



Guidance on Opioid Prescribing During the COVID-19 Pandemic

The COVID-19 pandemic has resulted in the near cessation of outpatient medical visits for chronic conditions, including chronic pain, in New York City (NYC). To reduce instances of opioid withdrawal, visits to acute care and other negative consequences for patients who have been prescribed long-term opioids, the NYC Health Department recommends the following:

- Implement telemedicine options wherever possible. Prescribers should not require in-person assessments or urine drug testing for patients to obtain refills of stable medications.
- When in-person visits are necessary, consider placing signage and greeters at entry points to screen visitors and people seeking care by asking if they have a COVID-19-like illness (CLI).
 - To screen people at a facility entrance, the person who triages must wear a face covering and ask them if they have any of the following symptoms:*
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Sore throat
 - New loss of taste or smell
 - Chills
 - Muscle pain
 - Diarrhea
 - Nausea
 - Vomiting

*Information about signs and symptoms of COVID-19 is evolving and subject to change. For a complete and up-to-date list of symptoms, visit the “Symptoms and What to Do When Sick” page at nyc.gov/health/coronavirus.

- Consider anyone who answers “yes” to any of these symptoms (and anyone whose symptoms are not attributed to a preexisting condition) to have CLI. Then, have a plan to immediately isolate any patient with CLI, including giving them a face covering, as available, if they arrived without wearing one, and placing them in an office with a closed door. For Department of Homeless Services (DHS) shelters, follow DHS guidance.
- Patients and employees with CLI should not enter the medical facility. Inform prospective patients that they will not be allowed to enter the facility if they have CLI.

- When possible, providers should use their usual communication channels to tell prospective patients the rules before they travel to the facility.
- Develop plans and procedures for management of patients and staff that develop CLI, including isolation to a dedicated location within the facility for management of CLI.
- In most cases, it is prudent to continue patients' current opioid dosing regimens during this time, rather than making changes such as tapering the dose or transitioning to a new medication.
- Opioid prescribers should ensure that their patients are able to request and obtain refills of long-term opioids via e-prescribing in a timely way.
- If a patient's regular opioid prescriber is unavailable, a licensed covering provider can refill the patient's current opioid regimen without conducting a medical visit.
- Providers should continue to review the online New York State Prescription Monitoring Program prior to e-prescribing controlled substances including opioid medications. Visit health.ny.gov/professionals/narcotic/prescription_monitoring for more information.
- Providers should continue to refer or treat patients with opioid use disorder with evidence-based treatment, such as buprenorphine or methadone, from an opioid treatment program.

For general information about COVID-19, visit nyc.gov/health/coronavirus or cdc.gov/covid19. For real-time updates, text "COVID" to 692-692. Message and data rates may apply.

The NYC Health Department may change recommendations as the situation evolves.

5.23.20