KEY CHANGES

OPIOID AGONIST TREATMENT PRACTICE DIRECTIVE

The following list is intended as a guide for pharmacy professionals and pharmacies as they work to implement the requirements of the new Opioid Agonist Treatment (OAT) Practice Directive. This new Directive replaces the former Methadone Practice Directive published in 2012. Where possible, items below point to sections within the new Directive.

Key changes which will require resources to implement, or action are:

1. Educational requirements
    a. There is a *recommendation* that pharmacy managers and pharmacy professionals take advanced training if they are providing OAT (Section 2.1).
    b. *Mandatory education* is a requirement of any pharmacy professional providing Injectable Opioid Agonist Treatment (iOAT). The pharmacy manager (or their delegate), as well as one other pharmacy professional, **must** complete one of the resources for OAT found in Appendix B of the Directive. The rationale for this requirement is the patient group receiving iOAT is more complex and have higher risk factors and pharmacists serving these patients require a robust grounding in all facets of this area of practice.
2. New mandatory resources for all pharmacies providing OAT and/or iOAT (Section 2.2)
    a. Online resources are acceptable (i.e., no need for printing)
    b. The CAMH reference is not available online and must be purchased and be on site.
3. New form to notify the College
    a. Pharmacies which provide either buprenorphine/naloxone, methadone, Slow Release Oral Morphine (SROM) and/or iOAT must inform the College. This notification is available in the pharmacy's online profile with the College and pharmacy managers are responsible for maintaining accurate information.
    b. This is required even if a Methadone Hospital Pharmacy Registration Form or a Methadone Pharmacy Registration Form was previously submitted to the College.
4. New labelling requirements
    a. Doses prepared ahead of time of ingestion (Section 3.2.2.1): must be labelled
    b. Take-home (carry) doses (Section 3.2.2.2): requirements are very specific regarding what information must be entered on the first line of the "sig file".

Key changes which may require less resources for implementation:

1. Documentation
    a. Pharmacy managers and other pharmacy professionals must review Section 2.6, *Documentation*, and improve any current deficiencies in documentation.
    b. Templates for documentation of OAT requirements may be referenced here. Use of these documents is not required; they do, however, provide the required information which is to be included in similar forms created by pharmacy professionals.
2. Quality Management requirements are now included (Section 2.7).
3. Computer input of OAT prescriptions (Section 3.2.1)
    a. Includes a process for reversing prescriptions prior to the pharmacy closing if a patient misses their dose that day.

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    b. Includes a requirement for stop dates to be entered in the software.
4. Consistency in choice of a particular brand of stock solution is recommended (Section 3.2.3) as well as a recommendation that changes in brand be communicated to the patient.
5. Preparation and dispensing of SROM (Section 3.2.3): The 24-hour formulation must be used, the capsules must be opened and the pellets placed in a soft food prior to ingestion, as well as other information.
6. Post-administration monitoring of witness ingestion (Section 3.3.2.2): provides detailed information on what methods of monitoring are safe and appropriate.
7. Determination of maximum number of take-home doses (Section 3.3.2.3): provides new direction on balancing patient access with patient and community safety.
8. Extenuating Patient Circumstances (Section 3.3.3): guidance is provided to assist decision making about treatment.
9. Transfer of Custody (Section 3.3.6): provides expected outcomes when OAT doses are transferred to another health-care professional for patient administration.
10. Intermediary (Section 3.3.6): instructs on the pharmacist's responsibility when delivery of OAT doses is entrusted to an intermediary.
11. Transitions of Care (Section 4): pharmacy professionals are referred to the CAMH reference for direction on safe and effective transitions of care between community and institutional pharmacy services; detailed direction was within the previous Methadone Practice Directive.

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