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## Opioid Agonist Treatment Practice Guides

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### Purpose

This Regulatory Statement provides information and guidance to help pharmacy professionals and pharmacies provide opioid agonist treatment (“OAT”) for opioid use disorder (“OUD”) through oral buprenorphine/naloxone maintenance treatment (“BMT”), oral methadone maintenance treatment (“MMT”), slow release oral morphine (“SROM”) maintenance treatment, and injectable hydromorphone maintenance treatment, in accordance with Schedule E.12 (“OAT Standards”) of the College bylaws under the *Health Professions and Occupations Act* (“HPOA Bylaws”).

### Background

OUD is a health concern with implications for the client as well as the public. The choice of OAT for OUD is an individually tailored and client-centred process whereby clinicians discuss the risks and benefits of all OAT options with clients and collaboratively select a medication. The selection should align with the client’s goals, treatment history and other individual circumstances. OUD is recognized as a chronic relapsing condition. OAT is recommended as the standard of care for people with OUD.

Before providing OAT services, pharmacy professionals and pharmacies must be familiar with the restrictions and requirements for each therapy type, as set out in the following:

- The OAT Standards.
- The Practice Guides and related documents appended to and forming part of this Regulatory Statement.
- The product monographs of Health Canada-approved, commercially available strengths and formulations of OAT drugs.
- The current British Columbia Centre on Substance Use (“BCCSU”) document “A Guideline for the Clinical Management of Opioid Use Disorder”.

Pharmacy professionals involved in providing OAT services are expected to use sound professional judgment ensuring that their decisions are made in the best interest of the client and with appropriate collaboration, notification, and documentation.

## Practice Guides and Related Documents

See Appendix A for [Practice Guide: Buprenorphine/Naloxone Maintenance Treatment](#)  
See Appendix B for [Practice Guide: Methadone Maintenance Treatment](#)  
See Appendix C for [Practice Guide: Slow Release Oral Morphine Maintenance Treatment](#)  
See Appendix D for [Practice Guide: Injectable Hydromorphone Maintenance Treatment](#)  
See Appendix E for [Part-Fill Accountability Log Form](#)  
See Appendix F for [OAT \(Non-MMT\) Pharmacist/Prescriber Communication Form](#)  
See Appendix G for [MMT Pharmacist/Prescriber Communication Form](#)  
See Appendix H for [Compounding Log Form](#)  
See Appendix I for [Methadone Drug Interactions Information](#)  
See Appendix J for [Pre-Injection Checklist](#)  
See Appendix K for [Post-Injection Checklist](#)

## Legislation

- *Health Professions and Occupations Act* (“HPOA”) s. 72(2)
- HPOA s. 117
- HPOA Bylaws Schedule E.1 – Practice Standards: Community Pharmacy Services
- HPOA Bylaws Schedule E.12 – Practice Standards: Opioid Agonist Treatment
- HPOA Bylaws Schedule E.14 – Practice Standards: Controlled Drug Substances Delivery
- Regulatory Statement 26-010 – Controlled Drug Substances Delivery
- BCCSU’s “A Guideline for the Clinical Management of Opioid Use Disorder”

## Additional Information

This Regulatory Statement replaces and supersedes the following College publications:

- “PPP-66 Policy Guide: Buprenorphine/Naloxone Maintenance Treatment (2018)” and all subsequent revisions published prior to the issue of this Regulatory Statement
- “PPP-66 Policy Guide: Methadone Maintenance Treatment (2013)” and all subsequent revisions published prior to the issue of this Regulatory Statement
- “PPP-66 Policy Guide: Slow Release Oral Morphine (SROM) Maintenance Treatment (2018)” and all subsequent revisions published prior to the issue of this Regulatory Statement
- “PPP-67 Policy Guide: Injectable Hydromorphone Maintenance Treatment (2018)” and all subsequent revisions published prior to the issue of this Regulatory Statement

For the purposes of the OAT Standards:

- Appendix A of this Regulatory Statement constitutes the most recent published version of the College’s “Buprenorphine/Naloxone Maintenance Treatment Policy Guide”.

- Appendix B of this Regulatory Statement constitutes the most recent published version of the College’s “Methadone Maintenance Treatment Policy Guide”.
- Appendix C of this Regulatory Statement constitutes the most recent published version of the College’s “Slow Release Oral Morphine Maintenance Treatment Policy Guide”.
- Appendix D of this Regulatory Statement constitutes the most recent published version of the College’s “Injectable Hydromorphone Maintenance Treatment Policy Guide”.

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RS Number:	26-008
Approved by:	Registrar
First approved:	30 Mar 2026
Effective:	01 Apr 2026
Revised:	n/a
Version:	1.0

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## APPENDIX A

### Practice Guide: Buprenorphine/Naloxone Maintenance Treatment

#### Introduction

Buprenorphine is a partial opioid agonist that is available as a combined formulation with naloxone. The naloxone component is added to prevent injection use or insufflation.

The OAT Standards require that all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to BMT must know and apply the principles and guidelines set out in this Guide and all subsequent revisions. The responsibility of pharmacy technicians in the dispensing of BMT is consistent with their scope of practice set out in Schedule E.1 of the HPOA Bylaws.

#### How to Use This Guide

This Guide is to be read in conjunction with the OAT Standards. 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 BMT services. In addition to the OAT Standards and this Practice Guide, evidence-based recommendations and clinical guidance can be found in BCCSU's "A Guideline for the Clinical Management of Opioid Use Disorder".

The expectation is that pharmacists will practice in compliance with legislated requirements, including the principles set out in this Guide. While pharmacy practice is not always 'black and white', when navigating the 'grey' pharmacists must use sound professional judgement ensuring that their decisions are made in the best interest of the client and with appropriate collaboration, notification and most importantly documentation.

Note: This document is not intended to cover all possible practice scenarios.

## 1.0 Administration

### 1.1 Pharmacy Operations Hours

**Principle 1.1.1** The pharmacy hours of service must be consistent with the dosing requirements of your client.

**Guideline:** When a pharmacy accepts a client who requires daily dispense (i.e., 7 days per week) the pharmacy hours of service need to accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for BMT from ‘daily dispense’ to a ‘take-home’ dose.

### 1.2 General Guidance for Pharmacy Professionals

**Principle 1.2.1** Provide client education on how to properly take buprenorphine/naloxone tablets.

**Guideline:** For example, you may instruct the client to place and hold the tablet(s) under their tongue until it fully dissolves, this may take up to 10 minutes. Avoid swallowing, talking, eating, drinking, and smoking.

**Principle 1.2.2** Advise clients to talk to their prescriber and pharmacist about any continuing withdrawal symptoms, cravings, and/or non-medical opioid use. Educate on risks of precipitated withdrawal during buprenorphine/naloxone induction. Educate clients on the inclusion of naloxone in buprenorphine/naloxone formulations and its purpose to deter use in a manner not intended as prescribed.

**Principle 1.2.3** Refer colleagues, prescribers, and clinical staff who are unfamiliar with the most recent version of BCCSU’s “A Guideline for the Clinical Management of Opioid Use Disorder”.

Recommend completion of online training through BCCSU’s *Provincial Opioid Addiction Treatment Support Program*.

## 2.0 Receiving Buprenorphine/Naloxone Prescriptions

### 2.1 Controlled Prescription Program Forms – Overview

**Principle 2.1.1** Buprenorphine/naloxone prescriptions can only be accepted when written using a Controlled Prescription Program (“CPP”) form. When accepting buprenorphine/naloxone prescriptions, the pharmacist must ensure that the CPP form is completed by the prescriber as set out in the CPP. The pharmacist must ensure that the client signs the bottom of the form in the space indicated. See Principle 4.1.3 for signing procedures when releasing a buprenorphine/naloxone prescription.

**Principle 2.1.2** Buprenorphine/naloxone prescriptions may only be received by facsimile in accordance with section 7(3) of Schedule E.1 of the HPOA Bylaws. A CPP form can only be accepted by facsimile during a public health emergency declared by the Provincial Health Officer. This includes the continuing opioid overdose emergency declared under the *Public Health Act*.

Buprenorphine/naloxone prescriptions may only be accepted verbally where permitted under a section 56 exemption to the *Controlled Drugs and Substances Act* in accordance with section 19(6.1) of the bylaws of the College under the *Pharmacy Operations and Drug Scheduling Act*. The pharmacy must receive either the original or a faxed copy of the CPP form from the prescriber as soon as reasonably possible.

## 3.0 Processing (Dispensing)

### 3.1 Accepting a Prescription

**Principle 3.1.1** Buprenorphine/naloxone for maintenance must be dispensed to clients as an approved, commercially available formulation.

**Guideline:** Buprenorphine/naloxone is currently available in multiple strengths of sublingual formulations. Tablets can be halved and/or combined to achieve target doses.

**Principle 3.1.2** Pharmacists and pharmacy technicians (working within their scope) must review the prescription to ensure that the specific needs of the client can be accommodated by the pharmacy.

**Guideline:** Each prescription should be reviewed in detail in consultation with the client to ensure that the client’s specific needs can be accommodated. For example:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a day when the client will not be able to see a prescriber for a new prescription (e.g., weekends and holidays).
- Review the prescription directions to determine the dosing schedule (daily dispense, take-home doses), including the specific days of the week for each dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.

### 3.2 Assessment of Prescription

#### **Principle 3.2.1**

Should a client present a prescription for a mood altering drug, including benzodiazepines and opioids, or if the pharmacist discovers that a mood altering drug is also being prescribed to the client in their review of the PharmaNet client record, they must contact both the prescriber of buprenorphine/naloxone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The pharmacist must document the outcome of the consultation(s) with the prescriber(s) and include it with the original prescription. The purpose of the consultation is to ensure the prescriber(s) are aware that the client is currently on the buprenorphine/naloxone maintenance program.

## **4.0 Releasing Buprenorphine/Naloxone Prescriptions**

### 4.1 Releasing a Prescription

#### **Principle 4.1.1**

A pharmacist must be present to release the buprenorphine/naloxone prescription to a client. This function cannot be performed by a pharmacy technician or any other pharmacy support staff, unless permitted by a section 56 exemption to the *Controlled Drugs and Substances Act*. Pharmacists are responsible for confirming whether such a section 56 exemption exists at the time of release.

**Principle 4.1.2**

Prior to releasing a buprenorphine/naloxone prescription the pharmacist must assess the client to ensure that the client is not intoxicated, including by centrally-acting sedatives and/or stimulants or in any other acute clinical condition that would increase the risk of an adverse event. If the pharmacist believes that it is not safe for the client to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and include it with the original prescription.

**Guideline:** Assess clients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each client's usual behaviour in order to be able to detect significant deviations.

**Principle 4.1.3**

Prior to releasing a buprenorphine/naloxone prescription, the client and pharmacist must acknowledge receipt by signing a client/prescription-specific log. Every part-fill dispensed must be accounted for. Once complete, it must be filed sequentially by the first prescription or transaction number assigned to the prescription. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

**Guideline:** The Part-Fill Accountability Log form (see [Appendix E](#)) can be used for this purpose.

Neither the pharmacist nor the client is permitted to pre-sign for future doses or backdate signing.

**Principle 4.1.4**

If a prescriber orders the buprenorphine/naloxone for daily dispense, the pharmacist is not required to observe the client ingesting the dose. If the prescriber's intentions regarding witnessing are unclear, the pharmacist must consult with the prescriber to clarify, and the outcome of this consultation must be documented and included with the original prescription.

**Guideline:** If the prescription states daily dispense, the client may ingest the dose without pharmacist observation.

Clients should be given instructions on how to take the dose. For example, you may instruct the client to place and hold the tablet(s) under their tongue until it fully dissolves, this may take

up to 10-15 minutes. The client should avoid swallowing, talking, eating, drinking, and smoking.

**Principle 4.1.5**

If a prescriber orders the buprenorphine/naloxone to be dispensed as a 'Daily Witnessed Ingestion' or 'DWI', the pharmacist must directly observe the client placing the medication under the tongue. If the prescriber's intentions regarding witnessing are unclear, the pharmacist must consult with the prescriber to clarify, and the outcome of this consultation must be documented and included with the original prescription.

**Guideline:** Clients should be given instructions on how to take the dose. For example, you may instruct the client to place and hold the tablet(s) under their tongue until it fully dissolves - this may take up to 10-15 minutes. The client should avoid swallowing, talking, eating, drinking, and smoking.

The client is not required to remain in the pharmacy once the pharmacist has directly observed the client placing the medication under the tongue.

**Principle 4.1.6**

If take-home doses (carries) are prescribed, the first dose does not need to be witnessed, unless ordered by the prescriber. The subsequent take-home doses must be dispensed in child-resistant packaging 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 client. If a pharmacist determines that due to a specific client circumstance a non-child-resistant container will be used for take-home doses, it must be documented on the client record.

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

Compliance packaging (e.g., blister packaging, pouch packs) may be ordered by the prescriber to help clients manage their medication and reduce confusion about dosing. In these cases,

the pharmacy must still ensure that the medications are provided in child-resistant packaging.

Clients should be reminded that buprenorphine/naloxone should be stored out of the reach of children, preferably in a locked cupboard or small lock box.

## 5.0 Responding to Buprenorphine/Naloxone Dosing Issues

### 5.1 Missed Doses

**Principle 5.1.1** Any buprenorphine/naloxone prescription dose that has been processed and prepared but is not consumed or picked up by the client on the prescribed day is considered missed and must be reversed in PharmaNet before the end of the business day.

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

**Principle 5.1.2** If a client misses a dose, they cannot receive the missed dose at a later date.

**Principle 5.1.3** The pharmacist must notify the prescriber of any missed doses before the next scheduled release of medication. The notification document must be retained and filed with the prescription consistent with filing retention requirements.

**Guideline:** The OAT (Non-MMT) Pharmacist/Prescriber Communication form ([Appendix F](#)) can be used for this purpose.

**Principle 5.1.4** Missed doses can contribute to a loss of tolerance to buprenorphine and dose adjustment and re-stabilization by the prescriber may be required.

**If a client misses 6 or more consecutive days, without return to full opioid agonist use, the prescription must be cancelled, and the prescriber notified. If there are 5 or fewer consecutive once-daily missed doses, without return to full opioid agonist use, do not cancel. The client can resume the previous dose of**

buprenorphine/naloxone.

**If a client misses 4 or more consecutive days, with return to full opioid agonist use**, the prescription must be cancelled, and the prescriber notified. If there are 3 or fewer consecutive once-daily missed doses, with return to full opioid agonist use, do not cancel the prescription. The client can resume the previous dose of buprenorphine/naloxone.

The pharmacist should advise the client to see the prescriber for a new prescription, as dose adjustment or re-stabilization may be required.

**Guideline:** As referenced in Section 4.0, Releasing Buprenorphine/ Naloxone Prescriptions, prior to releasing a buprenorphine/naloxone prescription, the pharmacist should assess the client to determine if they are in any acute clinical condition that would put them at risk of an adverse event. The pharmacist should discuss the risks of precipitated withdrawal with the client, if appropriate and necessary. If the pharmacist believes it is not safe for the client to receive their prescription they must consult with the prescriber.

For further information about buprenorphine/naloxone missed doses, see the most recent version of BCCSU's "A Guideline for the Clinical Management of Opioid Use Disorder - Appendix 3: Titration and Dosing Guidelines for Buprenorphine/Naloxone".

## 5.2 Partial Consumption of Doses

### ***Principle 5.2.1***

If a client declines or is unable to consume their full dose, the pharmacist must respect the client's choice. The unconsumed portion cannot be given as a take-home dose. The client's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. All client documentation including the client-prescription specific log and PharmaNet record must accurately reflect the actual dose consumed by the client.

**Guideline:** The OAT (Non-MMT) Pharmacist/Prescriber Communication form ([Appendix F](#)) can be used for the documentation and communication.

The Part-Fill Accountability Log form ([Appendix E](#)) can be used for the Part-Fill Accountability Log.

### 5.3 Lost or Stolen Doses

***Principle 5.3.1***

If a client reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided. The pharmacist must notify and consult with the prescriber. If the prescriber chooses to authorize a replacement dose, a new CPP form must be received by the pharmacy.

### 5.4 Tapering

***Principle 5.4.1***

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

**Guideline:** The OAT (Non-MMT) Pharmacist/Prescriber Communication form ([Appendix F](#)) can be used for the purpose of notifying the prescriber.

## APPENDIX B

### Practice Guide: Methadone Maintenance Treatment

#### Introduction

Methadone, a long-acting, orally effective opioid, is used as a substitute for opioids when treating opioid use disorder. 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 use disorder, 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 prescriber 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.

Pharmacists are permitted to purchase and dispense methadone without federal exemption. However, the OAT Standards requires that the pharmacy manager and all staff pharmacists employed in a community pharmacy that provide services related to MMT know and apply the principles and guidelines in this Guide.

#### How to Use This Guide

This Guide is a companion to the OAT Standards. The intention of this 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 MMT services. In addition to the OAT Standards and this Policy Guide, evidence-based recommendations and clinical guidance can be found BCPSU's "A Guideline for the Clinical Management of Opioid Use Disorder".

The expectation is that pharmacists will practice in compliance with legislative requirements, including the principles set out in this Guide. While pharmacy practice is not always 'black and white' when navigating the 'grey' pharmacists must use sound professional judgment, ensuring that their decisions are made in the best interest of the client and with appropriate collaboration, notification and most importantly, documentation.

#### **Note:**

This document is not intended to cover all possible practice scenarios.

#### **1.0 Administration**

##### 1.1 General

**Principle 1.1.1**

Refer colleagues, prescribers, and clinical staff to the most recent version of the British Columbia Centre on Substance Use (BCCSU) A Guideline for the Clinical Management of Opioid Use Disorder (OUD Guideline).

Recommend completion of online training through BCCSU's Provincial Opioid Addiction Treatment Support Program.

1.2 Pharmacy Operations Hours

**Principle 1.2.1**

The pharmacy hours of service must be consistent with the dosing requirements of your client.

**Guideline:** When a pharmacy accepts a client who requires daily dispense (i.e., 7 days per week) the pharmacy hours of service need to accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for MMT from 'daily witness' to a 'take-home' dose.

1.3 Privacy and Confidentiality

**Principle 1.3.1**

All pharmacies offering MMT 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 clients waiting for witnessed ingestion and/or take home methadone doses while simultaneously maintaining privacy for pharmacist-client consultation.

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

1.4 Security

**Principle 1.4.1**

All pharmacies offering MMT must ensure that their pharmacy is in compliance with all relevant legislation pertaining to pharmacy security requirements - see Regulatory Statement RS-009 – Community Pharmacy and Telepharmacy Security (DrugSafeBC).

## 2.0 Receiving Methadone Prescriptions

### 2.1 Controlled Prescription Program Forms – Overview

**Principle 2.1.1** MMT prescriptions can only be accepted when written using a Controlled Prescription Program (“CPP”) form. When accepting buprenorphine/naloxone prescriptions, the pharmacist must ensure that the CPP form is completed by the prescriber as set out in the CPP. The pharmacist must ensure that the client signs the bottom of the form in the space indicated.

See Principle 4.1.3 for signing procedures when releasing a methadone prescription.

**Principle 2.1.2** MMT prescriptions may only be received by facsimile in accordance with Schedule E.1 of the HPOA Bylaws. A CPP form can only be accepted by facsimile during a public health emergency declared by the Provincial Health Officer. This includes the continuing opioid overdose emergency declared under the *Public Health Act*.

MMT prescriptions may only be accepted verbally where permitted under a section 56 exemption to the *Controlled Drugs and Substances Act* in accordance with section 19(6.1) of the bylaws of the College under the *Pharmacy Operations and Drug Scheduling Act*. The pharmacy must receive either the original or a faxed copy of the CPP form from the prescriber as soon as reasonably possible.

**Principle 2.1.3** In an effort to maximize the effectiveness of the MMT program, the pharmacist may find it beneficial to engage in a specific dialogue with the client, either when they initiate treatment or at various times throughout treatment, that clearly outlines the expectations of both the client and the pharmacist.

**Principle 2.1.4** In the rare circumstance (disruptive or threatening behavior or verbal or physical abuse) where a pharmacist finds that they must terminate the pharmacist-client relationship, reasonable notice must be provided to the client to ensure their continuity of care.

**Guideline:** It is important to remember that the decision to terminate a pharmacist-client 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-client relationship or refuse to treat a client on morally irrelevant grounds. The pharmacist's decision should be documented and retained in the client record.

## 2.2 Controlled Prescription Program Forms - Alterations

### ***Principle 2.2.1***

Alterations to the approved CPP form are the exception to the rule and should not be normal practice as they increase the likelihood of errors and drug diversion and put the public at risk. In the rare circumstance when an alteration is necessary to ensure the continuity of care pharmacists must always use due diligence to ensure authenticity and accuracy of the prescription.

#### **Guideline:**

**Alterations completed at the prescriber's office:** Alterations are only permitted on the sections of the form that the prescriber completes provided that the prescriber has initialed the alteration. Alterations are not permitted to the pre-printed sections of the form.

**Alterations completed at the pharmacy:** Pharmacists do not have independent authority to make any alterations or changes to the approved CPP form. Any required or requested change(s) must be client-specific and authorized by the client'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 whenever possible and attached and filed with the original prescription.

**Note:** The MMT Pharmacist/Prescriber Communication form ([Appendix G](#)) can be used for this purpose.

## 2.3 Out of Province Prescriptions

### ***Principle 2.3.1***

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

**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. 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.

**Note:** It's important to realize that not all provinces are required to use CPP forms.

### 3.0 Processing (Dispensing)

#### 3.1 Accepting a Prescription

**Principle 3.1.1** Refer to the OAT Standards for acceptable drug dispensing and exceptions.

**Principle 3.1.2** Positive identification is required for all clients presenting a prescription for the first time, and reasonable steps to positively identify the client must be taken prior to dispensing any subsequent prescriptions.

**Guideline:** Regulatory Statement RS26-007 – Client Identity Verification provides guidance for professional licensees on taking reasonable steps to confirm the identity of the client. The prescriber may be contacted to assist with verifying the client's identity, if necessary.

**Principle 3.1.3** Pharmacists and pharmacy technicians (working within their scope) must review the prescription to ensure that the specific needs of the client can be accommodated by the pharmacy.

**Guideline:** Each prescription should be reviewed in detail in consultation with the client to ensure that the client's specific needs can be accommodated. For example:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a day when the client will not be able to see a prescriber for a new prescription (e.g., weekends and holidays).
- Review the prescription directions to determine the dosing schedule (daily dispense, take-home doses), including the

specific days of the week for each 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 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 set out in section 2.2.

### 3.2 Assessment of Prescription

#### **Principle 3.2.1**

Pharmacists and pharmacy technicians must correctly identify the product as prescribed ‘for pain’ or ‘for opioid use disorder’ by using the appropriate Drug Identification Number (DIN) or Product Identification Number (PIN) to ensure client safety and accurate PharmaNet client records.

#### **Principle 3.2.2**

As with all medications a pharmacist **must** review each individual PharmaNet client record, as stated in Schedule E.1 of the HPOA Bylaws and resolve any drug-related problems before 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 MMT must therefore ensure they maintain their knowledge with respect to potential drug interactions related to methadone. General Information can be found in [Appendix I](#).

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

#### **Principle 3.2.3**

Should a client present a prescription for a mood altering drug, including benzodiazepines and opioids, or if the pharmacist discovers that a mood altering drug is also being prescribed to the client in their review of the PharmaNet client record, they must contact both the prescriber of buprenorphine/naloxone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The pharmacist must document the outcome of the consultation(s) with the prescriber(s) and include it with the original prescription. The purpose of the consultation is

to ensure the prescriber(s) are aware that the client is currently on the MMT 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 section 9(2)(b) of Schedule E.1 of the HPOA Bylaws, the 'dispensing date' on the prescription label must accurately reflect the actual date dispensed on the PharmaNet system.

3.3 Loss or Theft and Disposal of Methadone

**Principle 3.3.1**

Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.

**Guideline:** All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a 'methadone only' label and a 'poison' auxiliary label with the international symbol of the skull and cross bones.

**Principle 3.3.2**

Reconciliation procedures must be conducted in accordance with section 23.8 of the bylaws of the College under the *Pharmacy Operations and Drug Scheduling Act*.

**Guideline:** 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 under the *Controlled Drugs and Substances Act* 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 or theft. In the event of a loss or theft the pharmacy should also notify the CPBC within 24 hours.

**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*.

### 3.5 Methadone in Tablet Form for Air Travel

#### **Principle 3.5.1**

Hand luggage restrictions governing the transportation of fluids in air travel may be problematic for clients and in certain circumstances may necessitate the prescription of methadone in tablet form. Only commercially available methadone in tablet form may be dispensed. Pharmacists need to be aware that the prescription of methadone in tablet form may result in increased risk for both clients and the public.

**Note:** Dispensing of methadone powder by way of sachet, capsule, or other format is never acceptable due to the increased potential for diversion and misuse.

**Guideline:** Long-term MMT clearly limits clients' ability to travel because of the need for regular follow-up as well as the restrictions associated with the dispensing of methadone. If clients receiving MMT wish to travel for a period of time that exceeds their regular carry period, the usual standard of care should not be compromised, particularly if the client is not stable and still requires daily supervised ingestion.

Clients are significantly limited in their ability to transport methadone across international borders but it is possible to arrange for methadone dispensing in some jurisdictions. The CPSBC advises physicians to research each case to ensure decisions do not compromise client safety. In some cases, clients may require documentation for the purpose of crossing international borders or to assist in accessing temporary care from a methadone program at their destination. The physician is responsible to provide the required travel documentation.

## **4.0 Releasing Methadone Prescriptions**

### 4.1 Releasing a Prescription

**Principle 4.1.1**

A pharmacist must be present to release the MMT prescription to a client. This function cannot be performed by a pharmacy technician or any other pharmacy support staff, unless permitted by a section 56 exemption to the *Controlled Drugs and Substances Act*. Pharmacists are responsible for confirming whether such a section 56 exemption exists at the time of release.

**Principle 4.1.2**

Prior to releasing a buprenorphine/naloxone prescription the pharmacist must assess the client to ensure that the client is not intoxicated, including by centrally-acting sedatives and/or stimulants or in any other acute clinical condition that would increase the risk of an adverse event.

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

**Guideline:** Assess clients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each client's usual behaviour in order to be able to detect significant deviations.

**Principle 4.1.3**

Prior to releasing an MMT prescription, the client and pharmacist must acknowledge receipt by signing a client/prescription-specific log. Every part-fill dispensed must be accounted for. Once complete, it must be filed sequentially by the first prescription or transaction number assigned to the prescription. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

**Guideline:** Neither the pharmacist nor the client is permitted to pre-sign for future doses or backdate signing.

The Part-Fill Accountability Log form (see [Appendix E](#)) can be used for this purpose.

**Principle 4.1.4**

As with all prescriptions, prior to releasing a methadone prescription, the pharmacist must counsel the client on the risks (including common side effects) and benefits of taking their

medication as per section 14 of Schedule E.1 of the HPOA Bylaws.

**Guideline:** 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. Clients will benefit from information about the non-drug approaches, non-prescription 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 client ingesting the medication and be assured that the entire dose has been swallowed.

**Guideline:** Given the concentrated solution of 10 mg/ml, it may be helpful to provide a glass of water to the client to enable rinsing out of the dispensing container to ensure full dose administration.

Immediately following observing the client's ingestion of the medication the pharmacist should engage the client 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 on the day the prescription is dispensed with all subsequent take-home doses dispensed in child-resistant packaging 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 client.

**Guideline:** Each dose must be dispensed in individual, appropriately sized, child-resistant packaging.

Each container must be individually labeled.

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

Clients 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.

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

***Principle 4.1.7***

In extraordinary situations, when a client cannot attend the pharmacy, the client's representative may pick up and sign for their authorized take-home dose(s) if confirmed in writing by the prescriber.

**Guideline:** This authorization must be date specific, and the representative and circumstances must be clearly defined. The written and signed authorization from the prescriber (fax acceptable) must be attached to the approved CPP form.

**Note:** Client representative is defined in section 2 of Schedule E.1 of the HPOA Bylaws.

**5.0 Responding to Methadone Dosing Issues**

5.1 Divided (Split) Doses

***Principle 5.1.1***

Only the prescriber, by stating this on the approved CPP 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 client would benefit from this they should discuss this option with the prescriber.

5.2 Missed Doses

***Principle 5.2.1***

Any methadone prescription dose that has been processed and prepared but is not consumed by the client or picked up on the

prescribed day is considered missed and must be reversed in PharmaNet before the end of the business day. If a client misses 4 or more consecutive days, the prescription must be cancelled, and the prescriber notified.

**Guideline:** It is imperative that the PharmaNet client 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 client 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 scheduled release of medication.

**Guideline:** The notification document must be retained and filed with the prescription consistent with filing retention requirements. The MMT Pharmacist/Prescriber Communication form ([Appendix G](#)) can be used for this purpose.

***Principle 5.2.4***

If a client misses 4 or more consecutive days, the prescription must be cancelled, and the prescriber notified.

**Guideline:** The pharmacist should advise the client to see the prescriber for a new prescription, as dose adjustment and re-stabilization may be required.

5.3 Partial Consumption of Doses

***Principle 5.3.1***

If a client 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 client's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. The MMT Pharmacist/Prescriber Communication form ([Appendix G](#)) can be used for this purpose.

All client documentation including the Part-Fill Accountability Log form ([Appendix E](#)) and PharmaNet record must accurately reflect the actual dose consumed by the client.

#### 5.4 Vomited Doses

**Principle 5.4.1**

If a client reports that they vomited their dose, a replacement dose cannot be provided without authorization from the client'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 5.4.1**

If a client reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided without authorization from the client'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 approved CPP form by fax (refer to Principle 2.1.2) or the prescriber may advise the pharmacy that they must wait until the client presents a new original approved CPP form.

#### 5.6 Tapering

**Principle 5.6.1**

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

**Guideline:** The MMT Pharmacist/Prescriber Communication form ([Appendix G](#)) can be used for the purpose of notifying the prescriber.

## 5.7 Emergency Dosing

### **Principle 5.7.1**

Emergency dosing is not recommended, however, a pharmacist may provide an emergency or extended prescription dose if the pharmacist has determined in their professional judgement that an emergency dose or extension is required to ensure continuity of client treatment. The pharmacist must counsel the client to obtain a new prescription as soon as possible. This practice is the exception to the rule and not the normal practice, refer to Schedule E.10 – Practice Standards: Miscellaneous Dispensing of the HPOA Bylaws.

**Guideline:** Pharmacists need to document, as per Schedule E.10, the attempt to reach the prescriber with information about the situation. The prolonged half-life of methadone ensures that a client maintains a single dose for at least 24 hours. Although the client may feel uncomfortable an emergency dose may not be necessary. Emergency doses may hinder treatment success and health outcomes. It is a client’s responsibility to make sure they have a valid prescription.

## **6.0 Continuity of Care**

### 6.1 Transfer of Pharmacy

#### **Principle 6.1.1**

When a client 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 client’s continuity of care and to avoid duplicate or missed methadone doses. A review of the client’s PharmaNet client record can be of assistance in determining the previous pharmacy and prescriber.

### 6.2 Hospitalization or Incarceration

#### **Principle 6.2.1**

When a client is discharged or released to the community from a hospital or correctional facility it is the responsibility of the

community pharmacist receiving the client to verify the date and amount of the last dose administered.

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

### 6.3 Compounding in Exceptional Circumstances

**Principle 6.3.1** Refer to HPOA Bylaw, Schedule E.12, Part 8 for acceptable drug dispensing and exceptions.

**Principle 6.3.2** A compounding log must be established to record when methadone solutions are prepared, how much was prepared, and who prepared the product. The Compounding Log form ([Appendix H](#)) 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, and
- Preparer's and pharmacist's identification.

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

**Principle 6.3.3** 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.

The beyond-use date (“BUD”) of the compounded solution should be based on known stability data. If stability data is not available, the BUD should be short, usually limited to the duration of the prescription or use, depending on the storage condition. Professional licensees should use their professional judgement and follow generally accepted best practice guidelines when determining the BUD.

***Principle 6.3.4***

Methadone for maintenance solutions daily doses must be dispensed to clients diluted with full-strength Tang™ or similar full-strength beverage crystals with daily doses (witnessed ingestion or take-home). Plain water is never an acceptable vehicle for dispensing to clients in the MMT program.

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

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

## APPENDIX C

### Practice Guide: Slow Release Oral Morphine Maintenance Treatment

#### Introduction

The OAT Standards requires all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to SROM maintenance treatment must know and apply the principles and guidelines set out in this Guide. The responsibility of pharmacy technicians in the dispensing of SROM is consistent with their scope of practice set out in Schedule E.1 of the HPOA Bylaws.

#### How to Use This Guide

This Guide is to be read in conjunction with the OAT Standards. The intention of this 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 SROM maintenance treatment services. In addition to the OAT Standards and this Guide, evidence-based recommendations and clinical guidance can be found in the BCCSU's "A Guideline for the Clinical Management of Opioid Use Disorder".

The expectation is that pharmacists will practice in compliance with legislative requirements, including the principles set out in this Guide. While pharmacy practice is not always 'black and white', when navigating the 'grey' pharmacists must use sound professional judgement ensuring that their decisions are made in the best interest of the client and with appropriate collaboration, notification and most importantly documentation.

#### **Note:**

This document is not intended to cover all possible practice scenarios.

#### **1.0 Administration**

##### 1.1 Pharmacy Operations Hours

#### ***Principle 1.1.1***

The pharmacy hours of service must be consistent with the dosing requirements of your client.

**Guideline:** When a pharmacy accepts a client who requires daily witness ingestion or daily dispense (i.e., 7 days per week) the pharmacy hours of service need to accommodate this dosing requirement. A pharmacist does not have the independent

authority to adapt a prescription for SROM maintenance treatment from ‘daily witness’ to a ‘take-home’ dose.

## 1.2 General Guidance for Pharmacy Professionals

### **Principle 1.2.1**

Provide client education on how to properly take SROM.

**Note:** See Principle 4.1.4 for detailed administration requirements.

### **Principle 1.2.2**

Advise clients to talk to their prescriber and pharmacist about any continuing withdrawal symptoms, craving, and/or non-medical opioid use.

### **Principle 1.2.3**

Refer colleagues, prescribers, and clinical staff who are unfamiliar with the most recent version of the British Columbia Centre on Substance Use (BCCSU) A Guideline for the Clinical Management of Opioid Use Disorder. Recommend completion of online training through the BCCSU’s Provincial Opioid Addiction Treatment Support Program.

## **2.0 Receiving SROM Prescriptions**

### 2.1 Controlled Prescription Program Forms – Overview

#### **Principle 2.1.1**

SROM prescriptions can only be accepted when written using a Controlled Prescription Program (“CPP”) form. When accepting SROM prescriptions, the pharmacist must ensure that the CPP form is completed by the prescriber as set out in the CPP. The pharmacist must ensure that the client signs the bottom of the form in the space indicated. See Principle 4.1.3. for signing procedures when releasing an SROM prescription.

#### **Principle 2.1.2**

SROM prescriptions may only be received by **facsimile** in accordance with section 7(3) of Schedule E.1 of the HPOA Bylaws. A CPP form can only be accepted by facsimile during a public health emergency declared by the Provincial Health Officer. This includes the continuing opioid overdose emergency declared under the *Public Health Act*.

SROM prescriptions may only be accepted **verbally** where permitted under a section 56 exemption to the *Controlled Drugs and Substances Act* in accordance with section 19(6.1) of the bylaws of the College under the *Pharmacy Operations and Drug*

*Scheduling Act.* The pharmacy must receive either the original or a faxed copy of the CPP form from the prescriber as soon as reasonably possible.

### **3.0 Processing (Dispensing) SROM Prescriptions**

#### 3.1 Accepting a Prescription

**Principle 3.1.1** SROM for maintenance must be dispensed in approved, commercially available strengths and formulations. Capsule contents cannot be split.

**Principle 3.1.2** Pharmacists and pharmacy technicians (working within their scope) must review the prescription to ensure that the specific needs of the client can be accommodated by the pharmacy.

**Guideline:** Each prescription should be reviewed in detail in consultation with the client, to ensure that the client's specific needs can be accommodated. For example:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a day when the client will not be able to see a prescriber for a new prescription (e.g., weekends and holidays).
- Review the prescription directions to determine the dosing schedule (daily witnessed ingestion, 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.

#### 3.2 Assessment of Prescription

**Principle 3.2.1** Pharmacists and pharmacy technicians must correctly identify the product as prescribed 'for pain' or 'Opioid Agonist Treatment (OAT)' by using the appropriate Drug Identification Number (DIN) or Product Identification Number (PIN) to ensure client safety and accurate PharmaNet client records.

**Guideline:** Effective June 5, 2017, PharmaCare established PINs for the use of Kadian® SROM as OAT. These PINs are to be used when submitting claims for the various dosing strengths through PharmaNet. Similar to methadone, DINs will be used by

pharmacists exclusively for claims for analgesia, and the PINs will be used for claims for OAT.

The claim entered into PharmaNet should match the prescription written by the prescriber. If a claim marked “for OAT” has been entered under the DIN rather than under the PIN for Kadian® for OAT, it must be reversed, following the full standard procedure for reversing a claim entered under the wrong DIN or PIN. Only after a claim has been reversed can it then be re-entered with the correct PIN.

***Principle 3.2.2***

As with all medications, a pharmacist must review each individual PharmaNet client record, as stated in section 13(4) of Schedule E.1 of the HPOA Bylaws and resolve any drug-related problems prior to dispensing any SROM prescription. This step is particularly critical for SROM for OAT prescriptions as the automated drug usage evaluation (DUE) built into the PharmaNet system **does not include SROM for OAT.**

Pharmacists providing SROM for OAT maintenance treatment must therefore ensure they maintain their knowledge with respect to potential drug interactions related to SROM.

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

***Principle 3.2.3***

Should a client present a prescription for a mood altering drug, including benzodiazepines and opioids, or if the pharmacist discovers that a mood altering drug is also being prescribed to the client in their review of the PharmaNet client record, they must contact both the prescriber of SROM and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The pharmacist must document the outcome of the consultation(s) with the prescriber(s) and include it with the original prescription. The purpose of the consultation is to ensure the prescriber(s) are aware that the client is currently on the SROM maintenance program.

**4.0 Releasing SROM for OAT Prescriptions**

4.1 Releasing a Prescription

**Principle 4.1.1**

A pharmacist must be present to release the SROM prescription to a client. This function cannot be performed by a pharmacy technician or any other pharmacy support staff, unless permitted by a section 56 exemption to the *Controlled Drugs and Substances Act*. Pharmacists are responsible for confirming whether such a section 56 exemption exists at the time of release.

**Principle 4.1.2**

Prior to releasing a SROM prescription the pharmacist must assess the client to ensure that the client is not intoxicated, including by centrally-acting sedatives and/or stimulants or in any other acute clinical condition that would increase the risk of an adverse event. If the pharmacist believes that it is not safe for the client to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and include it with the original prescription.

**Guideline:** Assess clients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each client's usual behaviour in order to be able to detect significant deviations.

**Principle 4.1.3**

Prior to releasing a SROM prescription, the client and pharmacist must acknowledge receipt by signing a client/prescription-specific log. Every part-fill dispensed must be accounted for. Once complete, it must be filed sequentially by the first prescription or transaction number assigned to the prescription. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

**Guideline:** The Part-Fill Accountability Log form ([Appendix E](#)) can be used for this purpose.

Neither the pharmacist nor the client is permitted to pre-sign for future doses or backdate signing.

**Principle 4.1.4**

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

**Guideline:** SROM capsules can be provided whole to be swallowed. Alternatively, based on client preference or prescriber

assessment, the pellets contained in the capsule may be sprinkled into a cup for immediate ingestion.

The client should be instructed that pellets must not be chewed or crushed.

Pellets may be sprinkled into a 30 mL medicine cup or small cup followed by at least 30 mL of water to ensure that all pellets have been swallowed.

Immediately following observing the client's ingestion of the medication, the pharmacist should ensure that the entire dose has been swallowed. This may include: engaging the client in short conversation, asking the client if there are pellets remaining in their teeth or gums, offering additional water for rinsing, or inspecting the inside of the client's mouth.

**Important Safety Notice:** SROM pellets must be swallowed whole. Crushing, chewing, or dissolving slow-release oral morphine capsules or pellets can cause rapid release and absorption of a potentially fatal dose of morphine sulphate.

***Principle 4.1.5***

If take-home doses (carries) are prescribed, the first dose must be a witnessed ingestion on the day the prescription is dispensed. The subsequent take-home doses must be dispensed in child-resistant packaging 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 client. If a pharmacist determines that due to a specific client circumstance a non-child-resistant container will be used for take-home doses, it must be documented on the client record.

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

Note that while pharmacists may see an increasing number of prescriptions indicating transition to a take-home dosing schedule for SROM as a result of BCCSU's "A Guideline for the Clinical Management of Opioid Use Disorder", it is still best

practice to call and confirm with the prescriber if the pharmacist has any concerns about the authenticity of the prescription.

Compliance packaging (e.g., blister packaging, pouch packs) may be ordered by the prescriber to help clients manage their medications and reduce confusion about dosing. In these cases, the pharmacy still needs to ensure that the medications are provided in child-resistant packaging.

Clients should be reminded that SROM should be stored out of the reach of children, preferably in a locked cupboard or small lock box.

## 5.0 Responding to SROM Dosing Issues

### 5.1 Missed Doses

#### ***Principle 5.1.1***

Any SROM prescription dose that has been processed and prepared but is not consumed or picked up by the client on the prescribed day is considered missed and must be reversed in PharmaNet before the end of the business day. If a client misses 4 or more consecutive days, the prescription must be cancelled, and the prescriber notified.

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

#### ***Principle 5.1.2***

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

#### ***Principle 5.1.3***

The pharmacist must notify the prescriber of any missed doses before the next scheduled release of medication. The notification document must be retained and filed with the prescription consistent with filing retention requirements.

**Guideline:** The OAT (Non-MMT) Pharmacist/Prescriber Communication form ([Appendix F](#)) can be used for this purpose.

#### ***Principle 5.1.4***

If a client misses 4 or more consecutive doses, the prescription must be cancelled, and the prescriber notified.

**Guideline:** The pharmacist should advise the client to see the prescriber for a new prescription, as dose adjustment or re-stabilization may be required.

For more information, refer to the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*.

## 5.2 Partial Consumption of Doses

### **Principle 5.2.1**

If a client declines or is unable to consume their full dose, the pharmacist must respect the client's choice. The unconsumed portion cannot be given as a take-home dose. The client's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. All client documentation including the client-prescription specific log and PharmaNet record must accurately reflect the actual dose consumed by the client.

**Guideline:** The OAT (Non-MMT) Pharmacist/Prescriber Communication form ([Appendix F](#)) can be used for the documentation and communication.

The Part-Fill Accountability Log form ([Appendix E](#)) can be used for the Part-Fill Accountability Log.

## 5.3 Vomited Doses

### **Principle 5.3.1**

If a client reports that they vomited their dose, a replacement dose cannot be provided. The pharmacist must notify the prescriber and provide them with information about the incident (time the dose was taken, time of vomiting, and other relevant points). If the prescriber chooses to authorize a replacement dose, a new CPP form must be received by the pharmacy.

## 5.4 Lost or Stolen Doses

### **Principle 5.4.1**

If a client reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided. The pharmacist must notify and consult with the prescriber. If the prescriber chooses to authorize a replacement dose, a new CPP form must be received by the pharmacy.

## 5.5 Tapering

***Principle 5.5.1***

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

**Guideline:** The OAT (Non-MMT) Pharmacist/Prescriber Communication form ([Appendix F](#)) can be used for the purpose of notifying the prescriber.

## APPENDIX D

### Practice Guide: Injectable Hydromorphone Maintenance Treatment

#### Introduction

All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacist supervision of injectable hydromorphone maintenance treatment must know and apply the principles and guidelines set out in this Guide.

#### 1.0 Administration

##### 1.1 Pharmacy Operations Hours

###### **Principle 1.1.1**

The pharmacy hours of service must be consistent with the dosing requirements of your client.

**Guideline:** When a pharmacy accepts a client who requires supervised injection (i.e., 7 days per week, multiple doses per day) the pharmacy hours of service need to accommodate this dosing requirement. Clients may need to have access to injectable hydromorphone up to three times per day with a minimum of three hours between doses.

##### 1.2 General Guidance for Pharmacy Professionals

###### **Principle 1.2.1**

Only full pharmacists who successfully fulfill the following requirements may be considered 'iOAT trained pharmacists':

- Authorized by the CPBC under the Certification of Practicing Pharmacists for Drug Administration (injection and intranasal route);
- Trained to administer emergency use naloxone as per Principle 1.2.4;
- Holds current certification in cardiopulmonary resuscitation and first aid;
- Is familiar with the information included in the most recent version of British Columbia Centre on Substance Use (BCCSU) *Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder*;

- Completed online training through the University of British Columbia Faculty of Medicine, Continuing Professional Development’s Provincial Opioid Addiction Treatment Support Program;
- Trained in the use of all equipment required under Principle 1.3.3;
- Knows and applies the principles and guidelines set out in this Guide; and,
- Records self-declaration of knowledge and training completion in eServices prior to dispensing injectable hydromorphone.

**Guideline:** Refer to Schedule E.4 – Practice Standards: Drug Administration of the HPOA Bylaws for more information.

***Principle 1.2.2***

With respect to pharmacist supervised injectable hydromorphone maintenance treatment, only iOAT trained pharmacists can: accept a prescription for injectable hydromorphone; release a dose of injectable hydromorphone to a client; conduct a pre- or post-injection client assessment; or, supervise clients self-administering injectable hydromorphone. These functions cannot be delegated to a pharmacy technician or any other pharmacy support staff.

***Principle 1.2.3***

Clients must be advised to talk to their prescriber and pharmacist about any continuing withdrawal symptoms, cravings, and/or non-medical opioid use.

***Principle 1.2.4***

All pharmacy professionals must be trained to administer emergency use naloxone and hold current certification in cardiopulmonary resuscitation and first aid.

**Guideline:** It is recommended that all pharmacy staff be trained to administer emergency use naloxone, cardiopulmonary resuscitation and first aid.

Naloxone education and training resources are available through the BC Centre for Disease Control’s Towards the Heart Program.

***Principle 1.2.5***

Professional licensees must always practice within the scope of their education, training and competence. Where needed, they must obtain appropriate education and training as necessary.

**Guideline:** Refer to Schedule D.1 - Ethics Standards: Code of Ethics of the HPOA Bylaws.

### 1.3 Facility and Equipment

**Principle 1.3.1** The pharmacy must have a separate injection room within which the drug is to be self-administered by the client that is clean, safe, comfortable and appropriately private and furnished for the client. This room must be equipped with the following at a minimum: stainless steel table, chair, secure container for sharps that is not easily removable, sink, soap, hand sanitizer, antiseptic cleaning wipes and paper-towel in a dispenser.

**Principle 1.3.2** The injection room must have the following clean and sterile injection supplies for client use, including but not limited to: needles for client self-injection (intravenous, intramuscular and subcutaneous), tourniquets, alcohol swabs, bandages and cotton swabs.

**Principle 1.3.3** The injection room must have the following equipment for assessment and overdose management: adequate naloxone and related supplies (e.g., needles, etc.), breathalyzer, pulse oximeter, blood pressure monitor, oxygen, and bag valve mask.

**Principle 1.3.4** The injection room surfaces and equipment must be cleaned with appropriate disinfectant at the beginning and end of each day, and between each client use to prevent the spread of infection.

## **2.0 Receiving Injectable Hydromorphone Prescriptions**

### 2.1 Controlled Prescription Program Forms – Overview

**Principle 2.1.1** Injectable hydromorphone for maintenance prescriptions can only be accepted when written using a Controlled Prescription Program (“CPP”) form. When accepting prescriptions for injectable hydromorphone maintenance treatment, the iOAT trained pharmacist must ensure that CPP form is completed by the prescriber as set out in the CPP.

**Note:** A pharmacist does not have the independent authority to adapt a prescription for injectable hydromorphone maintenance treatment.

**Principle 2.1.2**

Injectable hydromorphone for maintenance prescriptions may only be received by facsimile if in accordance with section 7(3) of Schedule E.1 of the HPOA Bylaws. Verbal prescriptions for injectable hydromorphone maintenance treatment may be accepted where permitted under a CDSA Exemption or the Controlled Substances Regulations, in accordance with section 19(6.1) of the bylaws of the College under the *Pharmacy Operations and Drug Scheduling Act*.

**3.0 Processing Injectable Hydromorphone Prescriptions**

3.1 Assessment of a Prescription

**Principle 3.1.1**

Should a client present a prescription for a mood altering drug, including benzodiazepines and opioids, or if the pharmacist discovers that a mood altering drug is also being prescribed to the client in their review of the PharmaNet client record, they must contact both the prescriber of injectable hydromorphone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The pharmacist must document the outcome of the consultation(s) with the prescriber(s) and include it with the original prescription.

**Guideline:** Concurrent use of injectable hydromorphone with other depressants such as benzodiazepines is contraindicated, as combined effects can potentially result in fatal respiratory depression.

**Note:** Clients on injectable hydromorphone maintenance treatment are routinely co-prescribed other oral opioid agonist drugs. Consulting with prescribers ensures that they are aware that the client is currently receiving injectable hydromorphone maintenance treatment.

3.2 PharmaNet Records

**Principle 3.2.1**

The prescribed injectable hydromorphone dose (in both mg and mL) and dose frequency must be entered in the 'sig' field for each client on PharmaNet. Any injectable hydromorphone dose that has been processed but is not self-administered by the client on the prescribed day is considered cancelled and must be

reflected accurately on PharmaNet **before the end of the business day.**

**Guideline:** It is imperative that the PharmaNet client record reflects accurate and current information in terms of self-administered injectable hydromorphone doses as other health professionals rely on this information in making treatment decisions.

**Example:** Client presents a valid prescription for injectable hydromorphone for supervised injection, stating 125 mg three times daily. Using commercially prepared single use vials of 50mg/mL hydromorphone, each dose corresponds to 2.5mL. Each vial is 1mL. Therefore, 3 X 1mL vials are needed to prepare each dose.

In this example, the sig field should contain something similar to: '125mg (2.5mL) three times daily supervised injection'.

The client is injecting a total of 7.5mL per day. However, three vials are needed to prepare each dose. So, the total amount dispensed would be 9mL.

At the end of the day, it is expected that the total quantity posted on PharmaNet accurately reflects what was dispensed. If this client attended and received two doses but missed one, the total amount on PharmaNet at the end of the day should be 6mL.

**When viewing client profiles on PharmaNet, care must be taken to distinguish between dose prescribed and quantity dispensed, as there may be discrepancies between the two due to vial size and wastage from dose preparation.**

## **4.0 Releasing Injectable Hydromorphone Prescriptions**

### 4.1 Releasing a Prescription

#### ***Principle 4.1.1***

An iOAT trained pharmacist must release the injectable hydromorphone dose to a client. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

## 4.2 Pre-Injection Assessment

### **Principle 4.2.1**

Prior to releasing an injectable hydromorphone dose, an iOAT trained pharmacist must complete a pre-injection assessment of the client to assess for signs of intoxication, including severe agitation, dyskinesia, sedation, slurred speech, or smelling of alcohol. The iOAT trained pharmacist who conducts this assessment must document this by signing a client/prescription specific log. If the client is intoxicated, the dose must be postponed or withheld and this must be documented and included with the original prescription. The prescriber must be notified.

**Guideline:** The Pre-Injection Assessment Checklist form ([Appendix J](#)) can be used for the pre-injection assessment. The Part-Fill Accountability Log form ([Appendix E](#)) can be used for the client/prescription specific log.

If the initial assessment results in suspicion of recent use of psychoactive substances, the iOAT trained pharmacist should discuss with the client if they have consumed illegal or non-medical drugs (including any non-prescribed pharmaceutical drug) or alcohol. Where observation warrants further assessment for alcohol intoxication (e.g., slurred speech, unsteady gait, or smelling of alcohol), the iOAT trained pharmacist may administer breathalyzer testing to check that the client's blood alcohol level does not exceed 0.05%.

**Note:** BCCSU's "Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder" requires a minimum of three hours between doses.

## 4.3 Dose Preparation

### **Principle 4.3.1**

If after the pre-injection assessment, the iOAT trained pharmacist deems the client fit, the injectable hydromorphone dose may be prepared.

### **Principle 4.3.2**

Best practices and established standards for preparing and handling injections must be followed.

**Principle 4.3.3**

Injectable hydromorphone for maintenance must be dispensed to clients as an approved, commercially available single-use vial formulation.

**Principle 4.3.4**

Single-use vial formulation allows only one needle puncture per vial. Any unused injectable hydromorphone remaining in the vial must be rendered unusable at the time of dose preparation according to Principle 4.3.6. This principle must be followed unless the preparation is done according to Principle 4.3.5.

**Principle 4.3.5**

Vials can be used for a maximum of two needle punctures when preparing syringes for the same client (e.g., client specific dose), only if the most recent version of NAPRA “Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations” is followed. Any unused injectable hydromorphone remaining in the vial must be rendered unusable by the end of beyond-use date (“BUD”) according to Principle 4.3.6.

**Note:** NAPRA “Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations” requires that preparation be done in a primary engineering control (PEC) (e.g., laminar airflow workbench or compounding aseptic isolator) that maintains ISO Class 5 air quality. Once the single-use vial is punctured in the PEC, the BUD of the drug remaining in the vial is **6 hours**.

In addition to equipment, facility and BUD requirements noted above, it is important to note that there are numerous requirements set out in the NAPRA “Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations” (i.e., labelling, personnel, policy and procedure requirements, etc.) which must be met to prepare the dose under Principle 4.3.5 to ensure client safety. Otherwise, Principle 4.3.4 must be followed.

**Principle 4.3.6**

Prior to being rendered unusable as per Principles 4.3.4 or 4.3.5, any unused drug in vials from dose preparation must be documented in the client/prescription specific log. A pharmacist and one other health professional must sign off on this drug destruction. This documentation must be kept in accordance with CPBC filing retention requirements. Empty vials must be disposed of in a secure container for sharps.

**Guideline:** The goal is to alter or denature the drug to such an extent that consumption has been rendered impossible or improbable. It should be readily apparent that the resulting product has been safely rendered unusable.

The Part-Fill Accountability Log form ([Appendix E](#)) can be used for the client/prescription specific log.

#### 4.4 Prior to Releasing the Dose

**Principle 4.4.1**

Prior to releasing the injectable hydromorphone dose, the iOAT trained pharmacist must confirm the client's identity against the original prescription and verify that the correct quantity of the dose has been prepared in the syringe.

**Principle 4.4.2**

The client and iOAT trained pharmacist must acknowledge receipt by signing a client/prescription specific log. Every part-fill dispensed must be accounted for. The client/prescription specific log must be included with the CPP form. Once complete, it must be filed sequentially by the first prescription or transaction number assigned to the prescription. Every part-fill dispensed must be reviewable as a complete history on one document.

**Guideline:** The Part-Fill Accountability Log form ([Appendix E](#)) can be used for this purpose. Neither the pharmacist nor the client is permitted to pre-sign for future doses or backdate signing.

#### 4.5 Supervised Injection

**Principle 4.5.1**

An iOAT trained pharmacist must supervise the client self-administering the prepared dose of injectable hydromorphone, to address client safety and potential drug diversion issues. An iOAT trained pharmacist must be physically present in the injection room and directly monitor the client for the full duration of the self-administered injection. The client must never be left unattended in the injection room.

**Guideline:** Clients may inject intravenously, intramuscularly, or subcutaneously. For safety reasons, it is recommended that intravenous injection only be allowed in the upper extremities (hands or arms, no jugular use is permitted), while intramuscular

injections can be allowed in the deltoid, thighs, and gluteal muscles.

Under no circumstances may a professional licensee administer the dose of injectable hydromorphone to a client.

Assisting a client to self-administer an injection (for example, by steadying a client's hand) may place a health professional at high risk of a needle-stick injury. Part of the ongoing assessment of the client is ensuring their continued ability to safely self-administer an injection, and notifying the prescriber if the client can no longer do so.

***Principle 4.5.2***

If for any reason the client does not self-administer a full dose, the remaining drug in the syringe must be rendered unusable. A pharmacist and one other health professional must sign off on this drug destruction. This documentation must be kept in accordance with CPBC filing retention requirements. The iOAT trained pharmacist must estimate the amount of drug injected and note this on the client/prescription specific log. The prescriber must also be notified.

**Guideline:** The goal is to alter or denature the drug to such an extent that consumption has been rendered impossible or improbable. It should be readily apparent that the resulting product has been safely rendered unusable.

The Part-Fill Accountability Log form ([Appendix E](#)) can be used to document the amount of drug injected in the client/prescription specific log.

***Principle 4.5.3***

An iOAT trained pharmacist must only supervise one client self-administering a dose of hydromorphone at a time (i.e., a 1:1 pharmacist to client) ratio. The 1:1 ratio is needed to better ensure effective overdose response and emergency management.

**Guideline:** Staffing needs of the pharmacy should be considered when providing injectable hydromorphone treatment. While an iOAT trained pharmacist is required to monitor clients self-administering the dose of hydromorphone, appropriate supervision of the pharmacy premise is also needed, in compliance with legislative requirements.

**Principle 4.5.4** Any empty used syringes and needles must be immediately disposed of in a secure container for sharps in the injection room.

#### 4.6 Post-Injection Assessment

**Principle 4.6.1** Post-injection, the client must stay in the pharmacy for a minimum of 15 minutes, and within view of an iOAT trained pharmacist. Any refusal must be documented and the prescriber must be notified. After 15 minutes has elapsed, the iOAT trained pharmacist must conduct a post-injection assessment, observing any signs of intoxication including dyskinesia, sedation, slurred speech, agitation, or decreased respiration rate. If adverse events are observed, the pharmacist must notify the prescriber. The iOAT trained pharmacist who conducts this assessment must document this by signing a client/prescription specific log.

**Guideline:** The Post-Injection Assessment Checklist ([Appendix K](#)) can be used for the post-injection assessment. The Part-Fill Accountability Log form ([Appendix E](#)) can be used for the client/prescription specific log.

While awaiting the post-injection period to elapse, the client must remain within the view of an iOAT trained pharmacist. This may be in the separate injection room, a reception area or elsewhere within 25 feet from the perimeter of the dispensary.

If the client seems to be intoxicated, a pulse oximeter and/or a vital sign assessment should be completed and documented. If at any time during the post-injection assessment the iOAT trained pharmacist determines that the client requires medical attention, they should immediately call 911.

**Principle 4.6.2** If after the post-injection assessment, the iOAT trained pharmacist deems the client fit to leave the premises, then the client may do so.

## 5.0 Security and Reconciliation

**Principle 5.1.1** At the end of each day the secure container(s) for sharps must be kept in a locked area, such as a locked cage or cabinet that only professional licensees have access to.

**Principle 5.1.2** At the end of each day, a count and reconciliation for injectable hydromorphone must be conducted and signed off on by a pharmacist and one other regulated health professional. This documentation must be kept in accordance with CPBC filing retention requirements.

**Principle 5.1.3** The pharmacy must have a security camera in the injection room.

**Guideline:** Clients must be informed of the security camera, see *Professional Practice Policy 74 – Community Pharmacy Security* for more guidance.

## 6.0 Responding to Dosing Issues

### 6.1 Missed Doses

**Principle 6.1.1** If a client misses a dose, they cannot receive the missed dose at a later date.

**Principle 6.1.2** The prescriber must be notified of any missed doses before the next supervised injection. The notification document must be retained and filed with the prescription consistent with filing retention requirements.

**Guideline:** The OAT (Non-MMT) Pharmacist/Prescriber Communication form ([Appendix F](#)) can be used for this purpose.

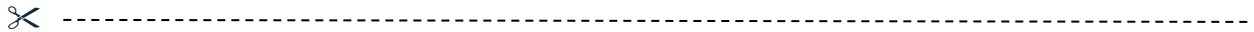
**Principle 6.1.3** If a client misses 9 consecutive sessions or 3 days (whichever is first), the prescription must be cancelled, and the prescriber notified of the cancellation. A new prescription is required for the next dose.

# APPENDIX E

## Part Fill Accountability Log

Client Name: \_\_\_\_\_ Drug: \_\_\_\_\_

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Client's signature
		Witnessed	Take Home	Total	Address	Time		



Client Name: \_\_\_\_\_ Drug: \_\_\_\_\_

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Client's signature
		Witnessed	Take Home	Total	Address	Time		

## APPENDIX F

### OAT (Non-MMT) Pharmacist/Prescriber Communication Form

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

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

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

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

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

#### For Prescriber's Information and Client Records

- This client missed their \_\_\_\_\_ dose on \_\_\_\_\_ (date).
- This client did not take their full daily dose today \_\_\_\_\_ (date) and consumed only \_\_\_\_ mg of the \_\_\_\_ mg prescribed dose.
- This client's dose has been held due to \_\_\_\_\_ (reason and date).
- This client lost or had their dose(s) stolen \_\_\_\_\_ (dates).
- This client's prescription has been cancelled due to \_\_\_\_\_ (number of missed doses).

#### Additional Information (Controlled Prescription Program Form may be attached here)

## APPENDIX G

### MMT Pharmacist/Prescriber Communication Form

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: \_\_\_\_\_

Prescriber ID: \_\_\_\_\_

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

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

Affix Controlled Prescription Program  
form here



## APPENDIX I

### Methadone Drug Interactions 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 client 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 client is stabilized on methadone and an interacting drug is initiated or discontinued that an interaction may occur.

Drugs that may lower plasma levels (i.e., increase the metabolism) of methadone include rifampin, barbiturates, phenytoin and carbamazepine.

Drugs that may increase plasma levels (i.e., decrease the metabolism) of methadone include ciprofloxacin and fluvoxamine.

Medications that might precipitate a withdrawal syndrome for clients on methadone must be avoided. These are mainly opioid antagonists such as pentazocine, butorphanol, nalbuphine, and naltrexone.

Pharmacists should not rely on PharmaNet to warn of a drug interactions for methadone. The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given client. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making client care decisions.

# APPENDIX J

## Pre-Injection Checklist

Patient Name:	Assessment Date and Time:
---------------	---------------------------

Yes   No   Unknown

        Severely anxious or agitated

        Dyskinetic

        Overly sedated

        Slurred speech

        Smells of alcohol

Baseline respiration rate: \_\_\_\_\_ breaths/minute

Pasero Opioid-induced Sedation Scale (POSS) level: \_\_\_\_\_

Breathalyzer required:  Yes    No

If yes, breathalyzer reading: \_\_\_\_\_

Notes:

# APPENDIX K

## Post-Injection Assessment Checklist

Name:			Assessment Date and Time:
Yes	No	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severely anxious or agitated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dyskinetic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overly sedated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slurred speech
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smells of alcohol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decreased respiration rate
Respiration rate: _____			
Pasero Opioid-induced Sedation Scale (POSS) level: _____			
Notes:			