Vancouver CoastalHealth

Pharmacists Guidelines for Risk Mitigation in the Context of Dual Public Health Emergencies

Notification to all pharmacists in the Vancouver Coastal Health (VCH) region

GOAL

People in the Downtown Eastside are doing their part to reduce the transmission of COVID-19 by self-isolating; we need to do our part in supporting them. VCH has new guidelines in place to help prescribers support people who use drugs (PWUD) who need assistance managing withdrawal symptoms due to COVID-19.

New provincial guidelines are being established to support people who use drugs (PWUD) who need assistance managing withdrawal symptoms due to COVID-19. These guidelines have been approved for early implementation in VCH by the Office of the Chief Medical Health Officer, Vancouver Coastal Health, in alignment with current provincial guidelines.

As a pharmacist, knowing about these guidelines will help you to support a vulnerable community, help them prevent the spread of COVID-19, and save lives.

Eligible clients must meet the criteria below:

- Those at risk of COVID-19 infection, those confirmed COVID-19 positive, or those with a suspected case (e.g., symptomatic and self-isolating)
- Those with a history of ongoing active substance use (opioids, stimulants, alcohol, benzodiazepines, tobacco, or cannabis)
- Those that are deemed at high risk of withdrawal, overdose, craving, or other harms related to drug use

Prescribing Support

Specialist phone consult service can be accessed via the Overdose Outreach Team (OOT) at **604.360.2874**; Available Mon. – Sun., 8 a.m. – 8 p.m.

WHAT IS YOUR ROLE?

- If your pharmacy is unable to provide daily delivery service, please notify the prescribing physician immediately.
- If you are able to provide daily delivery service to patients with substance use disorders, please notify the Overdose Outreach Team (OOT).
- If there are concerns with regards to supply of medications, immediately contact the prescribing physician and the Overdose Outreach Team.

PHARMACOTHERAPY PROTOCOL

Note: The medications specifically listed in this protocol are full benefits for coverage under Pharmacare Plan G, Plan C, Plan W, and Plan I (Fair PharmaCare).

Substance Use Disorder	Pharmacotherapy Options
Opioids *See BCCSU Guidelines*	› Offer Opioid Agonist Therapy (OAT): Kadian, methadone, suboxone (as per BCCSU guideline) › If already on OAT, consider increasing the dose and provide carries and delivery as needed. If patient declines standard OAT or is using opioids in addition to their OAT, the following are approved for temporary use: › Oral hydromorphone 8 mg tablets (1–3 tabs q1h as needed, up to 14 tablets; daily dispensed) **and/or** › M-Eslon 80–240 mg BID; daily dispensed (avoid sprinkling doses) *Make the initial prescription 23 days in length. Doses should be started at the lower end of range unless there is known tolerance and up-titrated based on patient comfort, withdrawal symptoms, and cravings. Witnessed ingestion is not required. It is helpful to prescribe a long-acting opioid in conjunction with short acting for those not on OAT. If capacity for daily delivery is limited, consider prescribing a limited quantity of carries (ie., up to 7 days), where clinically appropriate. Blister pack for safety.*
Stimulants *See appendix 4 of BCCSU Guidelines for sample scenarios*	› Dexedrine (Dextroamphetamine) SR 10–20 mg BID; daily dispense (max dose of 40 mg BID per day) **and/or** › Dexedrine IR 10–20 mg PO BID-TID; daily dispensed with a maximum dose of 80 mg Dexedrine per day OR › Methylphenidate SR 20–40 mg once daily; daily dispensed (max dose 100 mg/24 hours) **and/or** › Methylphenidate IR 10—20 mg BID; daily dispensed (max dose of 100 mg methylphenidate per day) *Make the initial prescription 23 days in length. Do not prescribe if the patient has unstable angina or uncontrolled hypertension. Educate on potential side effects. Patients w/ concurrent psychotic or bipolar disorder should be warned of worsening symptoms w/ prescribed stimulant. See BCCSU guideline for details.*

Substance Use Disorder	Pharmacotherapy Options
Illicit Benzodiazepines *Due to the diverse range of benzodiazepines, confirming PharmaCare benefit status before prescribing a drug other than diazepam is recommended to avoid unintended out-of-pocket costs to the patient.* *See appendix 4 of BCCSU Guidelines for sample scenarios*	A taper protocol should be offered in all cases, however, to support social distancing and self isolation, a temporary maintenance protocol may be offered. Enquire which benzodiazepine the patient is using per day. If you are initiating a taper, clonazepam or diazepam are preferred as they are long-acting. › If temporary maintenance is being prescribed, generally consider switching to a long-acting benzodiazepine and reduce the dose by 50% to start. › For example, if a patient describes buying diazepam 10 mg, three times a day, then consider starting diazepam 5 mg TID; daily dispensed. If a patient uses 1–4 bars of xanax, start with clonazepam 0.5mg–1mg BID. *Make the initial prescription 23 days in length. Lower starting dose accounts for variability of potency of street benzodiazepines. Doses can be titrated as needed. Please be aware of increased overdose risk. Review the signs and symptoms of benzodiazepine toxicity and ensure telemedicine or in-person follow up where possible.*
Alcohol *Includes those using non-beverage alcohol*	Offer relapse prevention pharmacotherapies and other treatments for alcohol use disorder as per the BCCSU guidelines. *Prescribers are encouraged to consider unique solutions, where possible (e.g. managed alcohol).* If low risk of complicated withdrawal (PAWWS score ≤3), consider withdrawal management: › Gabapentin and/or › Clonidine and/or › Carbamazepine *Refer to BCCSU guidelines. Make the initial prescription 23 days in length.*
Tobacco	› Nicotine replacement therapy (patch, gum, lozenges, inhaler) › Offer prescription based therapies for tobacco cessation (i.e., varenicline, bupropion). *Make the initial prescription 23 days in length. Prescribers are encouraged to consider unique solutions, where possible (e.g. managed tobacco).*

VANCOUVER OVERDOSE OUTREACH TEAM (OOT)

The Overdose Outreach Team provides connections to substance use care and support for people who have recently experienced opioid overdose and/or are at high risk for opioid overdose. During the COVID-19 pandemic, this team is working to support clients with pharmacy delivery issues, prescription changes, identification of clinical needs and linkage to care, and navigation of other support services during self-isolation.

RESOURCES TO SUPPORT YOU

We are here to help you implement these new prescribing guidelines. We have a clinical consult service available to help answer any questions. To access, please contact the VCH Overdose Outreach Team (OOT) 604.360.2874.