FREQUENTLY ASKED QUESTIONS – PHARMACISTS

Q. Why did the College update standards for methadone maintenance treatment (MMT)?

A. The College updated standards for MMT in collaboration with PharmaCare and other stakeholders. To transition compounded oral methadone 1 mg/ml and provide coverage for methadone commercially available 10 mg/ml oral preparation. The standards were developed to facilitate a safe transition from the current compounded methadone to the methadone concentrate of 10 mg/ml and to ensure that patients have access to standardized pharmacy services for MMT in BC.

Q. Is there a transition period when methadone for maintenance 1 mg/ml OR 10 mg/ml may be dispensed?

A. Yes. The month of February 2014 is the ‘transition' period when pharmacists may dispense methadone 1 mg/ml for prescriptions written in January 2014 OR methadone 10 mg/ml for new prescriptions written in February 2014 and beyond. During the transition period it will be important for pharmacists to be extra vigilant when dispensing the two different strengths to minimize the risk of dispensing error(s).

Q. When can I start dispensing methadone 10 mg/ml for maintenance?

A. Methadone 10 mg/ml may be dispensed as of February 1, 2014; pharmacists may only accept prescriptions for methadone 10 mg/ml for maintenance that are written on the new Methadone Maintenance Controlled Prescription Form.

Q. What do I do if I have an existing prescription as of February 1, 2014 that authorizes home delivery?

A. A pharmacist may only provide home delivery of methadone as of February 1, 2014 if they have received written authorization from the prescribing physician on the Methadone Maintenance Controlled Prescription Form in accordance with Professional Practice Policy 71. As of February 1, 2014, existing prescriptions will no longer be valid for home delivery; the patient must obtain a new prescription on the new MMT CPP form to authorize home delivery.

Home delivery of MMT may only be provided if the prescribing physician has determined that the patient has severe mobility restrictions and the prescribing physician has provided written authorization by signing the delivery declaration box on the Methadone Maintenance Controlled Prescription Form. Pharmacy managers or staff pharmacists may not authorize the provision of home delivery for MMT in the absence of the prescribing physician’s written authorization. Refer to PPP-71 for requirements that must be met if and when a pharmacist provides home delivery of MMT.
Note: The College of Physicians and Surgeons of BC has recommended to their MMT prescribers to cross out the declaration box if home delivery is not authorized.

Q. When can I no longer accept prescriptions for methadone 1 mg/ml for maintenance?

A. Effective February 1, 2014 all MMT prescriptions that are prescribed and started in February must be for methadone 10 mg/ml.

If you receive an old Controlled Prescription Form and it is prescribed in January and carries over or starts in February you may dispense methadone 1 mg/ml for maintenance until the prescription is complete or until February 28, 2014, whichever comes first.

Q. Can I dispense methadone 1mg/ml for maintenance on or after March 1, 2014?

A. No. As of March 1, 2014 pharmacists are not permitted to dispense methadone 1mg/ml for MMT. Effective March 1, 2014 implementation of consistent dispensing standards will require all pharmacists to dispense only the commercially available oral preparation of methadone10mg/ml to support patient safety.

Q. Can I accept a prescription for methadone for maintenance on the regular controlled prescription program (CPP) form?

A. Effective February 1, 2014, there will be only one form for MMT; all new prescriptions for methadone maintenance written in February must be on the new Methadone Maintenance Controlled Prescription Program form that is pre-printed with methadone 10mg/ml. Effective March 1, 2014, CPBC inspectors will be inspecting to ensure all MMT prescriptions are on the new MMT prescription pads.

Q. Can I accept a prescription for methadone for pain on the Methadone Maintenance Controlled Prescription (MMT CPP) form?

No. Pharmacists may not accept prescriptions for methadone for pain on the Methadone Maintenance Controlled Prescription Program form. A Pharmacist may only accept prescriptions for methadone for pain that are written on the regular Controlled Prescription Program form.

Q. Can physicians still fax methadone prescriptions to pharmacies in an emergency situation and send the original at a later date?

A. Yes. Faxed Methadone Maintenance Controlled Prescription forms may only be accepted in the event of an emergency that requires a faxed MMT Controlled Prescription form that has been initiated following direct consultation between the patient’s pharmacist and prescriber.

In this emergency situation, the pharmacist must obtain written documentation from the prescriber prior to dispensing any medication. CPBC’s Policy Guide for
MMT includes a sample form titled, 'Emergency Fax Methadone Maintenance Controlled Prescription Form Documentation', the pharmacist may fax this form to the physician. The physician must fax documentation requesting the pharmacist to accept a faxed transmission of the MMT Controlled prescription form for the specified patient, with the prescription for MMT to the pharmacy. The physician must send the original prescription form to the pharmacy by the next business day. A copy of the form is available in CPBC’s Policy Guide for MMT, refer to page 25, Appendix 4; 'Emergency Fax Methadone Maintenance Controlled Prescription Form Documentation'.

Pharmacist acceptance of a faxed prescription for methadone for maintenance should be the exception and not the rule.

Q. Can I still accept out-of-province prescriptions?
A. Yes. Pharmacists may choose to dispense methadone prescriptions from prescribing physicians in provinces other than BC. If there is any doubt regarding the authenticity of the out-of-province prescription, the pharmacist must contact the out-of-province prescribing physician to confirm the legitimacy of the prescription (including the prescriber’s exemption to prescribe methadone). When satisfied that the prescription is authentic, the pharmacist may dispense and process the prescription in the same manner as other prescriptions from out-of-province prescribers; only methadone 10 mg/ml may be dispensed.

Q. What is the difference between prescribing date and start date?
A. The 'prescribing date' is the date the prescribing physician wrote the prescription while the 'start date' is the date the prescribed therapy is to commence. If the 'start date' is blank the pharmacist may assume that the 'prescribing date' is the 'start date'. If the 'start date' overlaps with or leaves gaps from the existing prescription the pharmacist must seek clarification from the prescribing physician.

Q. When can I dispense compounded methadone for maintenance after March 1, 2014?
A. The only situation where compounded methadone may be dispensed is when a commercially available 10mg/ml oral preparation is not available. Refer to CPBC's Policy Guide for MMT, Section 6.3 Compounding in Exceptional Circumstances. In order for the patient to receive coverage for compounded methadone when there is a supply shortage, the pharmacist must follow PharmaCare's procedures to report the shortage before dispensing compounded methadone. The pharmacist MUST compound and dispense methadone at 10 mg/ml only. Refer to PharmaCare Policy Manual, Section 5.11, page 14 Manufacturer Shortages.

http://www.health.gov.bc.ca/pharmacare/pdf/5-6to5-12.pdf
Q. **Does Professional Practice Policy 66 apply to methadone for pain?**
A. No. Professional Practice Policy 66, sets the standards for practice for methadone for maintenance only. We do not have any specific practice standards for pain other than regulations in place that apply to all medications.

Any questions regarding coverage must be directed to PharmaCare.

Q. **Is methadone 10 mg/ml available in other flavours? What if my patient has an allergy or is diabetic?**
A. Only the cherry flavoured methadone 10 mg/ml is covered by PharmaCare. It was decided that flavoured methadone 10 mg/ml may be dispensed to diabetic patients as the smaller volume of medication is not significant enough to affect diabetic patients.

If the patient has a true allergy to any of the ingredients of the flavoured concentrate, the prescribing physician will need to obtain special authorization from PharmaCare for coverage of the unflavoured version. The pharmacist must compound the unflavoured methadone to 10 mg/ml if required.

Q. **How can I safely and effectively measure small doses of methadone 10mg/ml volume?**
A. The pharmacist must measure the methadone dose using a calibrated device with an error rate of no greater than 0.1ml, which is equal to 1mg. All devices used to measure methadone should be distinctive and recognizable and should be used only to measure methadone solutions. Devices should be labelled with a “methadone only” label and a “poison” auxiliary label with the international symbol of the skull and cross bones. Pharmacists may contact their wholesaler for assistance to locate a product that meets the required specifications.

Q. **Can I dispense methadone 10 mg/ml to my patient in a syringe?**
A. No. It has been deemed inappropriate to dispense methadone to former IV drug users in a syringe. If required the pharmacist may use a syringe with an error rate of no greater than 0.1ml, which is equal to 1mg, to measure small doses.

Q. **Can I QS methadone 10mg/ml with juice?**
A. Although the product monograph indicates that the product may be dispensed undiluted or diluted, the CPBC Methadone Dispensers Working Group decided that it was a better standard for patient safety to not qs methadone 10 mg/ml. The pharmacist is required to dispense the actual dose. Once the patient ingests the medication, the pharmacist must provide water to rinse the dispensing device i.e. cup, and then require the patient to ingest the water with the residual medication, the pharmacist will then engage the patient in a brief conversation to ensure that the patient ingests the entire dose and does not hold the dose in their mouth i.e. checking.
Q. **Do I have to be present to witness?**
A. Yes. The pharmacist must follow the prescription release processes defined in CPBC’s Policy Guide for MMT. The pharmacist must assess the patient and then must witness ingestion of the dispensed methadone followed by ingestion of water provided by the pharmacist. The pharmacist must then engage the patient in a brief conversation to ensure that the entire dose is ingested and to reduce the risk of diversion. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Q. **How can I ensure that the patient ingests the entire dose of methadone and is not able to divert the smaller volume of medication?**
A. After witnessing the ingestion of the methadone concentrate, the pharmacist must provide water to rinse the dispensing device i.e. cup, to rinse any residual medication and must witness ingestion of the water and engage the patient in a short conversation to ensure that the entire dose has been ingested to reduce the risk of diversion by cheating.

Q. **Do I have to dispense carries for methadone 10 mg/ml in individual bottles?**
A. Yes, this is a new requirement due to the smaller volume of methadone. Each dose must be measured and dispensed in individually labelled, appropriately sized, child resistant containers. It is not acceptable to dispense multiple carries in one container and have the patient measure individual doses at home.

Q. **When can I provide home delivery of MMT?**
A. Effective February 1, 2014, in accordance with Professional Practice Policy 71, home delivery of MMT may only be provided if the prescribing physician has determined that the patient has severe mobility restrictions AND if the prescribing physician has provided written authorization by signing the delivery declaration box on the methadone maintenance controlled prescription form.

Pharmacy managers or staff pharmacists may not authorize the provision of home delivery for MMT in the absence of the prescribing physician’s written authorization on the prescription. Refer to PPP-71 for pharmacy requirements that must be met if and when a pharmacy provides home delivery of MMT.

Note: The College of Physicians and Surgeons of BC has recommended to their MMT prescribers to cross out the declaration box if home delivery is not authorized.

Q. **Do the patient and pharmacist need to sign to confirm the release of Methadone for Maintenance?**
A. Yes. Prior to releasing the initial methadone prescription, the pharmacist and the patient must sign the Methadone Maintenance Controlled Prescription form in the space indicated on the bottom of the form to confirm the patient has received the
initial dose of the prescription. The patient and pharmacist must also sign the daily patient/prescription-specific log to acknowledge receipt of each witnessed ingestion dose, each partial dose and each take-home dose.
Neither the pharmacist nor the patient is permitted to pre-sign for future doses. The pharmacist must store the signed prescription and the patient/prescription-specific log together.