



COLLEGE OF PHARMACISTS  
OF BRITISH COLUMBIA

*Safe and Effective Pharmacy Care*

**Professional Practice Policy #66**

# Policy Guide

## Methadone Maintenance Treatment



# Forward

Opioid dependence is a health concern with implications for the individual patient as well as the public. Methadone maintenance treatment is recognized internationally as among the most effective treatments for opioid dependency. Addiction treatment experts recommend that methadone treatment for opioid dependence be delivered with a maintenance-oriented, rather than abstinence-oriented, philosophy. This approach acknowledges opioid dependence as a chronic disease.

Many studies, conducted over several decades in different countries, have clearly demonstrated that the effective delivery of methadone maintenance treatment reduces non-medical opioid use, other problematic substance use, criminal activity, mortality, injection-related risks and transmission of blood-borne disease. Additional positive results are improvement in physical and mental health, social functioning, quality of living and pregnancy outcomes.

Methadone, a long-acting, orally effective opioid, is used as a substitute for heroin or other narcotics when treating opioid dependence. Methadone eliminates withdrawal from and reduces cravings for, opioids. Methadone does not produce euphoria, and it blocks the euphoric effects of other opioids. When used in the treatment of opioid dependence, a single oral dose of methadone is effective for at least 24 hours. Eventual withdrawal from methadone is not necessarily the goal of the program, although some individuals may work with their physician and pharmacist to decrease their dose and eventually stop using methadone.

Methadone prescribing is controlled by both federal and provincial legislation, as well as administrative procedures and guidelines.

Physicians are required to obtain a special exemption to prescribe methadone for opioid dependence. In BC, the College of Physicians and Surgeons of BC (CPSBC) administers the exemption process to enable specific physicians to prescribe methadone for maintenance treatment. To obtain an exemption to prescribe methadone, physicians must complete a one-day training program and mentor with another methadone-prescribing physician. Methadone maintenance treatment exemption is separate from the exemption to prescribe methadone for pain. Some physicians are exempted to prescribe methadone for both indications.

Registered pharmacists are permitted to purchase and dispense methadone without federal exemption. However, the College of Pharmacists of BC's (CPBC) *Professional Practice Policy (PPP-66) – Methadone Maintenance Treatment* requires that the pharmacy manager and all staff pharmacists employed in a community pharmacy that provides services related to methadone maintenance treatment complete the CPBC's training program and sign the "*Declaration of Completion and Understanding*" form prior to providing methadone maintenance treatment services.

## How to Use This Guide

### Note:

*This document is a guide only and is not intended to cover all possible practice scenarios.*

This Policy Guide (the *Guide*) is a companion to *Professional Practice Policy (PPP-66) – Methadone Maintenance Treatment* (Appendix 1) and supports the 'live' and 'online' training. The intention of the *Guide* is to provide pharmacists with further detail and clarity (including practical examples) to assist in the implementation of the policy into practice to ensure consistency in the safe and effective delivery of methadone maintenance treatment services.

As always the expectation is that pharmacists will practice in compliance with their legislative requirements, including the principles outlined in this *Guide*. It is understood however that pharmacy practice is not always 'black and white' and when navigating the 'grey' pharmacists must use sound professional judgment, ensuring that their decisions are made in the best interest of the patient and with appropriate collaboration, notification and most importantly, documentation.

The *Guide* is to be read in conjunction with either completing a 'live' or 'online' training session. Information regarding either of these types of sessions can be found on the CPBC website at [www.bcpharmacists.org](http://www.bcpharmacists.org).

## Declaration Form

After completing either a 'live' or 'online' training session, and subsequently reading this *Guide*, pharmacists must sign the '*Declaration of Completion and Understanding*' form (Appendix 2) and retain a copy in the files of their primary pharmacy of employment.

## Acknowledgement

### Note:

*Production of this Guide has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.*

The development of this *Guide* involved a collaborative and consultative process with input and feedback gathered from a volunteer group of dedicated community pharmacists currently engaged, in varying capacities, in the delivery of methadone maintenance treatment services.

The group was comprised of both frontline pharmacists and pharmacy managers and represented a cross-section of practice types (independent to large chain retailers) and practice settings including pharmacies located in Vancouver's Downtown Eastside whose primary focus is on the delivery of methadone maintenance treatment.

Feedback was also solicited from other stakeholder groups including; the Ministry of Health Services, the College of Physicians and Surgeons of BC, the BC Pharmacy Association and the Chain Drug Association of BC.

The College of Pharmacists of BC would like to sincerely thank each of these individuals and organizations for their invaluable feedback in the creation of this significant resource for pharmacists.

## Feedback

Questions and comments about this *Guide* are welcome and can be sent to:

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# Methadone Maintenance Treatment Policy Guide

In accordance with *Professional Practice Policy (PPP-66) – Methadone Maintenance Treatment* (Appendix 1), all pharmacy managers and all staff pharmacists employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must know and apply the principles and guidelines outlined here in the College of Pharmacists of BC's (CPBC) Methadone Maintenance Treatment Policy Guide (2010) and all subsequent revisions:

## Administration

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### 1.1 Pharmacy Operating Hours

#### Principle 1.1.1

The pharmacy hours of service must be consistent with the supervised dosing requirements of the patient.

**Guideline:** When a pharmacy accepts a patient who requires daily witness ingestion (ie; 7 days per week) the pharmacy hours of service must accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for methadone maintenance treatment from 'daily witness' to a 'take-home' dose.

### 1.2 Privacy and Confidentiality – Premise

#### Principle 1.2.1

All pharmacies offering methadone maintenance treatment must be in compliance with all relevant legislation pertaining to the structure of the licensed premise with particular attention given to ensuring there is sufficient space to accommodate patients waiting for witnessed ingestion and/or take home methadone doses while simultaneously maintaining privacy for pharmacist-patient consultation.

**Guideline:** It may be appropriate to establish a staggered schedule for regular patients requiring witnessed ingestion to ensure that there is adequate space within the pharmacy to accommodate patients who are waiting and ensure privacy of pharmacist-patient consultation.

### 1.3 Security – Premise

#### Principle 1.3.1

All pharmacies offering methadone maintenance treatment must ensure that their pharmacy is in compliance with all relevant legislation pertaining to pharmacy security requirements including those outlined in *Professional Practice Policy (PPP-5) – Pharmacy Security*.

**Guideline:** Pharmacy managers are strongly encouraged to work with local enforcement officials and professional security providers to ensure security systems, measures, and guidelines are appropriate for their pharmacy and the community it serves.

Additional information regarding pharmacy security, including robbery prevention tips, can be found in the *Guidelines for Addressing Pharmacy Robbery in BC* report posted on the CPBC website [www.bcpharmacists.org](http://www.bcpharmacists.org) under *Resources*.

# Receiving Methadone Prescriptions

## 2.1 Controlled Prescription Program Forms – Overview

### Principle 2.1.1

Methadone prescriptions can only be accepted when written using either an original 'Methadone Maintenance' Controlled Prescription Program form or an original 'Regular' Controlled Prescription Program form.

**Guideline:** When accepting either Controlled Prescription Program form a pharmacist must ensure that the form is completed by the prescriber as outlined in the *Controlled Prescription Program Form(s) Guidelines* (Appendix 3). Any indication of an alteration on the original prescription will automatically void the prescription.

Should the pharmacist require any clarification from the prescriber regarding the prescription it must be obtained prior to the pharmacist dispensing the medication.

### Principle 2.1.2

Regardless of which Controlled Prescription Program form is used the pharmacist must ensure that the patient, as well as themselves, sign the form, in the space indicated on the bottom of the form.

### Principle 2.1.3

Faxed Controlled Prescription Program forms are not acceptable unless under extenuating circumstances where the prescriber has determined, following consultation with the pharmacist, that the urgency of the situation warrants it.

**Note:**

*The Emergency Fax Controlled Prescription Program Form Documentation (Appendix 4) can be used for this purpose.*

**Guideline:** In such cases the pharmacy, prior to dispensing the medication, must receive, in addition to a fax of the Controlled Prescription Program form, written confirmation (fax acceptable) signed by the prescriber that briefly describes the emergency situation and guarantees the delivery of the original Controlled Prescription Program form to the pharmacy as soon as possible.

The faxed Controlled Prescription Program form and related documentation, as described in the *Emergency Fax Controlled Prescription Program Form Documentation*, must be attached to the original Controlled Prescription Program form once received.

### Principle 2.1.4

In an effort to maximize the effectiveness of the methadone maintenance treatment program, the pharmacist may find it beneficial to engage in a specific dialogue with the patient, either when they initiate treatment or at various times throughout treatment, that clearly outlines the expectations of both the patient and the pharmacist.

**Guideline:** The *Methadone Maintenance Treatment Expectation Form* (Appendix 5) can be used for this purpose.

### Principle 2.1.5

In the rare circumstance (disruptive or threatening behavior or verbal or physical abuse) where a pharmacist finds that they must terminate the pharmacist-patient relationship, reasonable notice must be provided to the patient to ensure their continuity of care.

**Guideline:** It is important to remember that the decision to terminate a pharmacist-patient relationship is a serious one and must be made with due consideration and based on appropriate rationale. It is unethical for a pharmacist to terminate the pharmacist-patient relationship or refuse to treat a patient on morally irrelevant grounds. The pharmacist's decision should be documented and retained in the patient record.

## 2.2 Controlled Prescription Program Forms – Alterations

### Principle 2.2.1

Pharmacists do not have independent authority to make any alterations or changes to a Controlled Prescription Program form. Any required or requested change(s) must be patient-specific and authorized by the patient's prescriber through direct consultation with the pharmacist. Any prescriber-authorized changes must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication and attached and filed with the original prescription.

**Note:**

*The Pharmacist-Prescriber Communication Form (Appendix 6) can be used for this purpose.*

**Guideline:** Generally, no alterations or changes can be authorized to a 'Methadone Maintenance' Controlled Prescription Program form. Should a change be required a new 'Methadone Maintenance' Controlled Prescription Program form must be generated by the prescriber.

Typical requests for alterations or changes to a 'Regular' Controlled Prescription Program form include:

- Increase or decrease to the daily dose (provided that the adjusted total quantity does not exceed the original total quantity prescribed),
- Change to the 'take-home' authorization,
- Adjustment to the dispensing dates or range.

The *Controlled Prescription Program Form(s) Guidelines* (Appendix 3) provides further clarity, including examples, of when it may be necessary and appropriate for a pharmacist to engage in a dialogue with the patient's prescriber regarding a request to alter a patient's prescription.

The authorization to alter a Controlled Prescription Program form must be made by the original prescriber. A second prescriber cannot authorize changes for a prescription written by another prescriber. In addition, authorized changes must be patient-specific and relate to a specific Controlled Prescription Program form folio number. General statements allowing changes for a group of patients or for several prescriptions are not acceptable.

## 2.3 Out-of-Province Prescriptions

### Principle 2.3.1

Pharmacists are permitted to dispense methadone prescriptions from prescribers in provinces other than BC.

**Note:**

*It's important to realize that not all provinces are required to use Controlled Prescription Program Forms.*

**Guideline:** If there are any doubts regarding the authenticity of the out-of-province prescription, the pharmacist must contact the out-of-province prescriber to confirm the legitimacy of the prescription (including the prescriber's exemption to prescribe methadone). When satisfied that the prescription is authentic, the pharmacist can dispense and process the prescription in the same manner as other prescriptions from out-of-province prescribers.

## Processing (Dispensing) Methadone Prescriptions

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### 3.1 Accepting a Prescription

#### Principle 3.1.1

Positive identification is required for all patients presenting a prescription for the first time, and reasonable steps to positively identify the patient must be taken prior to dispensing any subsequent prescriptions.

**Guideline:** The CPBC's *Professional Practice Policy (PPP-54) – Identifying Patients for PharmaNet Purposes* requires the pharmacist to view one piece of “primary identification” or two pieces of “secondary identification” as verification of a positive identification. If a patient cannot provide the required identification, the prescriber may be contacted to assist with verifying the patient's identity.

#### Principle 3.1.2

A pharmacist must review the prescription to ensure that it is completed by the prescriber as outlined in the *Controlled Prescription Program Form(s) Guidelines* (Appendix 3) and that the directions for use appropriately meet the specific needs of the patient and can be accommodated by the pharmacy.

**Guideline:** Each prescription must be reviewed in detail by the pharmacist in consultation with, and consideration given to the specific needs of, the patient. The following list is a sample only of specifics the pharmacist should review:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a weekend when the patient will not be able to see a physician for a new prescription.
- Review the prescription directions to determine the dosing schedule (daily witnessed ingestion, divided dose, take-home doses), including the specific days of the week for each witnessed dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.
- Confirm that stamped or preprinted sticker directions do not conflict with written directions.

Any ambiguous or conflicting information identified by the pharmacist must be clarified with the prescriber. Should an alteration or change to the prescription be required, it must be done in compliance with the Principles and Guidelines outlined in section 2.2 *Controlled Prescription Program Forms – Alterations*.

### 3.2 Assessment of a Prescription

#### Principle 3.2.1

Pharmacists must correctly identify the product as prescribed for ‘pain’ or ‘maintenance’ by using the appropriate DIN or PIN to ensure patient safety and accurate PharmaNet patient records.

**Guideline:** If the prescriber is not authorized to prescribe methadone for the purpose indicated on the prescription PharmaNet will reject the prescription and send a message (#174 – *Transaction not processed – prescriber not authorized*) to the pharmacy. Should this occur the pharmacist should check that the correct CPSBC ID number (not the Medical Services Plan billing number) and the correct methadone DIN or PIN has been entered.

In rare instances, the most recent daily data load from the CPSBC may not include a newly authorized prescriber's information. To confirm a prescriber's status, contact the CPSBC BC Methadone Program at (604) 733-7758 x2628. The PharmaNet Helpdesk cannot change a physician's methadone status on PharmaNet, this change can only be made by the CPSBC.

### Principle 3.2.2

As with all medications a pharmacist must review each individual PharmaNet patient record and resolve any drug-related problems prior to dispensing any methadone prescription.

This step is particularly critical for methadone prescriptions as the automated drug usage evaluation (DUE) built into the PharmaNet system does not include methadone. Pharmacists providing methadone maintenance treatment must therefore ensure they maintain their knowledge with respect to potential drug interactions related to methadone. General information in this regard can be found in Appendix 7.

**Guideline:** A PharmaNet patient record review must be completed for all patients, including those obtaining their prescription on a daily basis or those long-term patients whom the pharmacist may know well.

In those rare circumstances which allow for a pharmacy to use a batching procedure to efficiently bill the costs of the medication and pharmacy services, given that this process does not incorporate a review of each individual PharmaNet patient record, the pharmacy must ensure that it has a separate process in place which satisfies this requirement.

### Principle 3.2.3

Mood altering drugs, including benzodiazepines and narcotics, are not generally prescribed to patients on the methadone maintenance program. Should a patient present a prescription for a mood altering drug or if the pharmacist discovers that a mood altering drug is also being prescribed to the patient in their review of the PharmaNet patient record, they must contact both the prescriber of methadone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The purpose of the consultation is to ensure the prescriber(s) are aware that the patient is currently on the methadone maintenance program.

**Guideline:** The pharmacist should document the outcome of the consultation(s) with the prescriber(s) and attach it to the original prescription.

### Principle 3.2.4

The 'sig field' on the prescription label must include the start and end dates of the original current prescription.

### Principle 3.2.5

As required by legislation the 'dispensing date' on the prescription label must accurately reflect the actual date dispensed on the PharmaNet system.

## 3.3 Preparing and Storing Methadone Solutions

### Principle 3.3.1

All methadone solutions must be prepared in compliance with the requirements outlined in CPBC's *Professional Practice Policy (PPP-64) – Guidelines to Pharmacy Compounding* and must utilize the following measuring devices:

- 5 mL syringe
- 10 mL, 25 mL, 50 mL, 100 mL and 250 mL glass graduated cylinders

**Guideline:** All containers and graduates used in the preparation and storage of methadone solutions should be distinctive and recognizable and must be used only for preparing or storing methadone solutions. These containers and graduates must be labeled with a “methadone only” label and a “poison” auxiliary label with the international symbol of the skull and cross bones.

Additionally, containers that store methadone powder must be airtight and provide protection from light. Should methadone stock solutions or concentrate be stored in the pharmacy refrigerator, all other beverages must be stored elsewhere.

If preparing methadone in a container that is not graduated, first calibrate the container with a known volume of water, measured in a scientifically approved graduated device. Mark the calibrated volume with a permanent marker so future calibration is not necessary.

Methadone doses must be measured in a calibrated device such as a graduated cylinder or syringe. The markings on plastic medication containers are not sufficiently accurate for methadone dosing.

### Principle 3.3.2

A compounding log must be established to record when methadone solutions were prepared, how much was prepared, and who prepared the product. The *Compounding Log* (Appendix 8) can be used for this purpose.

**Guideline:** The compounding log must incorporate the following elements:

- Preparation date,
- Methadone powder and/or liquid concentrate manufacturer's lot number and expiry date,
- Methadone powder and/or liquid concentrate quantity used and quantity prepared,
- Batch number and use-by date assigned by the pharmacy,
- Preparer's and pharmacist's identification.

A separate compounding log must be maintained for each strength of stock solution.

**Principle 3.3.3**

All concentrated solution containers must be clearly labeled with the drug name, strength, use-by date and appropriate warning labels.

**Guideline:** If different concentrations are prepared for pain management, they must be easily identifiable with clear labeling. A best practice would be to use different styles of storage container for each concentration or use food grade dyes to differentiate between the different concentrations prepared.

In order to help ensure liquid methadone preparations remain stable for up to 30 days from the date of pharmacy dispensing and to minimize the growth of bacteria, mold and fungus the *American Association for the Treatment of Opioid Dependence (2004)* recommends that pharmacists should:

- Use distilled water for the dilution of methadone products,
- Use new, clean, light-resistant containers for dispensing,
- Refrigerate take-home containers as soon as possible and keep refrigerated until used.

**Principle 3.3.4**

Methadone for maintenance solutions must be made with full-strength Tang™ or similar full-strength beverage crystals with daily doses (witnessed ingestion or take-home) dispensed to patients in a concentration of 1mg / mL. Plain water is never an acceptable vehicle for dispensing to patients in the methadone maintenance treatment program.

**Guideline:** The beverage crystals are full-strength when made according to the manufacturer's directions found on the product's packaging.

For patients who require sugar-free or unsweetened methadone solutions, due to medical conditions such as diabetes, full-strength beverage crystals sweetened with aspartame or similar sugar-free sweeteners should be used.

Dispensing as a standard volume (e.g. all doses dispensed as a volume of 100 mL) is not acceptable.

**Principle 3.3.5**

Reconciliation procedures must be conducted in accordance with *Professional Practice Policy (PPP-65) – Narcotic Counts and Reconciliations*.

**Guideline:** As per *PPP-65*, the pharmacy manager must ensure that narcotic counts and reconciliations, which include methadone, are completed:

- At a minimum of every 3 months, and
- After a change of manager, and
- After a break-in or robbery.

Reconciliation means the quantity of methadone on hand must equal the quantity received minus the quantity dispensed over a specific period of time.

## 3.4 Loss or Theft and Disposal of Methadone

### Principle 3.4.1

The Narcotic Control Regulations require that pharmacists report the loss or theft of controlled drugs and substances to the Office of Controlled Substances, Health Canada within 10 days of the discovery of the loss.

In the event of a robbery the pharmacy should also notify the CPBC as soon as possible.

**Guideline:** The form for reporting loss or theft of narcotics can be found on the CPBC website [www.bcpharmacists.org](http://www.bcpharmacists.org) under *Resources*.

### Principle 3.4.2

Methadone, like any other narcotic or controlled drug, can only be disposed of with authorization from Health Canada and after being rendered unusable.

**Guideline:** To receive authorization to dispose of methadone the pharmacist must submit a written *Authorization to Destroy for Expired Narcotic and Controlled Drugs* to the Office of Controlled Substances, Health Canada.

An acceptable method of rendering methadone unusable is to place the product in a leak-proof container or plastic bag and add kitty litter until the mixture is almost solid.

Once the required authorization is received from Health Canada the pharmacist must record the amount of product to be disposed of, having a second healthcare professional sign for the disposal, and place the now rendered unusable product in the pharmacy's medication return container.

## Releasing Methadone Prescriptions

### 4.1 Releasing a Prescription

#### Principle 4.1.1

A pharmacist must be present and witness the release of a methadone prescription (witnessed ingestion, take-home doses or home delivery) to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

#### Principle 4.1.2

Prior to releasing a methadone prescription (witnessed ingestion, take-home doses or home delivery) the pharmacist must assess the competence of the patient (i.e. ensure that the patient is not currently intoxicated or otherwise mentally impaired) to ensure that it is safe to release the medication to them.

**Guidelines:** Pharmacists should assess patients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each patient's 'normal' behaviour in order to be able to detect significant deviations from normal.

If the pharmacist believes that it is not safe for the patient to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and attach it to the original prescription.

#### Principle 4.1.3

Prior to releasing a methadone prescription (witnessed ingestion, take-home doses or home delivery) the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose).

**Guidelines:** Every part-fill dispensed from a Controlled Prescription Program form must be accounted for. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

The pharmacist releasing and the patient receiving the part-fill of the prescription must sign for each witnessed ingestion dose and each take-home dose. Neither the pharmacist nor the patient is permitted to pre-sign for future doses.

The patient/prescription specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose) must be attached to the original Controlled Prescription Program form and once complete filed sequentially by the first prescription or transaction number assigned to the prescription.

#### Principle 4.1.4

As with all prescriptions, prior to releasing a methadone prescription (witnessed ingestion, take-home doses or home delivery), the pharmacist must counsel the patient on the risks (including common side effects) and benefits of taking their medication.

**Guidelines:** The most common adverse reactions with methadone include; sweating, constipation, sexual dysfunction, change in menstruation, drowsiness, sleep disturbances, muscle and bone aches, weight changes (usually gain), skin rash, gastrointestinal upset, headaches and edema. Patients will benefit from information about the non-drug approaches, nonprescription products and prescription items that can provide relief from these side effects.

**Principle 4.1.5**

With respect to witnessed ingestion doses, the pharmacist must directly observe the patient ingesting the medication and be assured that the entire dose has been swallowed.

**Guidelines:** Immediately following observing the patient's ingestion of the medication the pharmacist should engage the patient in a short conversation to ensure that the entire dose has been swallowed.

**Principle 4.1.6**

With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient.

**Note:**

*The decision to authorize take-home doses can only be made by the prescriber. However, should a pharmacist believe that a patient is or is not ready to manage take-home doses they should discuss their recommendations or concerns with the prescriber.*

**Guidelines:** If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses it must be documented on the patient record.

Patients should be reminded that methadone should be stored out of the reach of children, preferably in a locked cupboard or small lock box if stored in the refrigerator.

In extraordinary situations, when a patient cannot attend the pharmacy, the patient's agent may pick up and sign for their authorized take-home dose(s) if confirmed in writing by the prescriber. This authorization must be date specific, and the agent and circumstances must be clearly defined. The written and signed authorization from the prescriber (fax acceptable) must be attached to the original Controlled Prescription Program form.

# Responding to Methadone Dosing Issues

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## 5.1 Divided (Split) Doses

### Principle 5.1.1

Only the prescriber, by stating this on the original Controlled Prescription Program form, can authorize a divided (split) dose of a prescription. Unless otherwise specified by the prescriber, the first portion of the daily dose must be by witnessed ingestion.

**Guideline:** The decision to authorize a divided dose can only be made by the prescriber however, should a pharmacist believe that a patient would benefit from this they should discuss this option with the prescriber.

## 5.2 Missed Doses

### Principle 5.2.1

Any methadone prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered cancelled and must be reversed on PharmaNet before the end of the business day.

**Guideline:** It is imperative that the PharmaNet patient record reflects accurate and current information in terms of consumed and picked-up methadone doses as other healthcare practitioners rely on this information in making treatment decisions.

### Principle 5.2.2

If a patient misses a dose, they cannot receive the missed dose at a later date.

### Principle 5.2.3

The pharmacist must notify the prescriber of any missed doses (unless a specified number of missed doses has been indicated by the prescriber) before the next witnessed ingestion.

**Guideline:** The *Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

## 5.3 Partial Consumption of Doses

### Principle 5.3.1

If a patient refuses to consume their full dose, the pharmacist must not insist that they ingest the total amount. The unconsumed portion however cannot be given as a take-home dose.

**Guideline:** The patient's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. *The Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

All patient documentation including the *Methadone Part-Fill Accountability Log* and PharmaNet record must accurately reflect the actual dose consumed by the patient.

## 5.4 Vomited Doses

### Principle 5.4.1

If a patient reports that they vomited their dose, a replacement dose cannot be provided without authorization from the patient's prescriber.

**Guideline:** The pharmacist must contact the prescriber and provide them with information about the incident (time the dose was taken, time of vomiting, and other relevant points). Should the prescriber authorize a replacement dose, it must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication and attached and filed with the original prescription.

## 5.5 Lost or Stolen Doses

### Principle 5.5.1

If a patient reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided without authorization from the patient's prescriber.

**Guideline:** The pharmacist must contact the prescriber and discuss the situation with them. Should the prescriber determine that the situation warrants it they may authorize the acceptance of a new Controlled Prescription Program form by fax (refer to Principle 2.1.3) or the prescriber may advise the pharmacy that they must wait until the patient presents a new original Controlled Prescription Program form.

## 5.6 Tapering

### Principle 5.6.1

If a patient has decided to initiate a self-tapering regimen by decreasing their daily dose consumption, the pharmacist must record the actual dose consumed on the patient/prescription specific log (refer to Principle 4.1.3), record the actual dose consumed on the patient's PharmaNet record and notify the prescriber.

**Guideline:** The *Pharmacist-Prescriber Communication form* (Appendix 6) can be used for the purpose of notifying the prescriber.

## Continuity of Care

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### 6.1 Transfer of Pharmacy

#### Principle 6.1.1

When a patient chooses to move from one pharmacy to another to receive their methadone prescription it is the responsibility of the new pharmacy to contact the previous pharmacy and prescriber (if applicable) to discuss the exact transfer date and any other pertinent concerns. The previous pharmacy must cooperate fully with the request from the new pharmacy.

**Guideline:** Communication between the previous and new pharmacy is critical to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses. A review of the patient's PharmaNet patient record can be of assistance in determining the previous pharmacy and prescriber.

### 6.2 Hospitalization or Incarceration

#### Principle 6.2.1

When a patient is discharged or released to the community from a hospital or correctional facility it is the responsibility of the community pharmacist receiving the patient to verify the date and amount of the last dose administered.

**Guideline:** Effective communication sharing among those who provide the patient's methadone maintenance treatment (hospital or correctional facility and pharmacy) is essential to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses.

### 6.3 Emergency Process for Dispensing Outside of PPP-66

#### Principle 6.3.1

As articulated in *Professional Practice Policy (PPP-66) – Methadone Maintenance Treatment* (Appendix 1) any pharmacist dispensing methadone for maintenance must, prior to dispensing, adhere to all of the requirements outlined in the policy which include the successful completion of the mandatory CPBC training program. In an emergency situation related to continuity of care, where a referral to a qualified pharmacist is not possible, a pharmacist, who has not completed the mandatory training, may dispense the methadone if they adhere to the Seven Fundamentals established in *Professional Practice Policy (PPP-58) – Adapting a Prescription*.

**Guideline:** Should the patient require ongoing care the pharmacist must ensure that they comply, as quickly as possible, with the requirements laid out in *PPP-66*. This includes, but is not limited to, the successful completion of the 3-hour mandatory training session which is accessible online to all pharmacists via the CPBC website at [www.bcpharmacists.org](http://www.bcpharmacists.org).

## References

Centre for Addiction and Mental Health. Methadone Maintenance: A Pharmacist's Guide to Treatment (2000)

Centre for Addiction and Mental Health. Methadone Maintenance Treatment: A Community Planning Guide (2009)

Centre for Addiction and Mental Health. Methadone Maintenance Treatment: Recommendations for Enhancing Pharmacy Services (2009)

Centre for Addictions Research of BC (CARBC): Methadone Maintenance Treatment in British Columbia, 1996 – 2008 Analysis and Recommendations (May 2010 Report)

Health Canada. Best Practices: Methadone Maintenance Treatment (2002)

Health Canada. Literature Review: Methadone Maintenance Treatment (2002)

Health Canada. Methadone Maintenance Treatment (2002)

Health Canada. The Use of Opioids in the Management of Opioid Dependence (1992)

Methadone Maintenance Handbook. College of Physicians and Surgeons of BC (2009)

Recommendations for the Use of Methadone for Pain. College of Physicians and Surgeons of BC (2010)

Stockley's Drug Interactions. Pharmaceutical Press (2010)

# CPBC Professional Practice Policy 66 – Methadone Maintenance Treatment

## Policy Statement

All pharmacy managers employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment and all staff pharmacists who provide community pharmacy services related to methadone maintenance treatment must:

- a) know and apply the principles and guidelines outlined in the College of Pharmacists of British Columbia's (CPBC) Methadone Maintenance Treatment Policy Guide (2010) and all subsequent revisions,
- b) be familiar with the information included in the College of Physicians and Surgeons of BC's (CPSBC) Methadone Maintenance Handbook (Dec 2009) and all subsequent revisions,
- c) successfully complete the mandatory CPBC training program as defined by the CPBC from time to time,
- d) upon successful completion of the mandatory CPBC training program complete the "Declaration of Completion and Understanding" form (note: a copy must be forwarded to the CPBC and a copy retained in the pharmacy files), and
- e) upon completion of the mandatory CPBC training program educate all non-pharmacist staff regarding their role in the provision of community pharmacy services related to methadone maintenance treatment. (note: documentation forms that confirm the education of individual non-pharmacist staff members must be signed and dated by the community pharmacy manager and the non-pharmacist staff member and retained in the pharmacy files).

### **Important Note:**

*Emergency situations related to continuity of care will be resolved in accordance with the process specified in the CPBC Methadone Maintenance Treatment Policy Guide.*

## Implementation Timeline

**November 19, 2010 – September 30, 2011:** All pharmacy managers employed in a community pharmacy that currently provides pharmacy services related to methadone maintenance treatment and all staff pharmacists who currently provide community pharmacy services related to methadone maintenance treatment or those pharmacy managers or staff pharmacists who anticipate providing community pharmacy services related to methadone maintenance treatment prior to September 30, 2011 must:

- successfully complete the mandatory CPBC training program by September 30, 2011
- implement all necessary practice requirements identified in the CPBC Methadone Maintenance Treatment Policy Guide by January 1, 2012

**October 1, 2011 and beyond:** Any pharmacy manager employed in a community pharmacy that wants to provide pharmacy services related to methadone maintenance treatment and any staff pharmacist who wants to provide community pharmacy services related to methadone maintenance treatment must:

- successfully complete the mandatory CPBC training program and have all the necessary practice requirements, as identified in the CPBC Methadone Maintenance Treatment Policy Guide, in place prior to providing methadone maintenance treatment services.

## 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 (2010) and subsequent revisions
- CPSBC Methadone Maintenance Handbook (2009) and subsequent revisions
- Methadone Maintenance: A Pharmacist's Guide to Treatment, 2<sup>nd</sup> Edition, Centre for Addiction and Mental Health (2004)

## Background

Opioid dependence is a health concern with implications for the individual and the public. Methadone maintenance treatment has a proven track record for managing opioid dependency. Effective delivery of methadone maintenance treatment reduces non-medical opioid use, other problematic substance use, criminal activity, mortality, injection-related risks and transmission of blood-borne disease. Additional positive results are improvement in physical and mental health, social functioning, quality of living and pregnancy outcomes.

The purpose of the policy requirements is to ensure that:

- Patients have access to standardized methadone treatment pharmacy services
- Patients experience reduced risk potential while receiving methadone maintenance treatment services
- Pharmacists have up-to-date knowledge and information to meet their patients' needs
- Pharmacies have adequate resources and capacity
- Communities accept and value pharmacies' methadone treatment programs

## Declaration of Completion and Understanding

**Note:**

*A copy of this declaration must be retained in the files of your primary pharmacy of employment.*

I, \_\_\_\_\_, a registrant of the College of Pharmacists of British Columbia, declare that I have completed either a 'live' training session or participated in the 'online' training session pertaining to *Professional Practice Policy (PPP-66) Methadone Maintenance Treatment* and subsequently understand the contents contained in the companion policy guide.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Controlled Prescription Program Form(s) Guidelines

Methadone prescriptions can only be accepted when written using either an original 'Methadone Maintenance' Controlled Prescription Program form or an original 'Regular' Controlled Prescription Program form. When accepting either Controlled Prescription Program form a pharmacist must ensure that the form is completed by the prescriber as outlined in this appendix. Any indication of an alteration on the original prescription will automatically void the prescription. Should the pharmacist need to seek clarification from the prescriber regarding any information on the form they must do so prior to dispensing the medication.

### 'Methadone Maintenance' Controlled Prescription Program Form (Example; Figure 1):

These duplicate copy prescriptions are pre-printed with the following information; drug name and strength, prescriber's name, address (optional), College ID number and prescription folio number. These prescription forms are used only for routine prescribing of methadone for maintenance and clearly indicate that home delivery is not permitted.

**Note:**

*If no 'start day' is indicated in the 'Directions for Use' section of the form the 'prescribing date' becomes the 'start day'.*

#### Top Section of Form:

The prescriber must complete in full, the patient information including; personal health number (PHN), name, address and date of birth. The 'prescribing date' indicates the date that the prescriber saw the patient. The 'Drug Name and Strength' section is preprinted and the prescriber must complete the 'Quantity' section by stating the total quantity of the prescription in numeric and alpha forms.

#### Middle Section of Form:

The prescriber must complete the 'Directions for Use' section as follows:

- State the daily dose:
  - the daily dose multiplied by the number of days must equal the total quantity indicated on the prescription, if there is a discrepancy the pharmacist should seek clarification from the prescriber
- Indicate the 'start day' and 'last day':
  - if no 'start day' is indicated, the 'prescribing date' becomes the 'start day'
  - should the 'start day' overlap with, or leave gaps from, an existing prescription the pharmacist should seek clarification from the prescriber

**Note:**

*As per the CPSBC Methadone Maintenance Handbook (2009) "DWI except when pharmacy closed" is not an acceptable prescription instruction.*

- Indicate either DWI or CARRIES, if carries are indicated the prescriber must indicate both in numeric and alpha the required number of days per week of witnessed ingestion:
  - if neither of these options are circled the pharmacist is to assume that all doses are DWI
  - if CARRIES has been circled but the specific witnessed ingestion days (ex; Monday and Thursday) have not been noted by the prescriber the pharmacist can determine the days in consultation with the patient. However, the first dose of the prescription and the dose before any carries must be witnessed ingestion. Additionally, the witnessed ingestion doses must be spread evenly throughout the week
  - if CARRIES has been circled but the number of days per week of witnessed ingestion has been left blank the pharmacist must seek clarification from the prescriber
- Authorize the prescription by signing their name in the 'prescriber's signature' box

**Note:**

*A patient's agent's signature is only acceptable with prior written authorization from the prescriber.*

**Bottom Section of Form:**

As a minimum the prescriber's name, College ID number and prescription folio number will be pre-printed on the form. If the prescribers address is not pre-printed it must be completed by the pharmacist prior to dispensing the prescription. Both the patient and the pharmacist must sign the prescription in the appropriate box.

**Figure 1: Methadone Maintenance Controlled Prescription Form**

The figure displays two identical B.C. Controlled Prescription Forms for Methadone Maintenance, side-by-side. Each form is divided into three main sections:

- Top Section:** Contains patient information including name (John A. Doe), address (1234 Any Street, Any City, BC), and date (27/08/09).
- Middle Section:** Contains prescription details for Methadone 1 mg/ml. The left form specifies a quantity of 1750 and a start date of 28/8/09, with 'CARRIES' circled. The right form specifies a quantity of 1470 and a start date of 28/8/09, with 'DWI' circled. Both forms include fields for 'Start Day', 'Stop Day', and 'Days per Week'.
- Bottom Section:** Contains pharmacy and prescriber information. The pharmacy name is 'Dr. Ann Sample' with a folio number of 123456. The prescriber's name is 'Dr. Ann Sample' with a college ID of 65432 91.

At the bottom of each form, there is a warning: 'PRESS HARD YOU ARE MAKING 2 COPIES PRINTED IN B.C.' and a note: 'PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE'.

## ‘Regular’ Controlled Prescription Program Form (Example; Figure 2):

These duplicate copy prescriptions are pre-printed with the following information; prescriber’s name, address (optional), College ID number and prescription folio number but unlike the ‘Methadone Maintenance’ Controlled Prescription Program form the ‘Drug Name and Strength’ and ‘Directions for Use’ sections are not pre-printed. These prescription forms are used more often for prescribing other controlled substances or for prescribing methadone for pain. They can however be used for prescribing methadone for maintenance and are in fact the only acceptable methadone for maintenance prescription to allow home delivery.

### Note:

*If no ‘start day’ is indicated in the ‘Directions for Use’ section of the form the ‘prescribing date’ becomes the ‘start day’.*

### Top Section of Form:

The prescriber must complete in full the patient information including; personal health number (PHN), name, address and date of birth. The ‘prescribing date’ indicates the date that the prescriber saw the patient. The ‘Drug Name and Strength’ section must be completed with ‘Methadone 1 mg/ml’ and the ‘Quantity’ section must state the total quantity of the prescription in numeric and alpha forms.

### Middle Section of Form:

The prescriber must complete the ‘Directions for Use’ section as follows:

- State the daily dose:
  - the daily dose multiplied by the number of days must equal the total quantity indicated on the prescription, if there is a discrepancy the pharmacist should seek clarification from the prescriber
- Indicate the ‘start day’ and ‘last day’:
  - if no ‘start day’ is indicated, the ‘prescribing date’ becomes the ‘start day’
  - should the ‘start day’ overlap with or leave gaps from an existing prescription the pharmacist should seek clarification from the prescriber
- Indicate either DWI or CARRIES, if carries are indicated the prescriber must indicate the required number of days per week of witnessed ingestions:
  - if the prescriber has not indicated DWI or CARRIES the pharmacist is to assume that all doses are DWI
  - if CARRIES has been indicated but the specific witnessed ingestion days (ex; Monday and Thursday) have not been noted by the prescriber the pharmacist can determine the days in consultation with the patient. However, the first dose of the prescription and the dose before any carries must be witnessed ingestion. Additionally, the witnessed ingestion doses must be spread evenly throughout the week
- Authorize the prescription by signing their name in the ‘prescriber’s signature’ box

### Note:

*As per the CPSBC Methadone Maintenance Handbook (2009) “DWI except when pharmacy closed” is not an acceptable prescription instruction.*

**Note:**

*A patient's agent's signature is only acceptable with prior written authorization from the prescriber.*

**Bottom Section of Form:**

As a minimum the prescriber's name, College ID number and prescription folio number will be pre-printed on the form. If the prescribers address is not pre-printed it must be completed by the pharmacist prior to dispensing the prescription. Both the patient and the pharmacist must sign the prescription in the appropriate box.

**Figure 2: Controlled Prescription Form**

**Top Section**

**Middle Section**

**Bottom Section**

**Form 1 (Left):**  
 B.C. CONTROLLED PRESCRIPTION FORM  
 Take to pharmacy of choice.  
 PLEASE PRINT  
 PRESCRIPTION NO: 9123 456 789      EXPIRES: 06 06 09  
 PATIENT NAME: John A. Doe  
 ADDRESS: 1234 Any Street  
 CITY: Any City BC      DATE: 05 06 78  
 DRUG: methadone 1 mg/ml  
 QUANTITY: 1120      INSTRUCTIONS: eleven hundred twenty  
 INSTRUCTIONS: 80 mg - split dose 60/20 mg witnessed ingestion a.m. dose, 6 days/week  
 NO REFILLS PERMITTED  
 PRESCRIBER: Dr. Ann Sample      COLLEGE ID: 65432 91  
 ADDRESS: 987 Another Rd.      CITY: Any City, BC V9V 9V9  
 PHONE: 604-555-1234      FOLIO: 123456  
 PHARMACY USE ONLY  
 PRESS HARD YOU ARE MAKING 2 COPIES

**Form 2 (Right):**  
 B.C. CONTROLLED PRESCRIPTION FORM  
 Take to pharmacy of choice.  
 PLEASE PRINT  
 PRESCRIPTION NO: 9123 456 789      EXPIRES: 06 06 09  
 PATIENT NAME: John A. Doe  
 ADDRESS: 1234 Any Street  
 CITY: Any City BC      DATE: 05 06 78  
 DRUG: methadone 1 mg/ml  
 QUANTITY: 1120      INSTRUCTIONS: eleven hundred twenty  
 INSTRUCTIONS: 80 mg witnessed ingestion on Monday, Wednesday and Friday June 7 to 20 inclusive  
 NO REFILLS PERMITTED  
 PRESCRIBER: Dr. Ann Sample      COLLEGE ID: 65432 91  
 ADDRESS: 987 Another Rd.      CITY: Any City, BC V9V 9V9  
 PHONE: 604-555-1234      FOLIO: 123456  
 PHARMACY USE ONLY  
 PRESS HARD YOU ARE MAKING 2 COPIES

## Emergency Fax Controlled Prescription Program Form Documentation

This form is for the use only in the event of an emergency that requires a faxed Controlled Prescription Program form which has been initiated following direct consultation between the patient's pharmacist and prescriber.

It is understood that the pharmacist must obtain written documentation from the prescriber prior to dispensing any medication and as such is requesting that the prescriber complete this form and fax back to the pharmacy along with a fax of the Controlled Prescription Program form as soon as possible.

Prescriber: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Date: \_\_\_\_\_

As the prescriber, I request that the above-named pharmacy accept a faxed transmission of the Controlled Prescription Program form for the above-named patient. I understand that the Controlled Prescription Program form must be faxed to and received by the pharmacy prior to the pharmacy dispensing methadone. In accordance with the CPSBC Methadone Maintenance Handbook (2009) I guarantee that the original Controlled Prescription Program form will be sent to the pharmacy by the next business day.

Brief description of the emergency situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescriber's Name: \_\_\_\_\_

CPSID: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Affix Controlled Prescription  
Program form here

## Methadone Maintenance Treatment Expectation Form

As your pharmacists, we believe in the principles of the methadone maintenance treatment program, and the valuable role it can play in improving people's lives and their health. We are committed to being an active member of your healthcare team and understand that the success of the program is dependent on ongoing collaboration and communication between yourself, ourselves and your prescriber.

To help you succeed in the program it is important that we both clearly understand the commitment and expectations of each other.

### As your pharmacists, you can expect that we will:

- Treat you professionally and respectfully at all times.
- Make ourselves available to discuss any questions or concerns that you may have regarding the program.
- Provide methadone to you exactly as your prescriber has prescribed it and will ensure that they are made aware of any of the following:
  - Missed dose(s) for any reason (ie; failure to pick up, vomited, lost or stolen)
  - Less than full dose consumed (ie; tolerance, self-initiated tapering)
  - Presenting at the pharmacy while intoxicated
  - Prescribing of contraindicated medications (ie; mood-altering drugs)
- Not dispense your methadone (unless directed by your prescriber) to anyone other than you.
- Respect your choice (unless directed by your prescriber) of the pharmacy you wish to have dispense your medication.

### As our patient, we can expect that you will:

- Treat all pharmacy staff and other patients respectfully at all times.
- Do your utmost to adhere to the methadone maintenance treatment program as prescribed to you.
- Discuss any concerns you may have regarding your methadone maintenance treatment with us or your prescriber prior to making any adjustments to treatment independently.
- Ensure that any take-home doses of methadone are stored safely and securely.
- Respect the pharmacy's greater community by refraining from loitering or littering.

## Pharmacist – Prescriber Communication

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

To (Prescriber): \_\_\_\_\_ Patient PHN: \_\_\_\_\_

Fax: \_\_\_\_\_ Prescription Form Folio Number: \_\_\_\_\_

From (Pharmacy): \_\_\_\_\_ Pharmacy Fax: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Pharmacy Telephone: \_\_\_\_\_

### For Prescriber's Information and Patient Records

- This patient missed their methadone dose \_\_\_\_\_ (dates).
- This patient did not take their full daily dose \_\_\_\_\_ (date) and consumed only \_\_\_\_ mg of the \_\_\_\_ mg prescribed dose.

### For Prescriber's Signature and Return of Form to Pharmacy

- We require clarity regarding the 'prescribing date' and/or 'start day' for the attached Controlled Prescription Program form. Please indicate the actual 'prescribing date' (actual date the prescription was written) and dispensing 'start date' or range.

Prescribing Date: \_\_\_\_\_

Dispensing Start Date or Range: \_\_\_\_\_

- We require clarification and/or a change to the 'Directions for Use' section of the attached Controlled Prescription Program form.

Description of authorized changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescriber's Name: \_\_\_\_\_

CPSID: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Affix Controlled Prescription  
Program form here

## Drug Interactions – General Information

Methadone is extensively metabolized by cytochrome CYP3A4 in liver microsomes. Most drug interactions with methadone are associated with drugs that either induce or inhibit these enzymes.

The sequence of administration of the drugs is the key to evaluating the significance of the interaction. When a patient is stabilized on a drug that affects liver metabolism and methadone is introduced, the interaction may not be observed unless the first drug is discontinued. It is only if a patient is stabilized on methadone and an interacting drug is initiated or discontinued that an interaction may occur.

Drugs that may lower plasma levels (ie; increase the metabolism) of methadone include rifampin, barbiturates, phenytoin and carbamazepine. Drugs that may increase plasma levels (ie; decrease the metabolism) of methadone include ciprofloxacin and fluvoxamine.

Medications that might precipitate a withdrawal syndrome for patients on methadone must be avoided. These are mainly opioid antagonists such as pentazocine, butorphanol, nalbuphine, and naltrexone. A more detailed description of methadone drug interactions can be found at:

[www.atforum.com/SiteRoot/pages/addiction\\_resources/Drug\\_Interactions.pdf](http://www.atforum.com/SiteRoot/pages/addiction_resources/Drug_Interactions.pdf)

**Note:**

*This is not intended to be an inclusive list of drug interactions. Pharmacists are responsible for ensuring that they keep current and consult the most recent literature in this regard.*

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**Drugs that may decrease methadone levels**

Amprenavir  
Ascorbic acid  
Carbamazepine  
Cocaine  
Nelfinavir  
Phenobarbital and other barbiturates  
Phenytoin  
Primidone  
Rifampin  
Ritonavir  
Urinary acidifiers

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**Drugs that may increase methadone levels**

Ciprofloxacin  
Fluconazole  
Fluvoxamine maleate, other SSRIs  
Urinary alkalinizers

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**Drugs with levels affected by methadone**

Benzodiazepines  
Zidovudine

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**Drugs that may precipitate methadone withdrawal**

Opioid antagonists  
Mixed opioid agonist/antagonists

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## Methadone Information For Patients

### What is methadone?

Methadone is a long-acting narcotic medication. Since the mid-1960s methadone has been used as an effective and legal substitute for heroin and other opiates. Methadone maintenance programs help opiate-dependent individuals stabilize their lives and reduce the harm associated with drug use.

### How is methadone taken?

Methadone is prepared in a liquid. Doses are usually taken once a day as the effects of a single dose last for about one day. Your physician will write a prescription specifying your dose and how often you need to come to the pharmacy. Initially methadone is prescribed as a daily witnessed dose. As your treatment progresses you may be eligible for take-home doses.

### How does methadone work?

Methadone is part of a long-term maintenance program for opiate or heroin dependent people. Drug cravings are reduced without producing a “high.” The goal is to find the dose that will prevent physical withdrawal. The right dose will decrease your drug cravings, and help you to reduce or eliminate heroin use.

### How long do I have to stay on methadone?

You should stay on methadone for as long as you experience benefits. Everyone responds differently and methadone can safely be taken for years. If you decide you want to stop taking methadone, you should discuss this with your physician.

### Does methadone have side effects?

Methadone is usually tolerated well once the dose is stabilized. Most people experience few, if any, side effects. Please let your pharmacist or physician know if any of these symptoms are bothering you:

- Sweating – This can be due to the methadone itself, or a dose that is too high or too low.
- Constipation – Increasing exercise, fluids and fiber in your diet may decrease this problem.
- Sexual difficulties – This can be either a reduction or an increase in desire.
- Sleepiness or drowsiness – This may be caused by too much methadone. If this occurs consult your doctor to have your dose adjusted. Do not drive a car or participate in activities that require you to be alert when you are drowsy.
- Weight change – An increase in body weight may be due to better health and an improved appetite.

## Can methadone interact with other drugs?

Yes. Alcohol and drugs, including prescription, nonprescription, herbal and street drugs, may interfere with the action of methadone in your body. Discuss all medications you are taking with your pharmacist or physician.

## Is methadone dangerous?

Methadone is safe to use when it is prescribed and monitored by a physician. It can be very dangerous if used inappropriately. Methadone should never be taken by anybody except the person for whom it is prescribed as overdose and death can occur if the person is not dependent on opiates. Children are especially at risk for overdose and death if they swallow methadone accidentally.

## What is my responsibility?

Your responsibility is to drink your methadone dose every day. If you have carries, you must make sure that they are stored safely to prevent possible ingestion by anyone else. If you store your carries in the fridge ensure that they are not accessible. Methadone can be very dangerous if used inappropriately so you must not give or sell your dose to anyone.

## Will methadone cure me?

The methadone maintenance program can help you to make positive lifestyle changes. The goal of treatment is to stabilize your body physically and to provide an environment that supports you.

## Recommended Reading

### Methadone Maintenance Treatment

Provides a general overview of methadone maintenance treatment programs and describes the impact of opioid dependence, methadone pharmacology and benefits. This 16-page document is available at:

[http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone-treatment-traitement/index\\_e.html](http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone-treatment-traitement/index_e.html)

### Literature Review – Methadone Maintenance Treatment

Examines the forty years of accumulated research knowledge and treatment literature about methadone maintenance and reviews the evidence of effectiveness, including cost-effectiveness, the factors that define successful programs, and the program policies associated with the highest success rates. This 86-page document is available at:

[http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone/index\\_e.html](http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone/index_e.html)

### Best Practices – Methadone Maintenance Treatment

Provides information on evidence-based best practices in methadone maintenance treatment. It also includes “Insight from the Field” which summarizes comments from experts in the area of methadone maintenance treatment. This 94-page document is available at:

[http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone-bp-mp/index\\_e.html](http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone-bp-mp/index_e.html)

### Methadone for Pain Guidelines

[http://www.cpsa.on.ca/uploadedFiles/policies/guidelines/methadone/Methadone\\_or\\_PainGUIDE.pdf](http://www.cpsa.on.ca/uploadedFiles/policies/guidelines/methadone/Methadone_or_PainGUIDE.pdf)

## Contact Information

### Alberta Health Services Opioid Dependency Program

W: [www.albertahealthservices.ca](http://www.albertahealthservices.ca)  
 T: 780-422-1302  
 F: 780-427-0777

All patients planning to transfer to Alberta should contact the Opioid Dependency Program.

### Alcohol & Drug Information and Referral Service

T: 604-660-9382 (24/7)

### British Columbia Pharmacy Association

W: [www.bcpharmacy.ca](http://www.bcpharmacy.ca)  
 T: 604-261-2092 or 800-663-2840  
 F: 604-261-2097  
 E: [info@bcpharmacy.ca](mailto:info@bcpharmacy.ca)

### Med Effect Canada (report adverse drug reactions)

Canada Vigilance Regional Office  
 W: [www.healthcanada.gc.ca/medeffect](http://www.healthcanada.gc.ca/medeffect)  
 T: 866-234-2345  
 F: 866-678-6789  
 E: [CanadaVigilance\\_BC@hc-sc.gc.ca](mailto:CanadaVigilance_BC@hc-sc.gc.ca)

### College of Pharmacists of British Columbia

W: [www.bcpharmacists.org](http://www.bcpharmacists.org)  
 T: 604-733-2440 or 800-663-1940  
 F: 604-733-2493 or  
 E: [info@bcpharmacists.org](mailto:info@bcpharmacists.org)

### College of Physicians and Surgeons of British Columbia

W: [www.cpsbc.ca](http://www.cpsbc.ca)  
 T: 604-733-7758 or 800-461-3008  
 BC Methadone Program – ext 2628  
 F: 604-733-1267  
 E: [methadone@cpsbc.ca](mailto:methadone@cpsbc.ca)

### Office of Controlled Substances

T: 613-946-5139 or 866-358-0453 (methadone)  
 T: 613-954-1541 (thefts or losses)  
 T: 613-952-2177 (general)  
 F: 613-957-0110 (thefts or losses)  
 E: [OCS-BSC@hc-sc.gc.ca](mailto:OCS-BSC@hc-sc.gc.ca)

### Health Protection Branch

Drug diversion of narcotics and controlled drugs  
 T: 604-666-3350

### Non-Insured Health Benefits Program

ESI Canada  
 W: [www.provider.esicanada.ca](http://www.provider.esicanada.ca)  
 W: [www.healthcanada.gc.ca/nihb](http://www.healthcanada.gc.ca/nihb)  
 T: 888-511-4666 (provider claims processing centre)

### PharmaCare Help Desk (includes PharmaNet)

[www.healthservices.gov.bc.ca/pharme/newsletter/index.html](http://www.healthservices.gov.bc.ca/pharme/newsletter/index.html) (newsletter)  
*For Pharmacists*  
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