This policy provides guidance to registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment. This policy must be read in conjunction with PPP-71 Delivery of Opioid Agonist Treatment.

**POLICY STATEMENTS:**

**Effective January 1, 2019:**

1. All pharmacy managers, staff pharmacists, and relief pharmacists employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:
   a. successfully complete the College of Pharmacists of BC (CPBC) Methadone Maintenance Treatment (MMT) training program (2013), or
   b. successfully complete the British Columbia Pharmacy Association (BCPhA) Opioid Agonist Treatment Compliance and Management Program for Pharmacy (OAT-CAMPP) training program, and
   c. record self-declaration of training completion in eServices.

2. All pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:
   a. successfully complete the CPBC MMT training program (2013), or
   b. successfully complete the online component of the BCPhA OAT-CAMPP training program, and
   c. record self-declaration of training completion in eServices.

3. Pharmacy managers must:
   a. educate all non-pharmacist staff regarding their role in the provision of community pharmacy services related to opioid agonist treatment, and
   b. document the completion of the education of individual non-pharmacist staff members on a form signed and dated by the pharmacy manager and the non-pharmacist staff member, and retain the completed forms in the pharmacy’s files.

**Effective March 31, 2021:**

The CPBC MMT training program (2013) will not be available beyond March 31, 2021. Registrants will no longer be able to fulfill the College’s training requirements by completing that program, and must complete any applicable component(s) of the BCPhA OAT-CAMPP by March 31, 2021. The above-noted Policy Statements 1a and 2a will be repealed and all other requirements will continue to be in effect.

During the period between January 1, 2019 and March 31, 2021, registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment are strongly encouraged to complete the OAT-CAMPP program as soon as practicable.
POLICY CATEGORY: PROFESSIONAL PRACTICE POLICY-66
POLICY FOCUS: Opioid Agonist Treatment

1. BUPRENORPHINE/NALOXONE POLICY STATEMENTS:

1. Buprenorphine/naloxone maintenance treatment must only be dispensed as an approved, commercially available formulation.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment must:
   a) know and apply the principles and guidelines outlined in the CPBC Buprenorphine/Naloxone Maintenance Treatment Policy Guide (2018) and all subsequent revisions,
   b) be familiar with the information included in the most recent version of the British Columbia Centre on Substance Use (BCCSU) A Guideline for the Clinical Management of Opioid Use Disorder, and
   c) be familiar with the information included in the product monographs of approved, commercially available formulations.

2. METHADONE MAINTENANCE POLICY STATEMENTS:

1. Methadone maintenance treatment (MMT) must only be dispensed as the commercially available 10mg/ml methadone oral preparation.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must:
   a) know and apply the principles and guidelines outlined in the CPBC Methadone Maintenance Treatment Policy Guide (2013) and all subsequent revisions,
   b) be familiar with the information included in the most recent version of the BCCSU A Guideline for the Clinical Management of Opioid Use Disorder, and
   c) be familiar with the information included in the commercially available 10mg/ml methadone oral preparation product monographs.

Required References
In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:

- CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions.
- The most recent version of the BCCSU A Guideline for the Clinical Management of Opioid Use Disorder.
- The most current version of the Centre for Addiction and Mental Health Opioid Agonist Maintenance Treatment: A Pharmacist’s Guide to Methadone and Buprenorphine for Opioid Use Disorders.
- Product monographs for the commercially available 10mg/ml methadone oral preparations.
3. SLOW RELEASE ORAL MORPHINE POLICY STATEMENTS:

1. Slow release oral morphine maintenance treatment must only be dispensed in approved, commercially available strengths and formulations.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to slow release oral morphine maintenance treatment must:
   a) know and apply the principles and guidelines outlined in the CPBC *Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018)* and all subsequent revisions,
   b) be familiar with the information included in the most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*, and
   c) be familiar with the information included in the product monographs of approved, commercially available strengths and formulations.