



Information for Pharmacists

Acts, regulations, guidelines and policies

Methadone is subject to a number of regulations and guidelines such as the Controlled Drugs and Substances Act and the College of Physicians and Surgeons of Alberta Triplicate Prescription Program. Physicians must be specially authorized to prescribe.

Contact information

See the last page of this booklet for information on how to contact the Edmonton and Calgary ODP clinics.

This booklet describes some operational guidelines for pharmacists participating in the AADAC Opioid Dependency Program (ODP). It outlines our multidisciplinary approach to methadone treatment.

What is methadone maintenance treatment (MMT)?

Methadone maintenance is a treatment option for people addicted to opioids. On the correct dose of methadone, people do not experience withdrawal or cravings and are able to function normally (with no euphoria or drowsiness). Research supports MMT as a safe and effective form of long-term treatment.

Why does ODP use community pharmacies?

Community pharmacies are key partners in the delivery of methadone maintenance treatment. It is important that clients be able to receive their methadone at a pharmacy convenient for them. A community-based approach allows pharmacists to share their professional expertise, provide health education, and form supportive relationships with clients. Your involvement helps people on methadone maintenance live a normal life in the community.

What to expect when you get a new referral from ODP

For convenience, clients are assigned to a pharmacy close to their place of residence or place of work. ODP will call you ahead of time to brief you on the client's treatment. The prescription for methadone is typically faxed to you. The dose will be noted in numerical and written form on

a triplicate prescription. Please forward a copy to the College of Physicians and Surgeons.

When a client begins service through your pharmacy, we may ask you to courier the client's dose to the ODP clinic on a daily basis. (This is known as the "stabilization phase" of treatment.) On weekends and statutory holidays, the client will come to your pharmacy for their daily dose. Once the client's dose has been stabilized (usually after four to six weeks), we may arrange for the client to attend your pharmacy every day for their methadone dose. (If your pharmacy is closed on certain days of the week, clients can have a carry-home dose those days.) Once a client's life situation is stable, additional carry-home doses can be arranged through ODP.

Refer any client requests for a change in dose to the ODP clinic.

For best results, approach clients with a compassionate yet firm, professional attitude. You will be most effective if you are direct, open and frank when helping clients with their medication.

Sharing client information

The ODP program upholds an ethic of confidentiality. However, under the Health Information Act (HIA), if a client's safety is at risk, the professionals involved may exchange information. Because AADAC provides continuing care to ODP clients, pharmacists can share client health information with the AADAC ODP staff. Here are some examples of information that the HIA indicates can be shared:

- prescriptions for mood-altering drugs obtained from other physicians
- client's use of other drugs such as prescription medications, street drugs or alcohol (especially if the client appears to be under the influence)

IMPORTANT

Should a client appear to be under the influence of a mood-altering drug (e.g., exhibit slurred speech, have an unsteady gait, or smell of alcohol), you must decide whether the safety of the client would be at risk if the methadone were taken. Whatever you decide, keep ODP staff informed.

- urine toxicology testing results
- any other information relevant to the medical well-being of the client

Clients are aware of these limits on confidentiality.

Should a client appear to be under the influence of a mood-altering substance (e.g., the client exhibits slurred speech, has an unsteady gait, or smells of alcohol), you must decide whether the client's safety would be at risk if the methadone were taken. Whatever you decide, keep ODP informed.

Preparing methadone

To prepare a stock solution of methadone, dissolve the methadone crystals in distilled water at the strength of 2 to 10 mg per ml.

To prepare individual doses with a 2 mg per ml stock solution, measure the required amount of the stock solution (for example, a dose of 90 mg requires 45 ml of the stock solution), then q.s. to 100 ml juice preparation. Hand out in a disposable cup for on-site consumption.

You could prepare a more concentrated stock solution, such as 10 mg/ml, where a dosage of 90 mg requires 9 ml of this stock solution.

To make sure clients consume their dose on site and to prevent diversion to the street, it is good practice to

- fill the dosing cup to 100 ml with juice. A large volume is harder to divert
- ask clients to drink their medication in front of you
- start a conversation with clients after they've had their methadone
- ask clients to return the cup

Carry-home doses

Clients attending community pharmacies daily and who have demonstrated stability will be granted regular weekend carries (Friday, Saturday, Sunday). If clients are eligible to receive recurring carries, a client letter will be faxed to you. This information will also appear on future dated prescriptions.

Some clients have permission for additional regular carries (e.g., once or twice weekly pickups). ODP will advise you of these and it will appear on the future dated triplicate

prescription. It is expected that clients will consume their dose at the pharmacy on the days they pick up their carries.

Other ad hoc carries that are approved by the ODP team will be authorized by phone or fax to you.

ODP will cancel carries if we are concerned about client safety. We cancel carries if we are concerned about other drug use, if clients fail to show up for required urine tests, or if they fail to keep their medical appointments. We will fax you a letter to pass on to the client if carries are cancelled and will fax another letter for the client once they are reinstated.

Carry doses of methadone are individually prepared with juice (for use at a later date). Bottle these as individual doses and label as you would any other medication. We recommend that childproof safety caps be used on carry bottles. Clients should also be encouraged to return all empty carry bottles to the pharmacy for proper disposal.

Labelling of Doses

Labels must contain precise information, including the date the person is to consume the dose, the concentration and the amount of methadone in the total solution in the bottle. We recommend the following:

John Smith

Rx9011111

METHADONE SOLUTION 90mg/Bottle

Drink contents of bottle on:

WARNING: This medication is **toxic and will cause harm** if taken orally by anyone except the person named above.

(concentration used)

Prescribing physician

If a situation arises and you cannot contact the clinic for a consultation, use your own professional judgment to make a decision and notify the clinic staff as soon as possible.

Hospital admissions

If clients are suddenly hospitalized, AADAC continues to co-ordinate the clients' methadone treatment.

We will notify you of the client's hospital admission; if you are notified by the hospital first, help us stay involved by immediately contacting ODP.

Recommended practices

- Clients receive their methadone in person. The doses are not released to spouses, relatives or friends unless approved by ODP.
- Carries that are spilled, damaged, lost or stolen are not usually replaced. Clients are responsible for protecting their medication. Please notify ODP of such incidents.
- Upon consultation with ODP and when you receive a replacement prescription, you may replace the methadone if you or the client spills the entire dose and you witnessed the accident.
- Vomiting of dosages:
 - Do not replace any dose unless pharmacy staff witness the person vomiting the dose.
 - If the vomiting has been witnessed and you have consulted with ODP and received a replacement prescription, you can replace the dose as follows: replace a full dose if the vomiting occurred within 15 minutes of ingestion; replace a half-dose if the vomiting occurred within 15 to 30 minutes of ingestion.
- Clients who miss consuming/picking up methadone for three consecutive days are considered to have left the program. Cancel the methadone prescription and inform the ODP clinic. (Reduced tolerance after three days of missed dosing creates a risk of overdose.) The person will need to be reassessed before a new prescription will be provided.
- If a situation arises and you cannot contact the clinic for a consultation, use your own professional judgment to make a decision and notify ODP as soon as possible.

Cost and payments

Clients are responsible for the dispensing fee as they would be for any other prescription. Third-party billing is also applicable. Please consult Blue Cross, FNIHB or other forms of coverage for billing procedures (for example, when dispensing multiple doses).

Role of urine toxicology testing

There is potential for harmful drug interactions and risk of overdose when a person takes some other drugs while taking methadone. ODP conducts random urine testing to monitor clients' progress and to help keep them safe.

The frequency of urine testing varies with the stability of the individual. Collection occurs at the ODP clinic or other designated sites. The clinic will let you know when to inform a client they are due for a urine collection and we ask you to pass this information on when the client comes in for his or her dose. The client must be told no more than 24 hours in advance of the designated collection date. Helping ODP communicate with clients is an important role of the community pharmacy. Please contact the clinic if a client is inadvertently not told about the urine sample day.

Emergency hospital admissions

If a client is suddenly hospitalized, ODP continues to co-ordinate the client's methadone treatment. However, the hospital often informs the client's community dispensing pharmacy about an admission before ODP is told. Please notify ODP immediately if you become aware that a client has been admitted to hospital.

Physicians in some hospitals will apply for temporary authorization to prescribe methadone while a client is hospitalized.

If necessary, ODP will arrange the delivery of doses from your pharmacy to the hospital pharmacy. Doses should not be released to a friend or family member unless you are advised to do so by ODP.

Methadone doses provided to the hospital pharmacy must be prepared in the same way as carry doses (in separate daily bottles and q.s. with juice). Labelling of the doses must be precise. Include the date the client is to take the dose and the amount of methadone in the total solution in the bottle. (See sample label, page 2.)

Elective hospital admissions

Since the client can inform ODP of the admission date, we will determine if the hospital will arrange for a methadone prescriber during the client's stay.

How to reach us

EDMONTON AADAC OPIOID DEPENDENCY PROGRAM

Main Floor,
10010-102A Avenue
Edmonton, AB T5J 3G2

Office: **780.422.1302**
(business hours)

Cell: **780.940.2703**
(weekends only)

Fax: **780.427.0777**

CALGARY AADAC OPIOID DEPENDENCY PROGRAM

#2130 Sheldon Chumir
Health Centre
1213-4th Street SW
Calgary, AB T2R 0X7

Office: **403.297.5118**
(business hours)

Cell: **403.512.4927**
(weekends only)

Fax: **403.297.4985**

(Please do not give cell
numbers to clients.)

The client's active prescription on your file would be suspended until the client is discharged from the hospital. If no authorized hospital physician is available, ODP will arrange with your pharmacy to supply the required methadone doses to the inpatient hospital pharmacy. Prepare these doses in separate daily bottles with q.s. juice (as described in the section on carry-home doses). Once again, the labelling of the doses must be precise. Include the date the individual is to consume the dose and the amount of methadone in the total solution in the bottle. (See sample label, page 2.)

Methadone administration errors

If you become aware of a medication dosing error, you should follow the guidelines of the Alberta College of Pharmacists for managing medication dispensing errors. Also, if methadone has been administered incorrectly, AADAC asks pharmacists to

- notify the Opioid Dependency Program
- complete a standard Drug Error Reporting form and fax a copy to the ODP clinic

Methadone overdose

As soon as you realize the error, tell the client. If the client has left the pharmacy, contact him or her by telephone. If the client has no phone, you may need to contact ODP to obtain a contact number or send police to the home.

- Advise ODP.
- Advise the client to seek medical attention immediately.
- If the client refuses medical attention, document the time and details. Ask the client to remain in the care of a friend or relative for the day.
- Advise the client of the symptoms of overdose, including the possibility of euphoria and respiratory depression.

- Make follow-up contact with the client throughout the day.
- Reassess the client's health condition before administering the next daily dose.

Methadone underdose

Advise ODP and the client as you would with an overdose. Once the client is contacted:

- Offer the client the "difference" of methadone between the amount administered and the amount prescribed.
- Should the client refuse to return for the methadone, advise them of the possibility of withdrawal and the symptoms related to opioid withdrawal.
- If the client cannot be reached during business hours, advise them of the error at their next administration.

Inappropriate client behaviour

Do not tolerate verbal abuse or other inappropriate behaviour, such as shoplifting. Follow your usual protocol for such incidents. Whatever action you decide to take, please let ODP know about the incident and its resolution.

You may refer the client back to the clinic if the behaviour continues. The client will be monitored at the clinic for a period of time.

Other resources

- Alberta College of Pharmacists guidelines for dispensing methadone
- College of Physicians and Surgeons of Alberta standards and guidelines for physicians prescribing methadone

AADAC and ODP appreciate the important role pharmacists play in providing methadone maintenance treatment. By working together, we can build positive relationships with clients and help them to live free from the harmful effects of opioid addiction.

