoxicated</u> ), and concerns regarding patient safety that are relevant to the third party have been explored, e.g. family violence, child safety concerns, and storage).  OR  Where the third party is a contracted service, the representative from the contracted service has official identification from that service, and the patient has provided consent for a contracted third party to deliver their methadone or buprenorphine-naloxone dose	<input type="checkbox"/>
Details of dispensing to the third party have been documented in the patient file (quantity supplied, date and time of supply, signature of supplying pharmacist, signature of third party confirming receipt of medication and agreeing to conditions of supply)	<input type="checkbox"/>
The pharmacist has confirmed the third party's plans for transport and storage of medication, and for the patient's storage of the medication at home	<input type="checkbox"/>
Third party understands their responsibility to verbally confirm the identity of the patient (including confirming date of birth) prior to delivery by the third party	<input type="checkbox"/>
The pharmacist has confirmed with the third party that medications should be observed to be delivered directly to the patient, while maintaining a 1.5m distance consistent with physical distancing recommendations	<input type="checkbox"/>
The pharmacist has confirmed with the third party that medications should be immediately returned to the pharmacy if unable to be delivered to the patient	<input type="checkbox"/>
The quantity of medication being supplied is consistent with the pharmacists' perceived level of risk for the patient (including history of intentional misuse, diversion, and adherence to treatment, as well as whether any of these factors apply to the third party). The number of doses does not exceed that recommended by the patient risk assessment tool.	<input type="checkbox"/>

# Guidance for supplying methadone & buprenorphine (+/- naloxone) dose(s) to a third party in the context of the COVID-19 pandemic

## Appendix 2: Patient agreement form: third-party collection of methadone or buprenorphine-naloxone take-away doses

To be provided to patient to sign. Pharmacist can obtain verbal agreement with patient and document using this form where patient identification can be confirmed over the phone and completion of paper form is impractical due to patient self-isolation or illness.

### Patient agreement form: nominated third-party collection of methadone take-away doses

Patient name: \_\_\_\_\_

Date of birth:     /     /     

I agree to the nominated third-party collecting my take-away doses as I am unable to attend the pharmacy due to self-isolation or illness.

1. Name of nominated third party (if not being delivered by registered courier or contracted delivery company):

\_\_\_\_\_

Period for which I nominate the third party to collect take-away doses (complete ONE option):

- Until further communication from me to my pharmacist
- Single collection only (date   /   /   )
- Other date this agreement ceases   /   /

2. I understand that the third party will sign for the dosing records on my behalf.
3. I understand that my take-away doses are prescribed for me only, based on my level of opioid tolerance. If somebody else takes my dose, they could overdose or even die.
4. I know that third-party collection of take-away doses is not an automatic right and must be approved by the pharmacist and prescriber.
5. I understand that the third party can only collect take away doses provided to me if my prescriber has assessed that I am stable and there is a legitimate need.
6. I understand that the number of take-away doses I receive can be decreased or removed by my prescriber (in consultation with my pharmacist and myself) when there are verified concerns about my ability to manage my take-away doses safely or responsibly.
7. I understand that it is important not to share my take-away doses with anyone because of the risk of overdose.

8. I understand that it is important to store my take-away doses safely once I have received them from the third party.

Safe storage of take-away doses includes:

- not leaving take-away doses unattended in cars, public transport, planes, public areas, etc
  - not leaving take-away doses where someone else can see or access them (e.g. not in the fridge, in a bag, on a shelf or bench-top)
  - making sure take-away doses are locked away (e.g. in a cupboard, drawer, cash box or safe)
  - keeping take-away doses out of reach of children at all times.
9. I agree to take full responsibility for all take-away doses that are supplied to me and I understand that lost or stolen take-away doses or take-away doses used in advance may not be replaced.
10. I understand that my prescriber may reduce or stop prescribing take-away doses to me if I do not comply with any part of this agreement.

Patient signature: \_\_\_\_\_

Date:   /   /   

If you have any questions or concerns about treatment, if you are experiencing a problem, if you need independent advice or support, or feel you are being unfairly treated by your pharmacotherapy service providers – the Pharmacotherapy Advocacy, Mediation and Support (PAMS) service is available on 1800 443 844 (open 10am-6pm, M-Fri).

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## Appendix 3: Third party agreement form: collection of methadone or buprenorphine-naloxone take-away doses

### Third-party agreement form: collection of methadone take- away doses

Patient name:

Date of birth:

/ /

This agreement is about your responsibility in collecting and delivering of \_\_\_\_\_ doses prescribed to the named patient

1. I understand that the medication is prescribed for the patient only. If somebody else takes their medication it could be fatal.
2. I agree to confirm the full name and date of birth of the patient when delivering their medication and visually confirm that the medication has been received by the named patient.
3. I understand that medication must be returned to the pharmacy if it cannot be delivered to the patient, and should not, under any circumstances, be left unattended at a delivery address.
4. I understand that it is important to store take-away doses safely until they can be provided to the patient. Safe storage of take-away doses includes:
  - Taking them directly to the patient.
  - Not leaving medication unattended in cars, public transport, planes, public areas, or where any unauthorized person can access them.
  - Not leaving medication where someone else can see or access it (e.g. not in the fridge, in a bag, on a shelf or bench-top).
  - Keeping medication out of reach of children at all times.

Third party taking responsibility for delivery \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacist supplying medication \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_