

Providing Medications for Opioid Use Disorders (OUD) During the COVID-19 Crisis Declaration in PA

Telehealth and MAT

- Treatment providers, including behavioral health and primary care services that have been providing either methadone, buprenorphine or naltrexone can use telehealth technologies to enroll, treat and counsel individuals with an OUD, with some exceptions noted in this document
 - Please review our [document on the basics of providing telehealth and verbal consents](#)

Enrolling New Patients on Medications

- All providers who have the x-waiver can use telehealth technologies to initiate buprenorphine with new patients, following all standard screening questions - an in-person physical exam is not required to initiate buprenorphine
 - Verbal consenting can be used with appropriate documentation
- All OTP providers are still required to complete an in-person physical exam before initiating methadone for OUD, however, the exam can be completed by a mid-level provider (e.g., PA or advance practice nurse)
 - Telehealth technologies can be used for guest dosing of individuals who have a documented exam completed by another OTP provider
 - OTP providers can share information, without written consent, while the crisis declaration is in place, including information collected through reviews of the PDMP

Recommendation for new clients seeking methadone: if a physical exam cannot be completed on a new client for methadone, consider offering buprenorphine in the interim, using telehealth technologies and use a dosage level sufficient for the person

- Telehealth technologies can be used by any licensed medical provider in PA to initiate, update, or renew naltrexone, which is also true of other non-controlled medications
 - Controlled medications within schedules III-V can also be prescribed via telehealth, without completing a physical exam

Maintaining or Renewing Medications for OUD

- All providers who have the x-waiver can use telehealth technologies to maintain, renew or modify buprenorphine with existing patients or transfers from other providers
 - Verbal consenting can be used with appropriate documentation
- OTP providers are allowed to use telehealth technologies to maintain, renew or modify a methadone prescription for existing clients or transfers from other OTPs, as long as the physical exam has already been completed (or documented by another provider)
- Any licensed medical provider can use telehealth technologies to maintain, renew or modify naltrexone or other non-controlled medications with existing patients or transfers from other providers

Take-home Medications and Delivering Medications for Patients who are Quarantined

- All existing DEA rules for buprenorphine remain in place during the crisis, including allowing for a 30 -day supply of medications for stable clients
 - Urine testing and other screening procedures (blood work, salvia, or breathalyzers) can be delayed during the crisis, though OBOT providers can require testing, when needed
- PA has received a statewide wavier from SAMHSA that allows all licensed OTPs to provide up to 28-days of take-home methadone for stable patients and up to 14 days for those who are less stable
 - Shorter periods can also be used, based on the discretion of the OTP
 - These guidelines also include guest dosing of known patients from other OTPs - verbal consenting and exchange of information can be used between OTPs or between OBOTs and OTPs - written consent is not required to exchange essential information for guest dosing
 - New clients can receive a 14-day supply for take-home after the physical exam has been completed, however, the DEA does not allow for home-based dosing increases for new clients; therefore, a client can go home with a 14-day supply of 30mgs/daily, but cannot go home with a 14-day supply of increased dosages - OTPs will have to provide in-person dosing increases to reach the minimal clinical range of 60mgs, within existing daily protocols.
- A designee can deliver buprenorphine or methadone to a family member with an OUD who is quarantined (naltrexone is not a controlled substance; anyone can pick up the medication)
 - Document the reason for the designee and, when possible, document the provider who is involved with the patient's quarantine
 - The designee can be a family member or a staff person at the OTP who can deliver the medications to the person's home
 - It may be necessary to contact a pharmacy to inform them that a designee will be picking up the buprenorphine

Providing Naloxone, Counseling and Case Management During the Crisis

- Please review naloxone procedures with all existing and new clients during the crisis period, as your patients are likely at increased risk of overdose and will need access to naloxone kits
 - Confirm that all existing patients have a naloxone kit in the home and, if not, advise them and their family members to acquire a naloxone kit while maintaining the medications
 - Coach clients and family members residing in the home on how to
 - identify signs of an overdose,
 - how to administer the naloxone kit during a potential overdose, and
 - call 911 when an overdose is occurring
- OTP and OBOT providers are still required to provide telephonic or video support to all existing patients receiving methadone, buprenorphine or naltrexone, though standard urine analysis or other screening procedures (blood work, salvia & breathalyzer) can be delayed during the crisis
- Please follow the guidelines noted on providing telehealth [in this document](#)

- Telephonic care management and checkups will occur weekly and include:
 - a review of the medications and how patients are taking the medications - ask for details and medication counts during the call
 - review risk of relapse during the call as well as relapse triggers, including symptoms of mental illness, using other medications or other issues related to using illicit substances
 - review potential risks of using other medications, such as benzodiazepines, medical marijuana, anticonvulsants or taking multiple doses in one day (check the PDMP before the call)
 - encourage involvement of family members or friends during the call - it will help if family members are aware of the medication regimen - the patient can consent on the phone
 - offer [web-based mutual support resources](#)
- Contact Community Care or the local SCA if a higher level of care seems indicated