CARRIES

OST Conference 2016

OBJECTIVES

- Appreciate challenges to daily continuity of access
- Understand specific needs and challenges to community pharmacy care
- Learn challenges to in hospital care, including admission and discharge
- Explore gaps for clients – release from prison, transfer from other programs

CARRIES - CHAPTER 10

- Carries are take home doses of methadone or subuxone.
- Safety of the patient and the community must be considered before being granted
- Patients cannot be granted carries until adequate stability is achieved

STABILITY

- Based upon a combination of clinical data, urine drug screens and consideration of social, psychological and other circumstances imacting the patient
- Some patients may never achieve adequate stability
- Carry privileges require evidence of functional progress

FUNCTIONAL PROGRESS

- Normal urine drug screens
- Attendance to appointments
- Attendance of treatment programs
- Children out of care

OTHER REASONS

- Medical reasons – COPD, CHF,
- Transportation issues
- Pharmacy closures

CARRIES

- Should not be granted if:
  - Patient at risk of taking more than prescribed
  - Patient unable to store safely
  - Suspicion of diversion
  - Continued use of potential harmful interacting substances such as alcohol or other CNS depressants such as benzodiazepines

CARRIES

- Cannot be granted in the inititation or stabilization phase
- Carries cannot be granted until the patient has 3 months of negative urine drug screens
- Any deviation from the Standards and Guidelines requires clear documentation of the rationale

CARRIES

- Take home doses must be prescibed incrementally beginning at the rate of 1 or 2 doses per week to a maximum of 6 doses per week
- All carries must include a witnessed ingestion
- Carries must be discontinued if there a question of social stability
- Lost, stolen, spoiled doses may indicate instability

CARRIES

- Unstable housing, relapse, diversion, mental health instability and recentincarceration may all be reasons to suspend carries

APPENDIX M

- Take Home Dose Aggreement
- Revisit anytime during care

HOSPITAL CARE

- Admission to hospital – need to carry on methadone
- Need to confirm dose, last day dose received
- PIP is helpful – tells you prescriber and pharmacy – can be helpful in sorting out last dose
- Methadone needs to be prescribed by a physician with a methadone exemption with privileges in the region/hospital
- Discharge – need to coordinate any dose changes and ensure patient has a community prescription

INCARCERATION

- Methadone should be carried in prison if patient is incarcerated
- Release – corrections should ensure contiuity of methadone in commmunity
- Dose changes should be relayed to community physician

CASE 1

26 y.o female – opiate addiction
On methadone for 4 months
Last 3 months have normal drug screen
Attending school – wondering if she can have carries
Should she be granted carries?

TRANSFERS

- Proper documentation should preceed transfers
- Bridging prescription should be written until patient can be seen by new prescriber

CASE 1

- Start with 2 carries per week – preferably not back to back
- Mondays and Fridays
- Then as onging urine drug screens remain negative can increase up to 1/6

CASE 1

- 6 months later she has a slip – she provides urine drug screen is positive for opiates
- What should we do?
- Repeat UDS in 1 to 2 weeks – positive again
- When confronted find out that her boy friend was recently on methadone but had been cut off due to ongoing drug use – he has been drinnkingher carries – causing her to withdraw and slip

CASE 2

- 35 y.o male on methadone for 1 year
- Never can give more than 2 negative urine screens in a row
- Slips on crystal meth, cocaine, ritalin.
- Has an opportunity to work construction – but needs to start work at 8 am before his pharmacy is open
- Really needs this job – going to lose his home

CASE 2

- Options
  - Grant carries?
  - Change pharmacies?
  - Change dosing time?

CASE 3

- 58 y.o with endstage COPD
- On home O2
- Lives 3 blocks from pharmacy
- Gets 5 portable O2 tanks per month
- Daily witness – runs out of O2 by 20th of each month
- Urine drug screens – only 1 in 4 urine screens are negative – usually ritalin
- Do we grant carries?