

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

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

GOAL

People in the Downtown Eastside (DTES) 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.

The following guidelines are currently NOT intended for treatment of substance use disorders. The guidelines are to help individuals to self-isolate or social distance and avoid risk to themselves or others.

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 prescriber, you can follow these guidelines legally. By doing so, you will help 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

Youth and people who are pregnant may be eligible as follows:

- › Youth aged <19 may be eligible if there is informed consent by the patient to receive treatment and additional education is provided. Efforts should be made to offer alternative options (e.g. opioid agonist treatment).
- › For youth and pregnant individuals, in collaboration with the patient, referral to health and social services and connection to appropriate resources should be offered.

In order to preserve OOT resources, community prescribers are encouraged and supported by VCH to work with all patients to manage their substance use needs by prescribing the medications patients need to stay safe during this time.

ENROLMENT AND PRESCRIBING



Attached Clients

Clients will be encouraged to work with their existing family physician or nurse practitioner who can use the outlined pharmacotherapy protocols and pharmacy delivery as per their already existing process.



Unattached Clients (or GP declines to prescribe)

Clients will be connected to the Overdose Outreach Team (OOT).



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.

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). If you prescribe any medications outside of this protocol, please confirm PharmaCare coverage status (available via the PharmaCare Formulary Search) before prescribing.

Substance Use Disorder	Pharmacotherapy Options
Opioids See BCCSU Guidelines	<ul style="list-style-type: none">› 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. <p>If patient declines standard OAT or is using opioids in addition to their OAT, the following are approved for temporary use:</p> <ul style="list-style-type: none">› 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) <p><i>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.</i></p>

Substance Use Disorder

Pharmacotherapy Options

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.

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

Managed alcohol program or daily dispensed alcohol.

If your patient is living in supportive housing, please connect with their housing support to determine if they can help obtain and provide alcohol.

Dosing dependent on individual use, to be evaluated on a case-by-case basis. If the individual is drinking 6-10 beers per day, provide an average dose. If you need support in helping your patient obtain managed alcohol, please call OOT.

If low risk of complicated withdrawal (PAWWS score ≤ 3), consider withdrawal management:

- › Gabapentin and/or
- › Clonidine and/or
- › Carbamazepine

Offer relapse prevention pharmacotherapies and other treatments for alcohol use disorder as per the BCCSU guidelines. 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).
- › If NRT and prescription therapies declined: offer a pack of cigarettes.

Make the initial prescription 23 days in length.

WHAT IS YOUR ROLE?

- › If you currently care for people who meet eligibility criteria, you can immediately apply these new guidelines to ensure your client's substance use needs are met during self-isolation.
- › If you know of people who are currently not connected to a GP/family doctor who may meet eligibility criteria, please refer them to the VCH Overdose Outreach Team (OOT) at 604.360.2874.

RESOURCES TO SUPPORT YOU

Rapid Access to Consultative Expertise (RACE) for Addictions is available Mon. – Fri., 8 a.m. – 5 p.m. for additional consultation and support: www.raceconnect.ca

Local calls: 604.696.2131 or toll-free: 1.877.696.2131

OAT Clinics Accepting New Patients: This list may be consulted for referral, and is for physicians and nurse practitioners who do not have extensive experience providing addiction medicine but whose clients are at risk of withdrawal. <https://www.bccsu.ca/wp-content/uploads/2020/01/OAT-Clinics-Accepting-New-Patients.pdf>

VCH OOT Team: 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.

At this time, the VCH specialist physician and OOT have limited capacity and can only manage patients that are COVID-19 confirmed positive or suspected cases awaiting diagnosis of COVID-19. This may change in the future.

If your patient has other social needs that must be addressed to support self-isolation and you need help in coordinating this, or if you have any other questions, please contact OOT.

PRESCRIPTION CHECKLIST

- Is the right medication and strength on the prescription?
- Is the total dose correct?
- Does the prescription have the right dates?
- Is the prescription written as daily dispensed?
- Does the patient's pharmacy have adequate supply of the substitution medication?
- Does the patient's pharmacy have the ability to deliver medication daily?
- Does the patient have any PharmaCare coverage? If the patient does not have any coverage, consider applying for Plan G.

PRESCRIBING WORKFLOW

