Checklist for assessing appropriateness of take-away doses to support continuity of pharmacotherapy during the COVID-19 pandemic

Patient name_____ Date of birth: / /

Measures to support physical distancing and reduced attendance at pharmacies are important to protect the health of those in Medication Assisted Treatment for Opioid Dependence (MATOD), many of whom may be at increased risk during the COVID-19 pandemic.

Some patients may have additional need for unsupervised dosing because of self-isolation or quarantine. This guidance document is to support the assessment of suitability for larger quantities of unsupervised or 'takeaway' (TA) dosing.

The supply of TA doses is a significant clinical decision that requires thorough consideration of risks and benefits. Prescribers should use this assessment tool when reviewing a patient to assess the appropriateness of TA doses. Pharmacists may also use this assessment tool to provide treatment updates to the prescriber. The checklist assesses the appropriateness of take-away doses according to the risk level of patients. **Follow steps 1 to 3 in sequential order.**

1. ABSOLUTE CONTRA- INDICATIONS There are increased risk and safety concerns for the patient and others if ANY of the following contra-indications are observed within the last 3 months:

- ☐ Recent overdose reported with any substance
- ☐ Recent reported diversion of doses to others, sharing or trading doses
- ☐ No safe and secure storage facility available
- ☐ Serious and immediate concerns about risk of harm to self or others

STOP: DO NOT SUPPLY TAKE-AWAY DOSES IF ANY ABSOLUTE CONTRAINDICATIONS HAVE BEEN OBSERVED.

2. RISK ASSESSMENT

Risk factor	Low risk		Medium risk		High risk	
Stability of MATOD medication dosing	Stable dose with good attendance for dosing	☐	Recent induction (within 1 month for methadone, 1 week for buprenorphine)	☐	Not yet on stable dose of methadone or buprenorphine	☐
Adherence with medicine, particularly of takeaway opioid and/or other medicines	No significant adherence problems	☐			Frequent missed doses (≥1 dose per week) or interruptions to treatment Significant use of higher doses than authorised, or 'stockpiling' of takeaway doses Injection of takeaways	☐ ☐ ☐
Adherence with other treatment conditions	Good adherence with appointments, and urine drug screen (UDS) monitoring	☐			Poor adherence with appointments and UDS monitoring	☐

Risk factor	Low risk		Medium risk		High risk	
Use of alcohol or other drugs	No significant use of alcohol or other drugs	☐	Occasional use that is not considered to meaningfully increase overdose risk Evidence of recent injecting sites	☐ ☐	Frequent and heavy use of alcohol, illicit, or pharmaceutical drugs, particularly sedatives Intoxicated presentations at medical clinic or pharmacy	☐ ☐
Provision of urine drug screen (UDS)	UDS provided on request and reveals no unsanctioned drug use	☐	UDS reveals unsanctioned drug use that is consistent with self-report and not considered to increase overdose risk	☐	UDS not provided on request or reveals unsanctioned drug use inconsistent with self-report and considered to increase overdose risk	☐
Medical conditions that impact upon medicine adherence and/or safety of takeaway doses	No significant medical conditions that impair medicine adherence or safety of takeaway doses	☐	Significant medical conditions (e.g. respiratory or liver function compromised)	☐		
Psychiatric conditions that impact on medicine adherence / takeaway dose safety	No significant psychiatric conditions that impair medicine adherence or safety of takeaway doses	☐	Psychiatric conditions (e.g., severe anxiety or depression, psychosis) that are currently well managed	☐	Significant psychiatric conditions (e.g. suicidal, severe anxiety or depression, psychosis) that are unstable and would impact on immediate safety of patient	☐
Cognitive conditions that impact upon medicine adherence and/or safety of takeaway doses	No significant cognitive conditions that impair medicine adherence or safety of takeaway doses	☐	Significant cognitive conditions (e.g. impaired memory) that can be managed with risk mitigation strategies (e.g. family member/carer assistance)	☐	Significant cognitive conditions (e.g. impaired memory) that would impair ability to safely manage takeaways	☐
Social conditions that impact upon medicine adherence and/or safety of takeaway doses	No significant social conditions that impair medicine adherence or safety of takeaway doses	☐			Significant social conditions (e.g. homelessness, child safety concerns) People who are actively using substances are present or likely to visit the home	☐ ☐

3. SCHEDULE ACCORDING TO LEVEL OF RISK:

The following schedule is recommended based on the patients' level of risk. Note:

- **If a patient meets ANY high risk criteria they are considered HIGH RISK**.
- If a patient meets ALL low risk criteria they are considered LOW RISK.
- If a patient does not meet all low risk criteria and has no high risk criteria they are considered MODERATE RISK.

METHADONE	
LOW RISK	**Up to 6 TAs per week**. Some low risk patients with documented long-term stability (> 12 months), no other substance use, stable psychosocial situation, and secure storage can be considered for up to 13 take away doses per fortnight of methadone. Stability must be confirmed with pharmacist
MODERATE RISK	Up to 4 take away doses per week, with no more than 3 at a time
HIGH RISK	Possible alternate day attendance with only one take away dose at a time; use of deliveries/3rd person pick up if not suitable for unsupervised dosing and in self-isolation or quarantine

BUPRENORPHINE-NALOXONE	
LOW RISK	13 TAs per fortnight, or if clinically appropriate, monthly pick-up
MODERATE RISK	Up to 6 take away doses per week with weekly attendance for a supervised dose
HIGH RISK	If suitable for unsupervised doses possible alternate day attendance with only one take away dose at a time; consider use of deliveries/3rd person pick up if not suitable for unsupervised dosing and in self-isolation or quarantine

Note: Prescribers considering varying take-away doses from the current policy guidelines are strongly advised to discuss with the pharmacist the patient's stability in treatment and suitability for increased take-away doses in response to the COVID-19 pandemic. Mutually agreed treatment decisions should be reached and documented.

Prescribers should discuss with patients that increased takeaways are a temporary and extraordinary arrangement during the course of the COVID-19 pandemic, and usual takeaway schedules will be reinstated in future. **In the event a patient's risk profile changes during the course of the COVID-19 pandemic, takeaway arrangements should be reviewed**.

Prescribers should advise patients to carry naloxone with them (if the patient is considered at risk of overdose) and provide education on its use and how to recognise and respond to an opioid overdose.

Comments: (e.g. overall assessment, matters for follow-up at the next review)

Review conducted by_____(prescriber/pharmacist)

If the review has been conducted by the pharmacist in order to inform prescriber assessment, forward the assessment to the prescriber. Contact the prescriber if there are immediate risks and safety concerns to the patient or to others.

Date of next review: / /