

Professional Practice Webinar

Standards 101 & FAQ – Opioid Agonist Maintenance Treatment

August 21, 2018



Overview

- This webinar will include:
 - An overview of the major changes in the new Opioid Agonist Maintenance Treatment Standards.
 - A review of some Frequently-Asked Questions about the new Standards.
 - An opportunity for you to ask your questions about the new Standards.

New Sections Added to Document

- Ethical Considerations
- Slow-release Oral Morphine (SROM)

Other Significant Changes

- Name change
- Education program
- Focus on pharmacists' role
- New required orientation to OAMT Standards Program
- Updated operational standards section
- Removal of clinical information
- Buprenorphine / Naloxone witnessed ingestion process
- More detail in Provision of OAMT in hospitals section

Frequently-Asked Questions



Where can I find appropriate clinical education?

- Self-education
 - Review of product monographs, clinical practice guidelines, CAMH resources, etc.
- Examples of clinical education programs are included in the Standards:
 - Buprenorphine-Assisted Treatment of Opioid Dependence for Frontline Clinicians, CAMH
 - Online Addiction Medicine Diploma Program, British Columbia Centre on Substance Use
 - Opioid Dependence Treatment Core Course, CAMH
 - Suboxone Training Program (<http://www.suboxonecme.ca/>)

Is there also education available for my pharmacy support staff to complete?

- Pharmacy Technicians
 - Orientation program approved by the Board
 - Any additional education and training that is necessary to understand the scope of their role in the provision of OAMT
 - Programs listed on previous slide
 - The Opioid Dependence Treatment: Essential Knowledge for Pharmacy Technicians course, CAMH

- **It is the responsibility of the PIC to ensure that all pharmacists, pharmacy technicians and other support staff are appropriately trained and understand the scope of their role in the provision of OAMT**



What new references should I know about?

- Required references
 - CAMH Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guideline
 - **Canadian Research Initiative in Substance Misuse (CRISM) National Guidelines for the Clinical Management of Opioid Use Disorder (2018)**
 - College of Physicians of Newfoundland and Labrador (CPSNL) Methadone Maintenance Treatment Standards and Guidelines
 - CPSNL Practice Guideline: Suboxone® for Opioid Dependence
 - **A Guideline for the Clinical Management of Opioid Use Disorder, British Columbia Centre on Substance Use (2017)**
 - Opioid Agonist Maintenance Treatment, 3rd edition



What new references should I know about?

- Other references that may be helpful:
 - Addiction Treatment Forum website- www.atforum.com
 - Combined List of Drugs That Prolong QT and/or Cause Torsades de Pointes (TDP), Crediblemeds.org- <http://www.crediblemeds.org/pdftemp/pdf/CombinedList.pdf>
 - Mental Health and Addiction 101 Series, CAMH- <https://www.camh.ca/en/health-info/mentalhealth-101>



Do I still have to confirm prescriber eligibility?

- Federal exemption (Health Canada) to prescribe, administer, sell, or provide methadone was removed on May 19, 2018
- Eligibility requirements to prescribe OAMT are determined by provincial regulatory bodies
 - CPSNL
 - ARNNL
- Pharmacists are not required to confirm a physician's eligibility with CPSNL
- Pharmacists can confirm a nurse practitioner's eligibility to prescribe methadone or buprenorphine/naloxone for OAMT
 - Member search page of the ARNNL website: <https://www.arnnl.ca/member-search>



Are pharmacists required to keep a manual perpetual inventory for OAMT medications?

- No, but must be able to maintain an accurate perpetual inventory
 - Can be challenging for methadone stock solution, depending on limitations of practice management system
 - A sample *Methadone Perpetual Inventory Record and Dose Preparation Log* has been included the appendices
- This is not a new requirement
 - SOPOs require a computerized or manual perpetual inventory for all narcotics and controlled drugs, as well as auditability and traceability for all steps of the dispensing process

Are there any maximums for the number of take-home doses that can be prescribed?

- Pharmacists must be familiar with up-to-date clinical practice guidelines and standards of practice for the provision of take-home doses in order to assess the appropriateness of prescriptions
 - Clinical practice guidelines and product monographs outline eligibility criteria and recommendations for initiating and reassessing take-home dose permissions
 - Standards outline a list of reflective questions for pharmacists when assessing prescriptions

Do take-home doses of bup/nal need to be packaged separately?

- Professional judgement
 - The decision to dispense buprenorphine/naloxone in a single vial versus individual doses in multiple vials is dependent upon prescriber instruction and patient specific factors such as understanding of how to take the medication, ability to safely store multiple vials, patient preference, and demonstrated adherence
 - Pharmacists must confirm patients' understanding of dosing instructions prior to releasing take-home doses
 - Patients should verify the number of take-home doses provided at the time of provision

Are patients *required* to have a witnessed dose of bup/nal prior to releasing take-home doses?

- Not specifically stated in Standards
 - Clinical practice guidelines and patient-specific factors inform this decision
- If the prescriber's intentions regarding indication for use or witnessing are unclear, the pharmacist must consult with the prescriber to clarify, and the outcome of this clarification must be documented and included with the original prescription and noted in the patient's medication profile
- If pharmacists see take-home doses being prescribed outside of usual recommendations, they should consult with the prescriber, re-assess the appropriateness of take-home doses based on the additional information obtained, and document the rationale for providing take-home doses in the patient record

Summary

- This webinar:
 - Highlighted differences between the new Standards and the previous version
 - Reviewed the most FAQs received by NLPB
- Registrants are expected to be familiar the updated Standards for Safe and Effective Provision of OAMT
- Registrants can contact NLPB at any time with questions about the updated Standards

Now Its Time for Your Questions...

