This policy provides guidance to pharmacists and pharmacy managers working in community pharmacy settings on the delivery of opioid agonist treatment (OAT) drugs by pharmacists directly to patients. This policy does not apply to injectable opioid agonist treatment.

The Pharmacy Operations and Drug Scheduling Act Bylaws sections 18(2)(b-e), (l), (m) and (t), 19(4), 19(6)(a-b), 23(1)(a-b), 23.1(1), and 36, and the Health Professions Act Bylaws Schedule F, Part 1 - Community Pharmacy Standards of Practice supplement this policy. This policy must be read in conjunction with Professional Practice Policy – 66 Opioid Agonist Treatment and its associated Policy Guides.

POLICY STATEMENTS:

1. Determination to Deliver OAT
   a. A pharmacist may deliver OAT to a patient from whom they have received a valid OAT prescription, if using their professional judgement, the pharmacist determines that providing delivery is safe, appropriate and in the best interest of the patient.
   b. The pharmacist must document in the patient’s record the decision to deliver or to not deliver, including the rationale for the decision. This documentation must be easily retrievable.
   c. The pharmacist must notify the prescriber of the decision to initiate or stop delivery as soon as reasonably possible, and this must be recorded in the patient’s record.
   d. A pharmacist may refuse to deliver OAT if there is concern for the safety of the patient, pharmacist or public. Where appropriate, the pharmacist should discuss any concerns with the prescriber to resolve issues in the best interest of the patient.
   e. A pharmacist must not deliver OAT to a patient if the prescriber indicates that delivery is not permitted.
   f. If delivery is not feasible within the services and resources the pharmacy provides, the patient should be referred to a pharmacy that can provide the delivery.

2. Delivery of OAT
   If a pharmacist has made the determination to deliver OAT to a patient as noted in section 1, the pharmacist must meet the following delivery requirements:
   a. The pharmacist must work with the patient to make arrangements for delivery that are in the best interest of the patient. Arrangements must include:
      i. A delivery location that is private, maintains the confidentiality of the patient, is safe for both the patient and the pharmacist, and has a verifiable address.
      ii. Time(s) and date(s) for delivery.
      iii. Procedure if the patient is not available at the location to receive the OAT delivery including communication of appropriate alternate arrangements for the patient to obtain their OAT drug.
   b. The OAT drug must be packaged in the pharmacy and dispensed with the appropriate labelling.
   c. A pharmacist must release an OAT drug to a patient in accordance with Professional Practice Policy-66 Opioid Agonist Treatment and its associated Policy Guides.
   d. Due to the requirement for a pharmacist to assess a patient prior to releasing an OAT drug,
      i. only a pharmacist may deliver OAT to a patient,
      ii. the OAT drug must only be delivered directly to the patient, and
      iii. the OAT drug must not be left with any other person.

e. In addition to meeting the requirements for documentation set out in Professional Practice Policy-66 Opioid Agonist Treatment and its associated Policy Guides, pharmacists must record the delivery date, time and address for each delivery on the patient record, which includes the patient specific accountability log.

3. Safety and Security
   a. The pharmacy manager must ensure that written policies and procedures are in place to ensure the safety of the patient and the pharmacist and the security of the drug during the delivery.
   b. The dispensing pharmacist is responsible for securely transporting and appropriately storing the OAT drug.
   c. OAT drugs may not be stored outside of the pharmacy under any circumstances, nor be left unattended if the delivery is unsuccessful.