



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 Alberta College of Physicians and Surgeons 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 dependent on opioids. On the correct dose of methadone, clients 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. The ability for clients to receive their methadone at a pharmacy convenient for them is important. You help clients on methadone maintenance live a normal life in the community. A community-based approach also allows pharmacists to share their professional expertise, provide health education, and form supportive relationships with clients.

What to expect when you get a new referral from ODP

For convenience, clients are assigned to their pharmacy according to their place of residence or place of work. An ODP staff member will call you ahead of time to brief you on the client's treatment. The prescription for methadone will

either be faxed or mailed to you, or will be hand-delivered by the client. The dose should be noted in numerical and written form on a triplicate prescription. Please forward the appropriate copy to the College of Physicians and Surgeons. If you suspect a prescription has been tampered with in any way, please notify the ODP clinic immediately.

When a client begins service through your pharmacy, we may have you courier the client's dose to the 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), the client enters the "community phase" of treatment where we will 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.

Refer any client requests for a change in dose to the ODP clinic. Remember, 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), section 35 (1)(b), 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 covered by the act:

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.

- prescriptions for mood-altering drugs obtained from other physicians
- clients using other drugs such as prescription medications, street drugs or alcohol (especially if they appear to be under the influence)
- urine testing results
- any other information relevant to the medical well-being of the client

Clients are aware of these limits on confidentiality. For more information about the Health Information Act, contact the HIA Help Desk at 780.427.8089.

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.

Preparing methadone

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

To prepare individual doses, 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 with liquid Tang or other form of crystal juice preparation. Hand out in a disposable cup for on-site consumption.

NOTE: 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 take their doses on site and to prevent diversion to the street, it is good practice to

- fill the dosing cup to 100 ml of Tang. 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 in the community phase of treatment who are in good standing with ODP policies will be granted regular weekend carries (Friday, Saturday, Sunday).

A client letter will be faxed to you if they are eligible to receive recurring carries.

Some clients have permission for additional regular carries (e.g., once or twice weekly pickups). ODP staff will advise you of these and it will appear on the triplicate Rx. 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 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 client letter if carries are cancelled and will fax you again once they are reinstated.

Carry doses of methadone are individually prepared with Tang (for use as 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 individual is to consume the dose 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.

Prescribing physician

Hospital admissions

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

If you are notified by the hospital first, help us stay involved by immediately contacting ODP.

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.

Suggested practices

- Clients receive their methadone in person. The doses are not released to spouses, relatives or friends unless approved by ODP staff.
- Carries that are spilled, damaged, lost or stolen are usually not replaced. Clients are responsible for protecting their medication.
- 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 the dose if clients call and claim they have vomited.
 - Do not replace the dose if clients come back to you claiming they have vomited outside your store.
 - Do not replace the dose if clients claim they vomited part of their dose and want you to re-dispense half of it.
 - You may replace the dose if you witness the client vomiting in front of you and you are reasonably certain that the client was sick.
- *Clients who miss picking up methadone for three consecutive days are considered to have left the program.* Please inform the ODP clinic as a decision may be made to cancel their prescription. The client would then need to be reassessed in order to rejoin the program.

Cost and payments

- Since the cost of the medication is low, only charge the client the dispensing fee. Charge one dispensing fee every time you dispense, whether it is one or more doses.
- 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, NIHB or other forms of coverage for billing procedures.

Role of urine testing

There is potential for harmful drug interactions and risk of overdose when some other drugs are taken while a person is on methadone. We use random urine testing to monitor clients' progress to help keep them safe.

The frequency of urine testing is based on the client's "clean time" in treatment. Collection occurs at the clinic or other designated sites. The clinic will let you know when to inform a client they are due for a urine test and we ask you to pass this information on when the client comes in for his or her dose. Helping us communicate with clients is another 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 us immediately if you become aware that a client has been admitted to hospital.

We 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 approved by ODP staff.

Physicians in some hospitals will apply for a temporary authorization to prescribe methadone while a client is hospitalized. In these situations, ODP will advise you to suspend the active prescription until discharge.

Methadone doses provided to the hospital pharmacy must be prepared like carries (in separate daily bottles and q.s. with Tang). 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.)

AADAC will attempt to locate a staff hospital physician who can prescribe methadone while the client is in hospital. However, few doctors in Alberta have that authorization.

Elective hospital admissions

Since the client can inform ODP staff of the admission date, we will determine if the hospital will apply for temporary authorization to prescribe methadone during the client's stay. The client's

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

#501, 906-8th Avenue SW
Calgary, AB T2P 1H9

Office: **403.297.5118**
(business hours)

Cell: **403.512.4927**
(weekends only)

Fax: **403.297.4985**

(Please do not give cell
numbers to clients.)

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.

active prescription on your file would be suspended until discharge. If no authorized staff physician is available, the ODP staff 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. Tang (as described under 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. (Refer to the sample label, page 2.)

Methadone administration errors

If you become aware of a medication dosing error, you should follow the guidelines of your professional (pharmacists') association for managing medication dispensing errors. Also, if methadone has been administered incorrectly, AADAC asks pharmacists to

- notify the Opioid Dependency Program staff
- 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 the person by telephone. If the client has no phone, two pharmacy staff should travel to the client's home to give the news in person.

- Advise the client to seek medical attention immediately.
- If the client refuses medical attention, 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.
- Advise ODP.

Medication underdose

Advise ODP staff and the client as you would with an overdose. (Note that visiting the client's residence is not as urgent unless the underdose is extreme.)

- 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.
- Complete a standard Drug Error Reporting form and fax a copy to the ODP clinic.

Inappropriate client behaviour

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

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

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 dependency.



Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

For more information, contact your local AADAC office,
call 1-866-33AADAC or visit our website at www.aadac.com.