



## PRACTICE DIRECTION

### Prescribing Methadone or Buprenorphine/naloxone

**Initial Approval: November 22, 2018**

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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.
  - 1.3. Registrants must ensure they possess adequate knowledge, skills, and judgment to safely prescribe methadone or buprenorphine/naloxone.
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 CPSM.
        - 2.1.1.a.iv. Upon completion of the approved 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 the Registrar 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 the applicant has met the specific educational and training requirements approved by CPSM to prescribe methadone.

**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, 2022 and, if renewed, every three years thereafter. To receive a renewed approval from the Registrar a physician must demonstrate relevant, ongoing prescribing of methadone for analgesia and 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, 2022 and, if renewed, every three years thereafter. To receive a renewed approval from the Registrar a physician must demonstrate ongoing prescribing of methadone for analgesia for palliative care, and 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 ensure they possess adequate knowledge, skill, and judgment to prescribe buprenorphine/naloxone safely. While proof of the following is not required for approval, it is strongly recommended that the applicant complete the following and retain records of relevant training for future reference:
    - It is strongly recommended that the applicant complete a buprenorphine/naloxone course approved by CPSM. The applicant should contact CPSM for a list

of approved courses. Courses should not be associated with or sponsored by the pharmaceutical industry.

- Upon completion of the course, a period of mentorship is strongly recommended for the first year of prescribing. Mentors must be Manitoba licensed physicians who have experience in prescribing buprenorphine/naloxone and methadone (to discuss the spectrum of OUD care for complex cases). Clinical preceptorship (e.g. one or more half-day clinics) with the mentor can be pursued at the discretion of the mentor and mentee.

#### 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.iii provided the applicant 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.