

COVID-19 and prescribers of buprenorphine containing products in office based opioid treatment settings

Frequently asked questions

The following information is meant to support prescribers of buprenorphine containing products in office based opioid treatment settings relating to the coronavirus (COVID-19) situation in Washington. This interim guidance contains recommendations and resources.

If you have additional questions, please email them to Washington State Opioid Treatment Authority Jessica Blose-jessica.blose@hca.wa.gov.

We will update this document as needed and post updated versions on [our MAT website](#)

How do we reduce transmission in our program facility?

- The Centers for Disease Control and Prevention (CDC) has provided [interim infection prevention and control recommendations in health care settings](#).
- We have created [a fillable and printable sign](#) that you can customize for your program.
- Anyone with a respiratory illness (e.g., cough, runny nose) should be given a mask before entering the space.
- Provide hand sanitizer at the front desk.
- Clean all surfaces and knobs several times each day with Environmental Protection Agency (EPA)-approved sanitizers.

Should we see clients in a separate room if they present with a fever or cough?

Yes.

Develop procedures for staff to take clients who present at the office with respiratory illness symptoms such as fever and cough to a location other than the lobby, to see clients in closed rooms as needed.

Staff should use [interim infection prevention and control recommendations in health care settings](#) published by the CDC.



Is there any guidance is someone presents with respiratory issues or a fever, or if they report they are diagnosed with or exposed to COVID-19.

We thank you for all you do to provide care and support to people with OUD. As we learn more about the spread of COVID-19 and the groups of people at highest risk, we would ask that you consider giving individuals who are 'stable' longer prescription lengths of buprenorphine containing products and follow up by phone and/or telehealth if possible and appropriate. 'Stable' should be determined by the prescribing provider and care team. Considering a minimum two-week supply of buprenorphine containing products, and phone or telehealth follow up when clinically appropriate may help to lessen people's risk of coming into contact with persons who may be carrying the virus.

Please note, this is not 'official' public health advice but a clinical recommendation related solely to the treatment of opioid use disorder.

Please continue to check your local public health agency for advice specific to coronavirus guidance in your community and/or the [Department of Health's website](#).

Should we consider delaying in-person visits to persons who are stable for routine follow ups or perform follow up via phone or telehealth?

Yes, please consider delaying visits to persons who are stable for routine follow ups or perform follow up via phone or telehealth.

Current guidance about the need for in person follow visits should be revised to reflect current regional COVID-19 activity, provider's resources to provide care and provider's access to PPE.

Protecting people from a relapse to non-prescription opioids is considered a priority given the presence of fentanyl in the drug supply and its attendant risks.

Should we consider delaying in-person visits to new persons and instead or perform new client visits with telehealth or telephonically?

Telemedicine and telephonic visits for new patients are acceptable if an audio-visual telemedicine prescribing platform and/or telephonic delivery option is available and would be preferred for persons with symptoms consistent with COVID-19.

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During the COVID-19 Public Health emergency, what does an office based opioid treatment prescriber need to know about telemedicine of telephonic service delivery for the prescription of buprenorphine containing products for the treatment of opioid use disorder?

Prescribers with a DATA 2000 waiver may prescribe buprenorphine containing products to treat opioid use disorder via telemedicine or telephonically.

For as long as the Secretary of the Department of Health's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for buprenorphine and other controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system, or the service is being delivered telephonically.
- The practitioner is acting in accordance with applicable Federal and State law.
- This includes the first initial appointment with a client brand new to buprenorphine products.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy. [\[Learn more\]](#)

Any considerations for injectable forms of medications for the treatment of opioid use disorder?

Patients receiving injectable forms of buprenorphine products and injectable antagonist medications like naltrexone should continue to receive their injections for as long as PPE is available for providers to do so. If PPE runs out, then prescribe oral buprenorphine products, and/or oral naltrexone to be picked up at a pharmacy, and reschedule the injections to resume when provider regains sufficient PPE inventory.

If a patient receiving injections is shows signs or symptoms of COVID-19, a provider may use their clinical judgement and forgo a scheduled injection and instead prescribe oral buprenorphine products, and/or oral naltrexone to be picked up at a pharmacy, and reschedule the injections to resume within 14 days.

What about toxicology testing of client's taking buprenorphine products during this COVID-19 public health emergency?

It is recommended that oral fluid toxicology testing be suspended.





While urine drug tests are helpful, they are not necessary to initiate or continue someone on buprenorphine. Testing upon buprenorphine initiation and follow up testing after buprenorphine initiation should be a clinical decision balancing the risk of unnecessary exposure for patients and providers with concerns about persistent use or diversion

While all DATA 2000 waiver prescribers should have diversion control protocols in place. The need for a urine drug test as a requisite to start or continue buprenorphine treatment is a clinical decision best made by the treatment team.

If our billing department has questions about billing guidance from Washington State Health Care Authority related to services rendered during the COVID-19 public health emergency, where should they go?

Please look for billing related guidance to be published at the following webpage: [Washington State Health Care Authority Informational Page About COVID-19](#)

Where can I refer clients if they have a question about COVID-19?

More information about assessing is available at this [Department of Health website](#).

Additionally, the Department of Health has established a call center to address questions from members of the public, who can call 1-800-525-0127 and press #.

What warrants a shut-down of an office based opioid treatment setting?

You must consult with your respective local public health jurisdiction before making decisions about operations. Office based opioid treatment settings should make plans to stay open in most emergency scenarios and to take on new clients if possible.

If you cannot admit new clients for opioid use disorder treatment, please refer clients to a [Washington State opioid treatment program](#) ; or refer a client to utilize the [Washington State Recovery Helpline's Medications for Opioid Use Disorder locator](#) to find other office based opioid treatment providers in your area.

We have clients and employees who are extremely anxious about COVID-19. What can we tell them to support them?

Hearing the frequent news about COVID-19 can certainly cause people to feel anxious and show signs of stress, even if they are at low risk or don't know anyone affected. These signs of stress are normal.

The Substance Abuse and Mental Health Services Administration document titled [Coping with stress during infectious disease outbreaks](#) that includes useful information and suggestions. You could adapt messaging from this document for the people you serve, or print this document to have available.





There are also steps people should take to reduce their risk of getting and spreading any viral respiratory infection. These include: wash your hands often with soap and water for at least 20 seconds, cover your mouth and nose with your elbow when you cough or sneeze, and stay home and away from others if you are sick.

It is still a best practice for patients to be informed of how they can obtain Naloxone?

Options for this include:

- Prescribers may write a prescription for naloxone that a client could fill at a pharmacy.
- Send clients to a syringe service program (SSP) to obtain free Naloxone.
 - [Directory of WA State Syringe Service Program Locations](#)
- Send clients to a pharmacy where they can pick up Naloxone under the state-wide standing order and use their insurance benefits for little or no cost.
 - Utilize resources available through <http://stopoverdose.org/>

Should we be worried about any medication shortages and/or disruption of a medication supply of any buprenorphine containing products?

At this time, there has been no reported concern from any state or federal partner about a potential for disruption in the medication supply for methadone and/or any buprenorphine containing product.

Any future updates or changes to this guidance will come from the Washington State Health Care Authority and/or the Washington State Department of Health

What else should my office based opioid treatment setting be doing to prepare for or respond to COVID-19?

- Ensure you have up-to-date emergency contacts for your employees and your clients.
- Develop a plan for possible alternative staff scheduling in case you experience staffing shortages due to staff illness. Develop a plan for criteria for staff members who may need to stay home when ill and/or return to the workforce when well.
- Current guidelines recommend trying to maintain a six-foot distance between clients onsite in any primary care setting, as best as possible. This guidance, while difficult to achieve, should be attempted to the best of everyone's ability in an aspirational sense, while considering the space and patient flow within your physical location. Prescribers may want to consider expanding service hours to help mitigate the potential for individual clients queuing in large numbers in waiting rooms.



- SAMHSA recognizes that social distancing and quarantine may come with concerns for individuals, families, and communities. SAMHSA hopes these [Tips For Social Distancing, Quarantine, And Isolation](#) During An Infectious Disease Outbreak are of use during this time.

