College of Physicians and Surgeons of British Columbia

Practice Standard

Prescribing Methadone

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Related topic(s):	Safe Prescribing of Opioids and Sedatives

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the *Health Professions Act*, RSBC 1996, c.183 (*HPA*) and College Bylaws under the *HPA*.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

PREAMBLE

This is a standard of the College of Physicians of Surgeons of British Columbia. This standard replaces the previous requirement that physicians wishing to prescribe methadone obtain an exemption to do so under section 56(1) of the *Controlled Drugs and Substances Act*.

Registrants are expected to comply with and be aware of section 2-3(3) of the Bylaws which state that a registrant must practise medicine within the scope of his or her training and recent experience, and must not engage in a medical practice that he or she is not competent to practise.

Registrants who have not previously had a section 56(1) exemption to prescribe methadone for analgesia or opioid use disorder must complete relevant training as noted below. Registrants must retain confirmation of completion of relevant education and training in the event of an inquiry related to their prescribing of methadone for either pain or opioid use disorder (OUD).

COLLEGE'S POSITION

1. Before initiating methadone treatment, registrants must ensure that a comprehensive, biopsychosocial evaluation of their patient including history, physical, and relevant investigations has been completed and documented. Frequent reassessments must be performed.
2. Patient safety is paramount. Methadone must only be initiated once the risks and benefits of treatment have been weighed and a clear rationale for its use is derived.
3. Registrants must develop a treatment plan that takes into account any risks identified during the patient's assessment.
4. Registrants must adhere to the College's *Safe Prescribing of Opioids and Sedatives* practice standard. In particular, decisions to prescribe methadone with other long-acting opioid agonists, or with benzodiazepine receptor agonists must be guided by a thoughtful and well-documented process including input by addictions specialists, psychiatrists, or pain specialists where needed.
5. Registrants must review a patient's medication profile, ask about over the counter medication use, and consult PharmaNet before prescribing methadone.
6. Registrants must clearly document the clinical indication as "for pain" or "for opioid use disorder." Appropriate duplicate prescription pads must be used.
7. Registrants must ensure continuity of care when patients transition between institutional environments and community.
8. Naloxone kits (e.g. take-home naloxone) must be discussed with and offered to the patient, and (where relevant) naloxone training discussed with friends, family, or other care providers.

PRESCRIBING METHADONE FOR OPIOID USE DISORDER (OUD)

1. Registrants who do not currently have a section 56(1) exemption, or have not prescribed in more than three years, must obtain relevant education and training through the BC Centre on Substance Use.
2. Registrants prescribing methadone for OUD must apply the clinical practice guidelines for the treatment of opioid use disorder established by the BC Centre on Substance Use.
3. Registrants must be able to make or confirm a diagnosis of OUD using DSM-5 diagnostic criteria.

4. In addition to OUD, registrants must have and maintain current knowledge around:
    a. other substance use disorders (SUDs), and be aware of the possible concurrent use of alcohol, benzodiazepines and other sedatives, stimulants, and other substances
    b. a range of treatment strategies for OUD and SUD
    c. harm reduction strategies for OUD and SUD
5. Registrants must advise patients of long duration of action of medication and potential for overdose during the period of dose initiation and stabilization, and the enhanced risk of overdose when combined with alcohol and other sedating substances. This risk extends to restarting after a period of abstinence and using additional opioids for treating pain.
6. Registrants prescribing methadone must do so in a manner that promotes patient and public safety (e.g. prescribe as daily witnessed ingestion until the patient has sufficient clinical stability and is able to safely store take-home ("carry") doses, as outlined in the clinical guidelines).

PRESCRIBING METHADONE FOR ANALGESIA

1. Registrants who do not currently have a section 56(1) exemption, or have not prescribed in more than three years, must obtain relevant education and training by completing the Methadone for Pain in Palliative Care online course, and have read the College's *Methadone for Analgesia Guidelines (currently under review).*

REFERENCES

College of Registered Nurses of British Columbia (CRNBC). *Scope of Practice for Nurse Practitioners, Part E: Opioid Agonist Treatment Prescribing for Opioid Use Disorder*; 2018 (30-32).