



PRACTICE DIRECTION

Prescribing Methadone or Buprenorphine/naloxone

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Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide registrants with respect to the subject matter relevant to the practice of medicine. Practice Directions provide more detailed information than contained in *The Regulated Health Professions Act*, Regulations, Bylaws, and Standards of Practice issued by CPSM. All registrants must comply with Practice Directions, per s. 86 of *The Regulated Health Professions Act*.

The following is an area of practice that requires approval from the Registrar prior to practice.

This Practice Direction is made under the authority of s. 85 of the RHPA with specific reference to s. 5.9 to 5.11 of the CPSM General Regulation.

1. Approval from the Registrar is required to prescribe methadone or buprenorphine/naloxone
 - 1.1. In accordance with s. 5.9 to 5.11 of the CPSM General Regulation, a registrant must obtain approval from the Registrar, in an approved form, to prescribe methadone or buprenorphine/naloxone.
 - 1.2. The following details in the initial application sections constitute the approved form.
2. The Registrar's approval to prescribe methadone or buprenorphine/naloxone is based on the following criteria:
 - 2.1. Prescribing methadone for opioid use disorder
 - 2.1.1. Initial application
 - 2.1.1.a. The Registrar may approve a physician to prescribe methadone for opioid use disorder if the following criteria are met:
 - 2.1.1.a.i. The applicant must apply in writing for approval to prescribe methadone for opioid use disorder.
 - 2.1.1.a.ii. The applicant must supply the name of two physician referees who must be contacted directly by CPSM for the reference. The references received must be satisfactory to the Registrar.
 - 2.1.1.a.iii. The applicant must successfully complete a methadone course approved by the Registrar.
 - 2.1.1.a.iv. Upon completion of the course, the applicant must spend at least four half days working directly with a supervising physician approved by CPSM. At the end of that period the medical consultant overseeing the Prescribing Practices

Program must provide a written opinion to CPSM that the applicant has met the criteria to prescribe methadone for opioid use disorder.

2.1.2. Renewal

2.1.2.a. An approval is valid until its expiry date. Irrespective of the date of its issue, all approvals shall expire on June 1, 2021 and, if renewed, every three years thereafter. To receive a renewed approval from the Registrar to prescribe methadone for opioid use disorder, a physician must demonstrate relevant, ongoing prescribing of opioid agonist therapy and compliance with a continuing professional development program relevant to prescribing methadone for opioid use disorder.

2.2. Prescribing methadone for analgesia

2.2.1. Initial application

2.2.1.a. The Registrar may approve a physician to prescribe methadone for analgesia if the following criteria are met:

2.2.1.a.i. The applicant must apply in writing for approval to prescribe methadone for analgesia.

2.2.1.a.ii. Supply the name of two referees who must be supervising physicians from the applicant's palliative care or anesthesia training program and who must be contacted directly by CPSM for the reference. The references received must be satisfactory to the Registrar.

2.2.1.a.iii. The applicant must meet one of the following:

- provide proof, satisfactory to the Registrar, that they held an approval to prescribe methadone from a medical regulatory authority in another Canadian jurisdiction before moving to Manitoba, and that they are in good standing in that jurisdiction; or
- provide proof, satisfactory to the Registrar, that they have met the specific educational requirements approved by CPSM to prescribe methadone in a personal care home setting, and they agree to limit methadone prescribing to that setting.

2.2.2. Renewal

2.2.2.a. An approval is valid until its expiry date. Irrespective of the date of its issue, all approvals shall expire on June 1, 2021 and, if renewed, every three years thereafter. To receive a renewed approval from the Registrar to prescribe methadone for analgesia, a physician must demonstrate participation in continuing professional development relevant to prescribing methadone for analgesia.

2.3. Prescribing methadone for analgesia for palliative care

2.3.1. Initial application

2.3.1.a. The Registrar may authorize a physician to prescribe methadone for analgesia for palliative care if the following criteria are met:

2.3.1.a.i. The applicant must apply in writing to the Registrar for approval to prescribe methadone for analgesia for palliative care.

2.3.1.a.ii. Supply the name of two referees who must be supervising physicians from the applicant's palliative care or anesthesia training program and who must be contacted directly by CPSM for the reference. The references received must be satisfactory to the Registrar.

2.3.1.a.iii. The applicant must meet one of the following:

- provide proof, satisfactory to the Registrar, that they held an approval to prescribe methadone for analgesia for palliative care in another Canadian jurisdiction before moving to Manitoba, and that they are in good standing in that jurisdiction; or
- provide proof, satisfactory to the Registrar, that they have successfully completed the online methadone for Pain in Palliative Care learning module at <http://www.methadone4pain.ca/>.

2.3.1.b. The Registrar must impose the following conditions on the recipient of an approval:

2.3.1.b.i. For the first five methadone prescription starts under this approval, the physician is required to contact the on-call WRHA Palliative Care physician through St. Boniface Hospital Paging at (204)-237-2053. This support is available 24/7. The situation and the plan for methadone prescribing is to be reviewed with the palliative care physician, who will provide advice as needed.

- 2.3.1.b.ii. The palliative care physician is required to chart the discussion and recommendations in the patient's palliative care electronic health record.
 - 2.3.1.b.iii. The physician receiving the advice is required to chart the interaction, advice received, and course of action taken. With ongoing changes in prescription, the physician should call a palliative care physician for advice if any concerns arise.
 - 2.3.1.b.iv. When the mentorship phase is completed (after five prescription starts), the physician may prescribe methadone without the requirement to review with a palliative care physician. Nonetheless, the WRHA palliative care physician group is available on a 24/7 basis for advice regarding palliative methadone prescribing (or for any other clinical palliative care advice).
- 2.3.2. Renewal
- 2.3.2.a. An approval is valid until its expiry date. Irrespective of the date of its issue, all approvals shall expire on June 1, 2021 and, if renewed, every three years thereafter. To receive a renewed approval from the Registrar to prescribe methadone for analgesia for palliative care purposes, a physician must demonstrate participation in continuing professional development relevant to prescribing methadone for analgesia for palliative care.
- 2.4. Prescribing buprenorphine/naloxone for opioid use disorder
- 2.4.1. Initial Application
 - 2.4.1.a. The Registrar may approve a physician to prescribe buprenorphine/naloxone for opioid use disorder if the following criteria are met:
 - 2.4.1.a.i. The applicant must apply in writing to the Registrar for approval to prescribe buprenorphine/naloxone for opioid use disorder.
 - 2.4.1.a.ii. The applicant must be registered to prescribe drugs through the Manitoba Prescribing Practices Program (M3P).
 - 2.4.1.a.iii. Applicants must have completed a recognized course for prescribing buprenorphine/naloxone approved by CPSM. This can be either a course offered by recognized experts in addiction medicine such as that offered by CPSM or the Canadian Society of Addiction Medicine, or an on-line course not associated with the pharmaceutical industry

such as the Centre for Addiction and Mental Health (CAMH)'s Buprenorphine-Naloxone Treatment for Opioid Use Disorder course or the Online Addiction Medicine Diploma offered by the British Columbia Centre on Substance Use.

- 2.4.1.a.iv. Upon completion of the course, the applicant must declare to CPSM which of the two routes outlined below they are pursuing:

Route A. The candidate must spend at least one-half day working directly with a supervising physician approved by CPSM. At the end of that period the medical consultant overseeing the Prescribing Practices Program must provide a written opinion to CPSM that the applicant has met the criteria to prescribe buprenorphine/naloxone for opioid use disorder. The applicant must agree to participate in the CPSM prescriber mentorship program for at least the first year of prescribing buprenorphine/naloxone.

Route B. The Registrar must impose the following conditions on the recipient upon authorization of a conditional prescribing approval:

Applicants who have not previously prescribed buprenorphine/naloxone for the treatment of opioid use disorder must have their first five starts mentored by a physician licensed in Manitoba who has experience in prescribing buprenorphine/naloxone.

Mentorship can be through the Rapid Access to Consultative Expertise (RACE) substance use disorders line (when available). Alternately, the physician may choose to work with another physician, approved by CPSM, with experience prescribing buprenorphine/naloxone, who agrees in writing to serve as a mentor to the physician. The physician and the mentor must both ensure that each of them creates and maintains appropriate documentation of the discussion and recommendations.

Once mentorship is completed, appropriate documentation must be sent to the Registrar of CPSM by the mentor indicating that the applicant physician can prescribe buprenorphine/naloxone without further supervision.

2.4.2. Exemption from application criteria

2.4.2.a. Physicians who have extensive experience prescribing buprenorphine/naloxone in other jurisdictions are exempt from conditions imposed in 2.4.1.a.iv B. below provided that the physician includes appropriate documentation of their experience as part of their application to the Registrar in subsection 2.4.1. above and proof that they are in good standing in that jurisdiction.

2.4.3. Renewal

2.4.3.a. An approval is valid until its expiry date. Irrespective of the date of its issue, all approvals shall expire on June 1, 2021 and, if renewed, every three years thereafter. To receive a renewed approval from the Registrar to prescribe buprenorphine/naloxone for opioid use disorders, a physician must demonstrate relevant, ongoing prescribing of opioid agonist therapy and participation in continuing professional development relevant to prescribing buprenorphine/naloxone for opioid use disorders.