

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:

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 British Columbia Pharmacy Association (BCPhA) *Opioid Agonist Treatment Compliance and Management Program for Pharmacy* (OAT-CAMPP) training program, and
 - b. record self-declaration of training completion in eServices.

Notice: November 26, 2021

Effective immediately and for the duration of the COVID-19 public health emergency in British Columbia, policy statement 1 above does not apply to pharmacists who are only providing the COVID-19 and/or flu immunizations, including boosters.

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 online component of the BCPhA OAT-CAMPP training program, and
 - b. 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 or non-pharmacy technician staff member, and retain the completed forms in the pharmacy's files.

1. BUPRENORPHINE/NALOXONE POLICY STATEMENTS:

1. Buprenorphine/naloxone maintenance treatment must only be dispensed as an approved, commercially available formulation.
2. 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.
2. 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 MMT services must also maintain as required references including 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.
2. 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.

4. COMMUNITY HEALTH FACILITY POLICY STATEMENTS:

1. A pharmacist may provide individually-labelled, patient-specific doses of methadone, buprenorphine/naloxone and/or slow release oral morphine to a community health facility¹ when directed by the prescriber, and in accordance with a [section 56 exemption to the *Controlled Drugs and Substances Act*](#).

¹ Community Health Facility is defined in Health Canada's S.56 exemption as "a facility where health care services are delivered and managed by a nurse as part of the nurse's professional practice."

2. A pharmacist may provide clinic stock of methadone, buprenorphine/naloxone and/or slow release oral morphine to a community health facility in accordance with a [section 56 exemption to the *Controlled Drugs and Substances Act*](#).
3. All pharmacy managers, staff pharmacists, relief pharmacists, and pharmacy technicians employed in a community pharmacy that provides opioid agonist treatment (OAT) drugs to a community health facility should be familiar with the information included in the most recent version of the Ministry of Health and BCCSU's 'Integrated interdisciplinary Model of OAT' guidance document.
4. When a pharmacist provides an OAT drug to a community health facility for administration by another regulated health professional in accordance with the Ministry of Health and BCCSU's 'Integrated Interdisciplinary Model of OAT', sections 1(2)(a), 2(2)(a), and 3(2)(a) of this policy do not apply.
5. The pharmacist should document in the patient record that a patient's dose of OAT has been provided to a community health facility.
6. The pharmacist should use a secure and confidential method of transporting the OAT drugs to a community health facility and should consider the use of tamper-proof boxes or seals.
7. The pharmacy manager must ensure written policies and procedures are in place to ensure the requirements of the [section 56 exemption to the *Controlled Drugs and Substances Act*](#) are met when providing OAT drugs to a community health facility.