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Recommendations for In-Hospital Prescribing of Methadone for Palliative Care Analgesia

The following recommendations apply to the **prescribing of methadone for analgesia in the context of palliative care**, specifically who can prescribe this medication in hospital. This guidance was developed in collaboration with regional palliative care leadership, drawing on the consultative support available through the Winnipeg Regional Health Authority (WRHA) Palliative Care on-call service. The College of Pharmacists of Manitoba (CPhM) was also consulted and reviewed this document.

This guidance *does not* apply to the prescribing of methadone for analgesia, or to the prescribing of methadone for the treatment of opioid use disorder.

PRESCRIBING APPROVALS FOR METHADONE

Please note that the federal methadone exemption no longer exists. Methadone prescribing approvals are now provincially regulated by the prescriber's respective regulatory authority. In Manitoba, this includes the College of Physicians & Surgeons of Manitoba (CPSM) for physicians and the College of Registered Nurses of Manitoba (CRNM) for RN(Nurse Practitioners). Nurse Practitioners can contact CRNM directly for guidance on prescribing methadone, as outlined in the CRNM resource Prescribing Controlled Drugs and Substances.

As outlined in the CPSM Practice Direction for Prescribing Methadone, separate prescribing approvals can be granted to **physicians** for:

- Methadone for analgesia,
- Methadone for analgesia in the context of palliative care, and/or
- Methadone for opioid use disorder (OUD).

Physicians must hold the corresponding prescribing approval(s) to prescribe methadone for the respective indication(s).

As noted, the recommendations herein apply *specifically* and *only* to the inpatient prescribing of methadone for palliative care analgesia. Similar guidance has yet to be developed for prescribing methadone for analgesia. Guidance for prescribing methadone (and buprenorphine/naloxone) for OUD is available in the Manitoba Opioid Agonist Therapy Recommended Practice Manual, specifically the In-Hospital Care chapter.

PRESCRIBING METHADONE FOR PALLIATIVE CARE IN HOSPITAL

These recommendations for in-hospital prescribing of methadone for palliative care analgesia are intended to support patient care for hospital administrators, care providers, and regulators. Guiding principles include access to care, continuity of care, equity, patient safety, and optimal utilization of current expert resources.

Continuing Care In-Hospital

A licensed physician practicing in a hospital in Manitoba *does not* need to apply for an approval to prescribe methadone for **continuation of treatment** as long as the patient is:

- An inpatient of the hospital,
- Under their care,
- Currently on methadone for palliative care analgesia in the community, and
- Prescribed the *same dose* or a *lower dose* as in the community.

For methadone dose increases, new starts, or restarts in hospital, including take-home/pass med recommendations, please refer to the sections below. Historically, a methadone prescribing approval was required for a physician to start or titrate methadone for palliative analgesia in hospitalized patients; the sections below provide an alternative solution to support these patients through consultation with the WRHA Palliative Care on-call team.

Dose Increases

Methadone dose increases for palliative care analgesia are permitted in hospital if the licensed physician caring for the patient documents a discussion with the patient's community methadone prescriber or a physician member of the WRHA Palliative Care consult team. The on-call palliative care physician can be reached by contacting St. Boniface Hospital paging at 204-237-2053 (available 24/7).

The inpatient order needs to include the phrase "as discussed with Dr. _____ (name of the approved methadone prescriber with whom the increase was discussed)".

New Starts

New methadone starts (inductions) for palliative care analgesia are permitted in hospital if the licensed physician caring for the patient documents a discussion with a physician member of the WRHA Palliative Care consult team. The on-call palliative care physician can be reached by contacting St. Boniface Hospital paging at 204-237-2053.

These on-call physicians have the expertise to determine if a methadone start for palliative care analgesia, by an inexperienced prescriber, is advisable with phone guidance from the WRHA Palliative Care team. Several factors should be considered in this decision, including the patient's overall health and medication regimen, current acute medical and mental health conditions, the hospital environment, inpatient care resources and staffing level, as well as **available options for continuing methadone for palliative care in the patient's home community post discharge**.

A virtual consultation may be suggested by the consulting physician to facilitate an enhanced remote patient assessment and appropriate care recommendations. However, this is at the discretion of the consulting physician and not a requirement.

Inpatient orders for new starts need to include the phrase "as discussed with Dr. _____ (name of the approved methadone physician from the WRHA Palliative Care consult team)".

Restarts

In this context, a restart is defined as a methadone induction in an inpatient who was prescribed methadone for palliative care analgesia in the community during the **30 days *preceding* hospital admission** AND **methadone treatment was *discontinued* for a minimum of 3 days prior to the admission date**.

Given that tolerance to methadone is lost rapidly after doses are not taken for 3 consecutive days or more, the previous dose would not typically be resumed. The on-call palliative care physician can take this loss of tolerance into account, along with other relevant clinical/collateral information, to determine a suitable induction and titration dosing schedule for the patient restarting methadone.

Methadone restarts for palliative analgesia are permitted in hospital if the licensed physician caring for the patient documents a discussion with a physician member of the WRHA Palliative Care consult team. The on-call palliative care physician can be reached by contacting St. Boniface Hospital paging at 204-237-2053.

These on-call physicians have the expertise to determine if a methadone restart for palliative analgesia, by an inexperienced prescriber, is advisable with phone guidance from the WRHA Palliative Care team. Several factors should be considered in this decision, including the patient's overall health and medication regimen, previous methadone dosing and effectiveness, reason for initial discontinuation, current acute medical and mental health conditions, the hospital environment, inpatient care resources and staffing level, as well as **available options for continuing methadone for palliative care in the patient's home community post discharge**.

Inpatient orders for restarts need to include the phrase "as discussed with Dr. _____ (name of the approved methadone physician from the WRHA Palliative Care consult team)".

Discharge Prescriptions for Methadone

Hospital teams need to notify the patient's community pharmacy and community-based methadone prescriber/clinic of the admission on the first day of admission, or as soon as possible thereafter, to facilitate coordination of a discharge prescription and to notify them that the current methadone prescription must be put on hold or cancelled if needed.

It is important for hospital teams to note that **only an approved methadone prescriber for palliative care analgesia may provide a methadone discharge prescription for that indication for continuing care at a community pharmacy** (utilizing the M3P format via an approved method as outline in *Faxing M3Ps* below). It is therefore important to involve the patient's community pharmacy and community prescriber/clinic in discharge planning *as early as possible*. This communication should **not** happen only at the time of discharge if it can be avoided, especially if a new M3P discharge prescription is needed to facilitate safe discharge.

For hospital admissions during which **no dose changes occurred** for existing methadone prescriptions, the community pharmacy may be able to reactivate the patient's existing methadone prescription that was put on hold during admission, if the end date on the prescription has not lapsed. This needs to be confirmed by the inpatient team (inpatient pharmacist or treating physician if no pharmacist available) prior to discharge, to ensure continuity of care upon discharge.

If a dose change occurs during admission, the inpatient team is responsible for notifying the patient's community pharmacy of the dose change as soon as possible. The pharmacy can then cancel their prescription that was put on hold and try to acquire a new prescription for discharge in case the patient comes to the pharmacy unexpectedly (e.g., they discharge themselves).

In general, a discharge prescription can be arranged by contacting the patient's community methadone prescriber to request that a new prescription be sent to the patient's pharmacy. Collaboration must occur between the community pharmacy and the inpatient team to obtain a new prescription from the community prescriber.

As above, part of the decision to pursue a new methadone start or restart for an inpatient **should include a feasible plan for continuing palliative care methadone in the patient's home community post discharge**, and arranging for a bridging prescription and appropriate follow up.

For patients registered on a provincial palliative care program, or for those on whom the WRHA palliative care on-call physician was consulted, the consulting palliative care physician may arrange for the M3P methadone prescription for discharge.

Clinical Assistants & Physician Assistants

A clinical assistant (Cl.A) or physician assistant (PA) cannot independently prescribe methadone and cannot provide a discharge prescription for these medications.

Inpatient orders for continuing care, dose increases, new starts, or restarts of methadone may be signed by a Cl.A or PA if they include the phrase "as discussed with attending physician" on the signature line. Such orders require a documented conversation with the supervising attending physician (that demonstrates the attending is fully aware of the methadone order) and these orders **need to be co-signed by the attending physician as soon as possible and within 48 hours**.

The same requirements as for attending physicians apply to Cl.As and PAs in terms of the need for a documented conversation with an approved methadone prescriber as outlined above for dose increases, new starts, and restarts of methadone for palliative care analgesia for inpatients.

Residents

Residents cannot independently prescribe methadone and cannot provide a discharge prescription for these medications.

Inpatient orders for continuing care, dose increases, new starts, or restarts of methadone may be signed by a resident if they include the phrase "as discussed with attending physician" on the signature line. Such orders require a documented conversation with the attending physician (that demonstrates the attending is fully aware of the methadone order) and **need to be co-signed by the attending physician as soon as possible and within 48 hours**.

The same requirements as for attending physicians apply to residents in terms of the need for a documented conversation with an approved methadone prescriber as outlined above for dose increases, new starts, and restarts of methadone for palliative care analgesia for inpatients.

Physicians who have Completed a Primary Residency Program

Physicians in a residency program that hold a full licence, but who are not CPSM-approved prescribers of methadone for palliative care analgesia, must follow the same requirements as all other licensed physicians/attending physicians in hospital. Physicians in a residency training program who hold a full licence and who *are* CPSM-approved to prescribe methadone for palliative care analgesia can order continuing care, dose increases, new starts, and restarts of methadone for the indication of palliative analgesia.

Only residents with a full licence and CPSM approval to prescribe methadone for palliative care analgesia can provide a discharge prescription for methadone.

Pass-Med Methadone Doses for Inpatients

A licensed physician, at their discretion, can prescribe a take-home or "pass-med" methadone dose to an inpatient who is temporarily leaving the hospital and is later returning to the hospital. One or more methadone dose(s) must be dispensed by the hospital pharmacy and the patient must still be a patient of the hospital.

Methadone should only be provided as a pass med if the patient was previously taking home methadone doses in the community, and it remains safe to do so. If the hospital prescriber is in doubt, pass-med methadone doses should first be discussed with the treatment team, community prescriber, and the patient's family/supports. The hospital pharmacy should notify the community pharmacy of any such pass meds provided to prevent double dosing.

Hospitals cannot provide take-home methadone doses to facilitate discharge. A discharge prescription needs to be arranged as outlined above *before* discharge can occur.

Cl.As, PAs, residents, and fellows with an educational licence can sign pass med orders for methadone if they include the phrase "as discussed with attending physician" on the signature line. Such orders require a documented conversation with the attending physician and **need to be co-signed by the attending physician as soon as possible and within 48 hours**.

A Note on Faxing M3Ps

Methadone is a drug covered by the Manitoba Prescribing Practices Program (M3P), and therefore prescriptions must be written in one of the approved M3P formats. Since the COVID-19 pandemic, it has been permissible to fax prescriptions for all drugs on the M3P schedule directly to the patient's pharmacy of choice, *without sending the original*.

The following resources are available electronically by contacting the CPSM Prescribing Practices Program (phone 204-774-4344):

- Guidance on approved methods and formats for faxing M3P medications.
- Templates for faxing that can be tailored to prescribers' practice locations.
- Guidance for Palliative Care M3P Prescriptions During the COVID-19 Pandemic.

Please note these instructional resources are not available online for forgery prevention.

M3P prescriptions can now be faxed as the M3P form (from the duplicate prescription pad) affixed to a template, or the provider can generate an EMR or handwritten prescription for faxing, **provided all requirements are met per the M3P form**, including the:

- Patient demographics (name, address, PHIN, DOB),
- Name, daily dosage of the drug (in numbers and words), and frequency, e.g., methadone 5 (five) mg TID,

- Specified quantities for dispensing at specified intervals, e.g., 90 tablets for 30 days,
- Total quantity of the drug to be dispensed (in numbers and words), e.g., 450 (four hundred and fifty) mg,
- Therapeutic indication, e.g., analgesia in the context palliative care,
- Directions for use,
- Any special instructions specific to the patient,
- Date prescribed, and
- Signed by an approved prescriber for methadone for palliative care analgesia.

Additionally, the requirements outlined in the Joint Statement for Facsimile Transmission of Prescriptions must be met when M3P methadone prescriptions are faxed, including the usual signed certifications indicating that:

i. The prescription represents the original of the prescription drug order,
ii. The addressee is the only intended recipient and there are no others, and
iii. The original prescription will be invalidated, securely filed, and not transmitted elsewhere at another time.

The original hardcopy M3P prescription *does not* need to be mailed or couriered to the pharmacy. Once successfully faxed, the original M3P prescription essentially becomes a "copy" and should be labelled as such before being added to a paper chart or scanned into an electronic medical record. The faxed M3P prescription received by the pharmacy is now regarded as the original valid M3P prescription.

Do not provide the original hardcopy M3P prescription to the patient to take to the pharmacy if it has been faxed. This prevents the patient from potentially taking the original hardcopy M3P prescription to a second pharmacy, other than the intended pharmacy.

Methadone prescribers are **strongly encouraged to provide their cell numbers** (or on-call number for a prescriber group) on *all* prescriptions to facilitate timely communication regarding urgent prescription issues and to minimize delays in patient care. These numbers can be marked as "private" to indicate to the pharmacy team that they should not be shared with patients.