



COVID-19 AND MAT • TIP SHEET

The New Jersey Medication-Assisted Treatment Centers of Excellence recommends that medication-assisted treatment (MAT) providers follow these best practices during the COVID-19 pandemic to maintain patient safety and continuity of care.

CONTACT US WITH YOUR QUESTIONS!

MAT Provider Hotline: 866-221-2611
 (Monday to Friday - 8am to 8pm)
 Northern COE: coe@njms.rutgers.edu
 Southern COE: southernnjcoe@rowan.edu

1 PATIENT SCREENING FOR COVID-19:

All sites should comply with infectious control policy and procedures as dictated by their own organization, [NJ DOH](#) and the [CDC](#).

2 PATIENTS WITH SYMPTOMS CONCERNING FOR COVID-19:

Symptomatic patients should not present to clinical treatment areas. Medication refills (or take-home doses) should be provided and clinical check-ins be performed via telephone or telemedicine. Every effort should be made to make sure that no patient has a gap in medication prescription due to COVID-19.

3 FOLLOW-UP CARE FOR WELL, STABLE PATIENTS:

A 30-day supply with 1 refill is strongly recommended. Refills up to 180-day total supply are permitted by telephone or fax.

4 FOLLOW-UP CARE FOR WELL, UNSTABLE PATIENTS:

Highly unstable patients remain at high risk of overdose and should have more frequent contact unless they are physically ill. Telephone or telemedicine visits are strongly encouraged when possible. Refills up to 180-day total supply are permitted by telephone or fax.

5 NEW PATIENT INTAKES:

Untreated opioid use disorder has an extremely high morbidity and mortality. Continued access to services is needed as long as clinical operations are open and providing care. We recommend providing prescriptions for a much more extended duration than usual.

6 GUIDANCE FOR PHARMACIES:

Pharmacies should accept prescriptions for Schedules III-IV via telephone or via fax (N.J.A.C. 13:45H-7.13a, b). Additionally, refills up to 180 days total supply are permitted.

7 OPIOID TREATMENT PROGRAMS (OTP):

OTP's should consider giving more take-home doses as per [DHS guidance](#).

MEDICATION CONVERSION:

Injectable buprenorphine to sublingual buprenorphine: Between 16/4 mg to 24/6 mg in divided doses per day. The exact conversion is unknown.

Injectable naltrexone to oral naltrexone: Oral naltrexone 50 mg daily or a thrice-weekly dosing regimen (100-100-150 mg). The exact conversion is unknown.

- Be aware that oral naltrexone is not FDA-approved for opioid use disorder. Data suggest higher relapse and overdose rates as compared to injectable naltrexone.

TELEMEDICINE/TELEPHONE VISITS:

Requirements for telemedicine visits have been significantly relaxed in order to ensure continued access to medical services during this emergency. Access the latest CMS guidance [HERE](#).