OATP Opioid Agonist Therapy Program

ANNUAL REPORT 2020

April 1, 2020 to March 31, 2021

Respectfully submitted by:
Dr. Karen Shaw, Registrar CPSS
Nicole Bootsman, Pharmacist Manager PRP/OATP
Liisa Scherban, Analyst PRP/OATP
Lorie Langenfurth, Operations Manager PRP/OATP

June 30, 2021

Table of Contents

OPIOID AGONIST THERAPY PROGRAM

ANNUAL REPORT 2020

Program Overview

The Opioid Agonist Therapy Program (OATP) has been administered by the College of Physicians and Surgeons of Saskatchewan (CPSS) on behalf of the Ministry of Health, Community Care Branch since 2001 and is responsible for educating, monitoring, supporting, and recommending physicians for CPSS approval to prescribe opioid agonist therapy (OAT). Staff from the OATP are also responsible for the Prescription Review program (PRP). The OATP Clinical Manager provides clinical expertise on a contract basis.

It is important to note that qualified clinical staff, including licensed pharmacists (Pharmacist Manager PRP/OATP and program pharmacist), a licensed pharmacy technician (Analyst), and a licensed medical physician (OATP Clinical Manager) are authorized to provide all clinical advice, information and analysis for the program.

Collaboration and Outreach

Staff logged 305 calls related to the program between April 1 2020 – March 31, 2021, which is slightly higher than the previous year. A few examples of calls include pharmacists calling to confirm OAT approval for physicians, physicians seeking pharmaceutical advice regarding patient care, pharmacists asking for clarification/support for prescriptions they are filling and the general public reporting alleged misuse of medications. Phone calls often involve assisting with coordination of care for patients.

The OAT Emergency Continency Planning Group that was established by the OATP Clinical Manager and Pharmacist Manager PRP/OATP in early March 2020 continued to meet until June 2020 to support physicians providing OAT during Covid-19. One of the most important results out of the group was the direct collaboration with prescribers, law enforcement, regulatory agencies, and emergency services along with the numerous guidance documents created for prescribers and patients. Several documents were created including Terms of Reference (**Appendix A**), OAT for Hospital Providers **(Appendix B**), Street Methadone (**Appendix C**) and a letter requesting pharmacists be considered during planning for the rationing of personal protective equipment (**Appendix D**).

An OAT/OUD educational session was created and facilitated by the Pharmacist Manager PRP/OATP and the OATP Clinical Manager on March 31, 2021 via the Extension for Community Healthcare Outcomes (ECHO) Platform. Invitations were sent to all OAT providers as well as to and other health care professionals. Three more sessions are planned for April/May 2021. Funding for the sessions was provided through the opioid Emergency Treatment Fund (ETF), as approved by the Ministry. The proposal is attached as **Appendix E.** The topics included:

- Trauma and trauma-informed care
- Stimulant use and stimulant use disorder
- Novel opioid agonist therapy (injectable/implantable)
- Pharmaceutical safe supply

OAT Education

An emergency declaration, made in response to Covid-19 by the CPSS Registrar under bylaw 2.18, allowed for the **creation of a new OAT education and training pilot**, which was launched in October 2020. The intent was to assist physicians obtain the training and education required to be considered by CPSS for approval to provide OAT. The pilot consists of two parts:

- ***OAT 101*** is an in-person, interactive session, developed and delivered by the OATP Clinical Manager and the Pharmacist Manager PRP/OATP, which focuses on the fundamentals of opioid agonist therapy. Physicians can choose to attend this in-person session instead of completing one of the recommended online addictions courses. Between the launch of the pilot in October 2020 to March 31, 2021, sessions were held in La Loche, Estevan, Saskatoon and Moose Jaw.

- The ***OAT virtual composite case study,*** developed and facilitated by the OATP Clinical Manager and the Pharmacist Manager PRP/OATP, gives physicians the opportunity to discuss and learn from comprehensive composite case studies. Completion of the case study is being accepted in lieu of attending in-person mentorship. Three virtual session were held in the fiscal year.

Nine physicians who attended one or both of the sessions between October 2020 and Mar 31, 2020 went on to receive CPSS approval to prescribe OAT. Feedback has been requested by all participants and will be incorporated in future sessions where possible. The pilot will continue to be offered under the emergency declaration with hopes of making it a permanent training and educational option in the future.

Audits

Four audits for new OAT prescribers were initiated in this fiscal year along with one audit for an experienced OAT provider. The audit for the experienced provider was initiated at the recommendation of the Pharmacist Manager PRP/OATP and the OATP Clinical Manager. Four audits were also completed during this period. Each audit requires a thorough review of and feedback on approximately nine comprehensive patient charts. OAT audits allow new providers to self assess their skills and can also be informative for experienced providers. The audit allows the OATP Clinical Manager and the Pharmacist Manager PRP/OATP to offer advice and suggestions for improved care and can also highlight potential concerns early on.

Monitoring

The prescribing of methadone and buprenorphine/naloxone is monitored through the PRP. Both medications are included in the provincially designated panel of prescription medications with known misuse, abuse and potential diversion by patients. There are several reasons a letter may be sent to a physician including potential diversion, multiple prescribers, or to understand the physician's prescribing rationale, even if a particular issue has not been identified.

Types of Correspondence (April 1, 2020 – March 31, 2021)	Letters specific to OAT
Alert – letters sent to physicians to alert them of potential diversion, or other patient concerns – typically does not require a response, but always contains specific advice for the physician	30 Alerts sent to 14 physicians
Law Enforcement Requests – when a patient's medication profile (related to dispenses of methadone and/or bup/nx) is provided to law enforcement for an active investigation	46
Non-approved OAT Letters – sent to physicians who are identified as prescribing either methadone or buprenorphine/naloxone for addictions without having appropriate CPSS approval	54 letters sent to 49 physicians 5 of the 49 physicians went on to receive OAT approval

OAT Standards and Guidelines

The OAT Standards and Guidelines were updated in October 2020 to include two new appendices:

- Managed Opioid Withdrawal Using Slow-Release Oral Morphine During Methadone Induction **(Appendix F)**
- Buprenorphine/naloxone (bup/nx) Microdosing **(Appendix G)**.

Saskatchewan OAT Prescribers

As of March 31, 2020, 124 physicians were approved to prescribe methadone and/or buprenorphine/naloxone for opioid use disorder. That is an increase of 27 providers from the same time the previous year. *This report captures physicians only*. Nurse Practitioners are also able to obtain prescribing authority through their regulatory body. In certain circumstances, pharmacists have also been granted OAT prescribing authority (e.g. Exemption 56)

98 physicians can initiate both methadone and buprenorphine/naloxone
8 physicians can initiate methadone only
9 physicians can initiate buprenorphine/naloxone only
1 physician can initiate buprenorphine/naloxone and maintain methadone
1 physician can maintain both methadone and buprenorphine/naloxone
6 physicians can maintain methadone only
1 physician can maintain buprenorphine/naloxone only

A list and map of physicians authorized to prescribe OAT in Saskatchewan is contained in **Appendices H and I**.

Saskatchewan Residents Receiving OAT

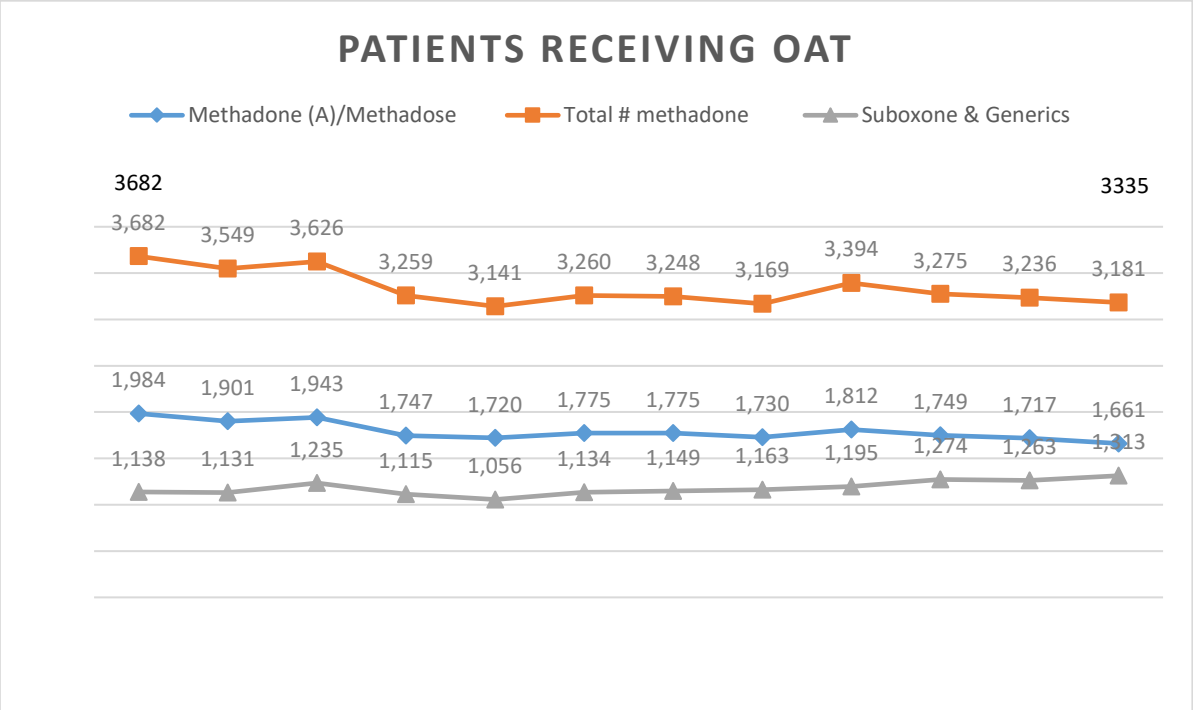
The tables below outline the number of Saskatchewan residents who received methadone and buprenorphine/naloxone for ***opioid use disorder*** in 2020:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average / month
NIHB[1]	1698	1648	1683	1512	1421	1485	1473	1439	1582	1526	1519	1520	1542
Methadone (A) / Methadose[2]	1984	1901	1943	1747	1720	1775	1775	1730	1812	1749	1717	1661	1793
Total # patients/ month	3682	3549	3626	3259	3141	3260	3248	3169	3394	3275	3236	3181	3335

1. Patients captured in this category are NIHB beneficiaries and are receiving methadone for opioid use disorder
2. Patients captured in this category are Saskatchewan Health beneficiaries and are receiving methadone and/or Methadose for opioid use disorder

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average/ month
Buprenorphine / naloxone[3]	1138	1131	1235	1115	1056	1134	1149	1163	1195	1274	1263	1313	**1181**

3. Bup/nx does not have different DINs for OAT vs. pain so we are unable to provide separate data for OUD



Appendix A: Clinician OAT Emergency Contingency Terms of Reference

Clinician Opioid Agonist Therapy Emergency Contingency Planning Group: Terms of Reference

Purpose

In the context of the COVID-19 pandemic, this working group has been established to assess current provider challenges and offer guidance to Saskatchewan physicians who have obtained approval from the College of Physicians and Surgeons of Saskatchewan (CPSS) to deliver OAT services and are actively providing such services.

The Opioid Agonist Therapy Program (OATP), administered by the CPSS, supports safe OAT prescribing by physicians, appropriate medication use by patients and ongoing community safety. The clinician group will be instrumental in offering expert insights and suggestions to the CPSS and OATP for guiding safe practice in the current environment.

Responsibilities

- Provide ongoing assessment of the *Standards and Guidelines for the Treatment of Opioid Use Disorder* given the pandemic environment
- Propose recommendations for temporary modifications of the *Standards and Guidelines for the Treatment of Opioid Use Disorder* to the CPSS Registrar, if recommendations exist
- Communicate, in writing, any approved modifications of *the Standards and Guidelines for the Treatment of Opioid Use Disorder* to OAT prescribers and associated professional Regulatory Bodies
- Evaluate existing recommendations and best practice guidelines established by other provinces as well as reputable addictions and mental health programs
- Discuss environmental challenges experienced by front-line professionals and provide support and expert guidance to OAT providers
- Provide written communications to providers, offering standardized recommendations to providers in response to challenges arising from COVID-19
- Provide public education, focusing on patient and community safety

Term

The Terms of Reference is effective for the duration of the COVID-19 pandemic and at the discretion of the working group.

Participants

- Opioid Agonist Therapy Program Clinical Manager
- Opioid Agonist Therapy Program Pharmacist Manager
- CPSS Opioid Agonist Therapy Approved Physician Representatives
- Pharmacist Representative(s)
- Nurse Practitioner Representative(s)

Meetings

Meetings shall occur as agreed upon by the participants. It is anticipated that initially and at the height of the pandemic, meetings will likely occur more frequently.

Meetings will be chaired by the Opioid Agonist Therapy Program Clinical Manager and/or the Opioid Agonist Therapy Program Pharmacist Manager. Meeting agendas, minutes and supporting documents will be provided by the OATP, electronically.

Discussions shall remain confidential until dissemination is authorized by the Opioid Agonist Therapy Program or the College of Physicians and Surgeons of Saskatchewan.

Amendment

The Terms of Reference may be amended or modified by the Opioid Agonist Therapy Program after consultation with the Clinician Opioid Agonist Therapy Emergency Contingency Planning Group or at the request of the CPSS Registrar.

Appendix B: OAT for Hospital Providers

OAT IN HOSPITAL DURING THE COVID-19PANDEMIC

During the COVID-19 pandemic, physicians assisting in hospitals and facilities will likely care for any number of our over 4,000 Saskatchewan patients currently being treated with opioid agonist therapy (e.g. methadone or buprenorphine/naloxone) for opioid use disorder (OUD). Clinical judgment is always essential, but it can be challenging to exercise clinical judgment in critical care settings with minimal or no experience with OAT.

The aim of this document is to provide you with some regulatory and basic clinical guidance for treating patients with opioid use disorder in hospital. It is by no means exhaustive, so you are always encouragedto contact an experienced OAT provider, consult with in-house professionals and/or speak with the Opioid Agonist Therapy Program regarding specific patient concerns.

Hospital-Based Temporary Prescribers (HBTPs)

This applies to physicians who do not prescribe OAT as part of their practice but may, for a brief period, prescribe methadone or buprenorphine/naloxone for the treatment of opioid use disorder to a patient in hospital. If a physician is not a patient's current OAT prescriber, he/she is considered a Temporary Prescriber. Whatever the situation, these physicians may not have specialized knowledge of opioid use disorder but are responsible for patients who actively receive OAT.

Key Points for HBTPs

- Confirm the last dose and time of last dose and aim to maintain OAT, at some level, unlesscontraindicated or a re-start is required due to missed doses
- If medically necessary, the dose may be held (if held >24 hours, contact the community prescriber/authorized OAT provider prior to re-initiation); in an urgent or emergent situation(e.g. ICU admission), the dose may be decreased
- **Communicate with the patient's community OAT provider**
- If the patient's OAT provider is unavailable, collaborate with another experienced OAT provider
- Additional analgesia is typically required for acute pain, even if the patient is on OAT
- Ensure access to ongoing OAT care on discharge (including an OAT prescription)
- Avoid punitive measures

Additional Safety Measures

- Refer patients with OUD for OAT initiation by an OAT provider, if possible
- For patients on methadone therapy, be cautious when initiating other medications with potential for QTc prolongation, CNS depression and/or serotonergic effects – consult with apharmacist if you are able to
- Ensure a naloxone PRN order is available, especially when ordering additional opioids for paincontrol
- Exercise caution if considering initiation of benzodiazepines for patients on OAT; usealternatives unless absolutely necessary

- Consider screening for HCV, HIV and STIs in the appropriate context
- Provide patients with a Take Home Naloxone kit on discharge and counsel on harm reductionstrategies and public health recommendations related to COVID-19

Advise of Harm Reduction Strategies

- Never use alone but also minimize contact with others
- Always have access to Take Home Naloxone
- Do not inject
- Do not share or reuse paraphernalia/supplies (cigarettes, needles, utensils, etc.)
    - If sharing is a must, be sure to clean mouthpieces and equipment with alcohol
- If using non-prescription sources, take a small test dose
- Keep surfaces clean when preparing drugs
- Do not mix opioids with other medications (e.g. Gravol, benzodiazepines, alcohol, etc.

COVID-19 Disease-Related Concerns[1]

Always consult with an experienced OAT provider and a pharmacist, if available

- **Impaired consciousness/coma**: use with caution and monitor; if medically necessary, the dosemay be held or decreased in an urgent or emergent situation
    - Patients may be susceptible to intracranial effects of CO_2 retention
- **Respiratory disease**: use with caution and monitor; if medically necessary, the dose may beheld or decreased in an urgent or emergent situation
    - Respiratory depression may occur even at therapeutic doses
- **QTc prolongation (methadone)**: use with caution and monitor especially with risk factors (e.g.cardiac hypertrophy, diuretic use, hypokalemia, hypomagnesemia), a cardiac history and concurrent use of other medications impacting QT interval
    - More common with higher doses of methadone
- **Hepatic impairment**: buprenorphine/naloxone use is not recommended with severeimpairment; use with caution and monitor with moderate impairment for buprenorphine/naloxone and methadone
    - Reduced clearance of naloxone and potential for reduced buprenorphine efficacy
- **Renal impairment**: use with caution and monitor
    - Dose adjustments for methadone are not usually required when CrCl ≥10 mL/minute

Lexicomp Online, Lexi-Drugs Online, Hudson, Ohio: Wolters Kluwer Clinical Drug Information, Inc.; 2020; Apr 1 2020.

Standards (CPSS Standards & Guidelines for the Treatment of OUD)

Standards define a minimum acceptable level of care to ensure patient safety. Standards are amandatory requirement.

HBTPs, licensed to practice medicine in Saskatchewan, are permitted to prescribe methadone or buprenorphine/naloxone to patients in a hospital setting without obtaining approval from the CPSS Registrar if the following terms and conditions are met:

a) For inpatients: the patient must currently be receiving methadone or buprenorphine/naloxone treatment prior to hospitalization (or admission to an equivalent acutecare facility in rural centres).
-For patients seen in the Emergency Room: the patient must currently be receiving methadoneor buprenorphine/naloxone treatment prior to being treated in the Emergency Room;

b) The HBTP must:

i. Be working in a hospital setting (or equivalent acute care facility in rural centres);

ii. Only prescribe the continuation of methadone or buprenorphine/naloxone as initiatedby a prescriber currently approved to prescribe OAT to a patient while that patient is under their professional treatment in an acute care facility;

iii. Confirm both the daily dose and date/time of last administration of the methadone or buprenorphine/naloxone from a reliable source (e.g., from the patient if appropriate orthe dispensing pharmacy. Caution must be applied with reviewing PIP for dosing information related to methadone compounds);

iv. **Only for patients receiving methadone** Consult the community-based prescriber priorto re-initiating therapy **if** the last methadone dose was not taken/administered within the previous 48 hours. An exception to this may be made only in an urgent or emergentsituation (e.g. when the patient is admitted for an acute or emergent operative indication, or the patient is admitted to the ICU). Be aware that when methadone dosesare held, patients can lose their tolerance to the effects of the medication and are at anincreased risk of overdose upon re-initiation of the methadone;

v. **Only for patients receiving methadone** Not adjust the dose without first consulting the community-based prescriber (Initiating or Maintaining Prescriber). This includes increasing, decreasing or splitting of the dose. If medically necessary, the dose may be held – **if** the dose is held for >24 hours, the community-based prescriber must be consulted prior to re-initiating therapy. An exception to this may be made only in an urgent or emergent situation (e.g. when the patient is admitted for an acute or emergentoperative indication, or the patient is admitted to the ICU) in which case the dose may bedecreased if necessary, but never increased. Be aware that when methadone doses are held, patients can lose their tolerance to the effects of the medication and are at anincreased risk of overdose upon re-initiation of methadone;

vi. Only prescribe methadone or buprenorphine/naloxone for the management of opioiduse disorder;

vii. Ensure that the community-based prescriber is informed of the patient's hospitalization(or admission to an equivalent acute care facility in rural centres) **OR** visit to the Emergency Room and coordinate the issuance of methadone or buprenorphine/naloxone prescriptions when the patient leaves the hospital (or equivalent acute care facility in rural centres) or the Emergency Room.

Prescribing of OAT is only for the duration of the patient's hospital admission. An exception to this maybe made only when a patient is discharged from the facility on a weekend. The physician is then permitted to prescribe OAT for a maximum duration of 72 hours after discharge and the community- based prescriber (Initiating or Maintaining Prescriber) must be notified at discharge that OAT was prescribed to avoid double dosing.

Prescribing carried doses is not permitted (i.e. all doses provided must be witnessed), except inconsultation with the community-based prescriber.

HBTPs must collaborate with the community-based prescriber (or the individual who may be covering the community-based prescriber's patients) and any other treating prescribers for all changes to the OAT dosage, frequency, or addition of medications that have the potential to interact with the OAT medication,

Prior to the patient's discharge from hospital or the Emergency Room, the HBTP must collaborate with the community-based prescriber and dispensing community pharmacy on:

a. Discharge plans
b. Any changes in dosage
c. The prescribing of short-term opioid analgesics, psychoactive medications or medicationswith the potential for interaction with OAT

Nothing in this section applies to a prescriber who provides buprenorphine/naloxone treatment in an Emergency Department following a protocol established by the Saskatchewan Health Authority or the hospital in which it is prescribed.

Helpful Resources

College of Physicians and Surgeons of Saskatchewan: Standards and Guidelines for the Treatment ofOpioid Use Disorder

Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guideline (Centre for Addiction and Mental Health)

Harm Reduction Coalition: Safer Drug Use During the COVID-19 Outbreak

Opioid Agonist Therapy Program Contact Information

Email: oatp@cps.sk.ca
Phone: 306-244-7355

Appendix C: Street Methadone

OATP Opioid Agonist Therapy Program

WARNING

Street Methadone

Street methadone is methadone that is sold or given to someone who it was not prescribed to by a doctor.

Methadone is an opioid, yet it can be prescribed to treat opioid addiction. Methadone is used as opioid addiction treatment because it blocks the high from other opioids and helps to prevent opioid cravings. When used as prescribed, it is a safe and effective treatment, allowing you to be able to focus on living a healthy life.

Patients who are prescribed methadone from their doctor are sometimes provided carries which are take-home doses. Sometimes these doses are sold. When methadone is sold or given to someone who it has not been prescribed for, it is VERY dangerous and can be deadly.

What makes methadone dangerous?

Methadone is a very long-lasting opioid. It can stay in your body for more than 24 hours, making an overdose possible during that entire time, especially when taken in combination with other medications and/or alcohol.

Doctors start patients at a very low dose because methadone can be toxic if your body isn't used to it yet (haven't developed "tolerance").

Like any other opioid, methadone can make you very sleepy and stop breathing if your body is not used to it. **Any amount of methadone can kill a child.**

Why is street methadone particularly dangerous?

Methadone bottles are often labelled with a pharmacy label and a dose so they look trustworthy, but you can never be sure what is in the bottle unless it is given to you directly from your pharmacist. Street methadone may be "cut" with other drugs like fentanyl.

You never know what dangerous medications could be in a street methadone bottle.

Is street methadone ever safe?

No, it is NEVER safe. If you are using street methadone, make sure:

- You ALWAYS call 9-11 in an overdose. The *Good Samaritan Drug Overdose Act* protects you from simple drug possession charges when you seek emergency help during an overdose so NEVER be afraid to call 9-11.
- You NEVER use alone. If you overdose, you will need someone to call 9-11 and give you naloxone to reverse the overdose. Remember, methadone is long-lasting and once the naloxone wears off, you can overdose again (even if you don't take more methadone).
- You keep all medication locked up and away from children. Children often think methadone is just juice because it is often mixed with juice from the pharmacy to prevent misuse.
- You NEVER take street methadone with other drugs, including alcohol.

OATP Opioid Agonist Therapy Program

cps.sk.ca April 2020

Is selling methadone illegal?

Yes! If someone buys methadone from you and he/she dies, you could be charged.

You can also be charged if you have someone else's methadone in your possession unless you are authorized to have it by a doctor.

If you sell your methadone, it means that you aren't using your doses as prescribed. If you take your dose after missing doses that have been sold, your body will no longer be used to methadone and you may overdose.

DO NOT SELL YOUR METHADONE. If you have leftover or unused doses, return it to your pharmacy for safe disposal.

Should you use street methadone?

Street methadone is NOT worth the risk, even if you just want to try it once. An addiction provider can help select and prescribe a safe treatment for you and get you in touch with other supports that will help you to get your life on track.

To see someone who specializes in addictions, call your local Opioid Assisted Recovery clinic, Harm reduction clinic, Rapid Access to Addiction Medicine (RAAM) clinic or speak with your family doctor.

Report street methadone

We all need to keep ourselves and our communities safe. **Please report all street methadone to your local police.**

You can also report street methadone to the College of Physicians and Surgeons of Saskatchewan's Hotline anonymously:

1-800-667-1668.

How do you get a naloxone kit?

Take Home Naloxone kits can be purchased from many pharmacies and community organizations all over Saskatchewan. For more information, visit www.saskatchewan.ca/opioids.

Clients with First Nations and Inuit coverage can receive a kit at no charge without a prescription.

Funded kits can also be obtained from the following locations:

Buffalo Narrows Health Centre
491 Peterson Ave, Buffalo Narrows
Phone: 306-235-5822

Esteven Addiction Services
1174 Nicholson Road, Esteven
Phone: 306-637-2422

Stepping Stone Wellness Clinic
Kamsack Hospital and Nursing Home
341 Stewart Street, Kamsack
Phone: 306-542-1968

Kindersley and District Health Centre
1003 1st St West, Kindersley
Phone: 306-463-1000 Ext. 2560 or 2562

Lloydminster Mental Health & Addictions
3830 43 Avenue, Lloydminster
Phone: 306-820-6250 or
#115 - 4910 50th Street, Lloydminster
Phone: 306-820-2592

Meadow Lake Mental Health & Addictions
#6 – 711 Centre Street, Meadow Lake
Phone: 306-236-1580

Mental Health and Addiction Services
Melfort Hospital
510 Broadway Avenue, Melfort
Phone: 306-752-8767

Crescent View Clinic
131 1st Avenue NE, Moose Jaw
Phone: 306-693-6464

Mental Health and Addiction Services
Nipawin Hospital
900 – 6th Street East, Nipawin
Phone: 306-752-8767

Battlefords Sexual Health Clinic
1192 101st Street, North Battleford
Phone: 306-446-6463 or 306-441-4556

Access Place
101-15th St East, Prince Albert
Phone: 306-765-6542

Communicable Disease Sexual Health Program
2110 Hamilton Street, Regina
Phone: 306-766-7788

Harm Reduction Methadone Program
1048 Albert Street, Regina
Phone: 306-766-6350

Mayfair Clinic
504 33rd Street West, Saskatoon
Phone: 306-655-4007

Community Health Services
El Wood Building, 4th Floor
350 Cheadle St West, Swift Current
Phone: 1-877-329-0005

Mental Health and Addiction Services
Tisdale Hospital
2010 – 110th Avenue West, Tisdale
Phone: 306-752-8767

Weyburn Addiction Services
900 Saskatchewan Drive, Weyburn
Phone: 306-842-8693

Turning Point Program
Room 109, SIGN on Broadway
345 Broadway St West, Yorkton
Phone: 306-786-0617

OATP Opioid Agonist Therapy Program

Appendix D: PPE for Pharmacists

April 21, 2020

Dr. Michael Kelly
Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8
Sent via email: m.kelly@usask.ca

Dear Dr. Kelly,

Re: Personal Protective Equipment for Community Pharmacy Professionals During the COVID-19 Pandemic

During the current COVID-19 pandemic, while we are all encouraged to practice physical distancing, our community pharmacy colleagues remain the most accessible healthcare professionals, providing numerous additional services to ensure that our patients have uninterrupted access to essential medications and supplies. As regulated professionals, pharmacists and pharmacy technicians have an ethical obligation to ensure ongoing continuity of care and public protection.

Pharmacy services are particularly important for patients taking opioid agonist therapy (OAT) as patients require medication, often dispensed daily, to ensure patient and community safety. Given the chaotic lifestyles that many of our clients' face, not limited to, inaccessible safe housing, ongoing risk of theft and continuous threat of violence and trauma, patients suffering from opioid use disorder are often unable to manage their medications without comprehensive support and monitoring.

Because of COVID-19, physicians are tasked with weighing the risks and benefits of providing take-home doses to prevent viral transmission with the risk of fatal and non-fatal overdoses associated with methadone; fortunately, most of our pharmacy colleagues have been supportive of the individualized, patient-centered approaches to either extend take-home doses, when appropriate, or continue witnessed doses at the pharmacy. Even patients who are stable on methadone therapy for opioid use disorder may only be offered up to a maximum of 14 days' worth of take-home medication because of the risk of overdose and death associated with methadone.

Saskatchewan is fortunate to have over 200 pharmacies providing OAT services during the current pandemic. Numerous pharmacies have been forced to reduce their hours because of staffing shortages and illness. To date, we have even had one pharmacy forced to close because of COVID-19 exposure despite diligence to public health recommendations for infection control. As such, we believe it is essential that our pharmacy colleagues, who are putting themselves at risk to serve the most vulnerable amongst our population, be provided with personal protective equipment (PPE) to protect themselves and the patients they serve. If we have more pharmacy closures,

particularly in our smaller and remote communities, patients with already limited resources will have to travel to access critical medication and the reality is, many patients will resort to the locally accessible illicit drug market.

As noted in an open letter to the Government of Canada, the Canadian Pharmacists Association highlighted that the World Health Organization has recommended that all healthcare providers in direct contact with patients suspected of COVID-19 should be wearing PPE, including, gloves, gowns and appropriate facial masks[1]. Our neighboring countries around the world are prioritizing protection for frontline healthcare professionals, including pharmacists: pharmacists are wearing masks in Italy; the government is providing pharmacies with gloves, aprons and fluid repellant masks in the United Kingdom; consideration for drive-through only pharmacies is being discussed in the United States[1,2].

We recognize the scarcity of PPE and the need to carefully allocate critical resources. To date, numerous pharmacies have made out-of-pocket purchases for PPE. In your planning to ration PPE, please acknowledge all frontline healthcare providers, including pharmacy professionals, as essential providers during this global crisis.

If you would like to speak about anything further, we would be happy to set up a time to discuss.

Kind Regards,

Dr. Morris Markentin MD, CCFP, FCFP
Clinical Manager
Opioid Agonist Therapy Program

Nicole Bootsman BSc(Hons), BSP
Pharmacist Manager
Opioid Agonist Therapy Program

- https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/CPhA-Open-Letter-to-Government-re-PPE.pdf
- https://www.pharmaceutical-journal.com/news-and-analysis/news/pharmacists-to-receive-packs-of-gloves-aprons- and-masks-as-protection-against-covid-19/20207808.article?firstPass=false

cc. **Jeana Wendel**, Registrar, Saskatchewan College of Pharmacy Professionals
Lori Postnikoff, Deputy Registrar, Saskatchewan College of Pharmacy Professionals
Dawn Martin, Chief Executive Officer, Pharmacy Association of Saskatchewan
Myla Bulych, Director of Professional Practice, Pharmacy Association of Saskatchewan
Lorie Langenfurth, Operations Manager, Opioid Agonist Therapy Program

Appendix E: Proposal – Adding Management of Substance Use Disorders to Current CPSS Project ECHO® sessions

College of Physicians and Surgeons of Saskatchewan Pilot Project ECHO® - The Addition of the Management of Substance Use Disorders to the Current Management of Chronic Pain Curriculum

The CPSS Project ECHO Management of Chronic Pain pilot sessions started in 2019. The initial plan was to offer sessions on the topics of chronic pain management and opioid use disorder. The Advisory Group decided to focus on and prioritize the topic of chronic pain management for the initial pilot. Session topics to date have focused on chronic pain management but have also touched on related topics, including opioid use disorder and pharmacological/non-pharmacological options for chronic pain management.

This proposal outlines a plan for the delivery of ECHO sessions on the topic of substance use disorder as additional curriculum to the currently offered Management of Chronic Pain sessions. The Advisory Group will consist of a combination of members currently providing direction and mentorship to the Management of Chronic Pain curriculum and sessions and will include one or two additional experts in the field of the Management of Substance Use Disorders.

Pilot Project Objectives:

Target Audience:

- Frontline health care providers* and integrated teams who provide care to people with Substance Use Disorders (SUD).
- Frontline health care providers who provide treatment for people with SUD.
- Practitioners who are current Opioid Agonist Therapy (OAT) prescribers and practitioners who are interested in becoming approved OAT prescribers.

*Frontline health care providers include, but are not limited to physicians, nurse practitioners, nurses, pharmacists, addictions counsellors, social workers, physical therapist, occupational therapists, psychologists, chiropractors, massage therapists, exercise therapists

Learning Objectives: *"All teach, all learn."*
Participants will -

- Understand the importance of an integrated multidisciplinary and coordinated community-based approach to the care of people with SUD.
- Understand the current treatment modalities for SUD.
- Learn how to manage and monitor SUD treatment safely.

- Learn how to manage comorbid physical and psychological disorders.
- Employ assessment techniques to determine patient suitability for OAT.
- Describe the benefits of OAT to enable transition to recovery.
- Self-regulate attitudes and beliefs about patient presentations and be conscious of stigmatizing language that can become a barrier to safe and effective SUD management and patient care.
- Develop ability to participate, mentor and/or be mentored by colleagues in a community of practice that ultimately benefits the patient.

Dates, Times and Topics of Sessions with possible presenters:

- Sessions will be held every second Wednesday from 6:30 p.m. – 8:30 p.m. starting March 2021
- 30-minute didactic presentation followed by one patient case presentation
- Sessions will originate from the CPSS 2nd floor Boardroom at 101-2174 Airport Drive and will be provided to participants through the Zoom platform

Suggested sessions (subject to changes):

Session Moderator – Dr. Morris Markentin		
Date	**Proposed Presenter**	**Proposed Topic**
March 31	TBD	Trauma and trauma-informed are
April 14	TBD	Stimulant use and stimulant use disorder
April 28	TBD	Novel opioid agonist therapy (injectable/implantable)
May 12	TBD	Pharmaceutical safe supply

Evaluation:

Using Moore's Evaluation Framework (Moore, 2003), specifically up to and including Level 3a (Level 1 - Participation; Level 2 - Satisfaction; Level 3a - Learning: Declarative Knowledge) the following measures are proposed for all participants following each ECHO® session:

- Level 1 – professions of health care providers; length of practice of health care providers; type of health care providers' practice; geographical location of health care providers; current OAT prescriber.
- Level 2 – satisfaction of health care providers with each session.
- Level 3a - the impact of ECHO® on health care providers' reported self-efficacy, knowledge, attitudes and behaviour related to substance use disorder; intention to complete OAT training and certification to become a prescriber.

Additional demographics will be collected for health care providers who deliver case presentations at each ECHO® session - their profession, focus of practice, geographical location and OAT prescriber status.
Evaluation will also include a description of program planning, preparation, and delivery.

Proposed Budget

Saskatchewan Ministry of Health Emergency Treatment Funding:

Supporting strategies to enhance access to treatment services

- Funding to recruit, train, and support Opioid Substitution Therapy prescribers

Per Session		
Coordinator	$50/hr x 15 hrs	$750
Advisory Group	$150/hr/member x 6 x 2 hrs	$1800
Speaker honoraria	$300/speaker presentation and prep	$300
Subtotal per session		*$2850*
Total for 4 proposed sessions		$11400

References

Moore, D.E. (2003). A framework for outcomes evaluation in the continuing professional development of physicians, In: Davis, D., Barnes, D.E., Fox, R., Eds. *The Continuing Professional Development of Physicians: From Research to Practice*. Chicago, IL. American Medical Association Press; 249-274.

Appendix F: Managed Opioid Withdrawal Using Slow-Release Oral Morphine During Methadone Induction

The purpose of managed opioid withdrawal during any induction is to:

1. Reduce IV drug use (IVDU) as quickly as possible, and
2. Engage the patient in ongoing care for their opioid use disorder (OUD)

Use of slow-release oral morphine (SROM) for Opioid Agonist Therapy (OAT) is **off-label** so very cautious assessment is required, along with patient consent and thorough documentation.

RISKS & BENEFITS

Methadone alone during induction may be insufficient in managing opioid withdrawal. It takes weeks to safely titrate methadone to a stable, therapeutic dose. During the induction phase, patients often struggle with withdrawal from their opioid IVDU. The desire to avoid withdrawal symptoms is often a stimulus for ongoing, problematic illicit use of uncertain quality and quantity until a sufficient blockade is established. Ongoing IVDU may disrupt the patient's engagement in recovery and ongoing OAT.

The risk of concurrent opioid (prescribed or illicit) use increases the risk of respiratory depression and overdose. With supplemental prescribed opioids, dosing must be conservative, and patients must be educated on the risks and management of potentially dangerous side effects.

ASSESSMENT

A patient treated with any potential CNS depressant during methadone induction should have normal SaO2 and no history, symptoms or clinical findings of respiratory compromise. Driving, work and/or care for children may be prohibited or discouraged due to the risk of increased sedation.

DOSING

1. Determine the minimal daily amount of IV opioid required to avoid withdrawal. Convert dose into morphine equivalence (e.g. 1mg hydromorphone = 5mg morphine)
2. Divide by 2. This amount, given orally, is effectively 25% of the minimum IVDU requirement. Do not exceed 200mg per day.
3. Provide a slow-release oral morphine (SROM) preparation, daily witnessed with methadone.
4. **Taper** the SROM by 50mg per week, during the usual methadone induction process.
5. Monitor and manage adverse effects (e.g. excess sedation).

Note: The guideline (pg. 43) states, *Generally, patients should not be on other prescribed opioids during the initiation phase but if withdrawal symptoms indicate Kadian® may be prescribed in the induction phase for a maximum of 2 weeks.* **If the taper extends beyond 2 weeks, the reasons for not following the guideline must be justified and well documented.**

Dosing Example

JW used a range of 20mg to 24mg of hydromorphone IV, injected four times per day. His estimated minimal daily requirement was 20mg QID (80mg per day) which equates to 400mg of morphine equivalence.

JW was prescribed 200mg daily of Kadian® during his methadone induction, with tapering by 50mg per week. He reported cessation of IVDU within the first week of treatment.

Appendix G: Buprenorphine/naloxone (bup/nx) Microdosing

Some patients struggle with bup/nx initiation because of precipitated withdrawal and the need to be opioid free to obtain an appropriate COWS score (>12-24 hours). Although considered **off-label**, microdosing involves induction of small bup/nx doses which is less likely to precipitate withdrawal.

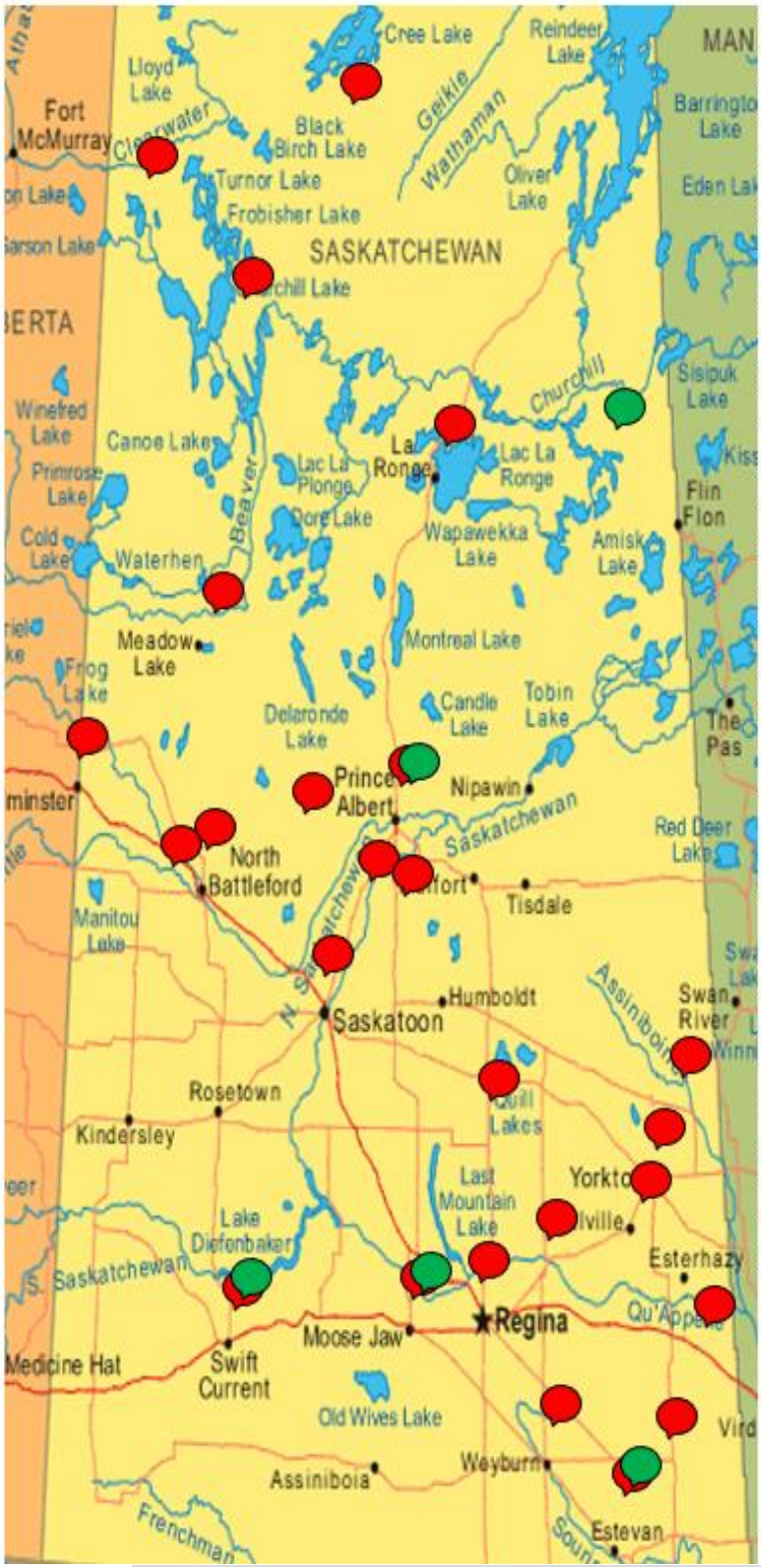
SWITCHING FROM METHADONE TO BUP/NX

Because of the high affinity for the mμ receptor, bup accumulates at the receptor and bumps off the full mμ opioid agonist (e.g. methadone).

Day	Bup Dosing	Methadone Dosing
1	0.5 mg SL once daily	Full dose
2	0.5 mg SL twice daily	Full dose
3	1 mg SL twice daily	Full dose
4	2 mg SL twice daily	Full dose
5	4 mg SL twice daily	Full dose
6	8 mg SL once daily	Full dose
7	8 mg SL in AM and 4 mg SL in PM	Full dose
8	12 mg SL once daily	Stop

Reference: Terasaki D., et al. Transitioning Hospitalized Patients with Opioid Use Disorder from Methadone to Buprenorphine without a Period of Opioid Abstinence Using a Microdosing Protocol. *Pharmacotherapy* 2019;39(1): 1023-9.

Appendix H: Expansion of Opioid Agonist Therapy (April 1, 2020 – March 31, 2021)



City	# of providers
Battleford	1
Black Lake	1
Estevan	5
Fort Qu'Appelle	0 (moved to Regina)
Ile a la Crosse	1
Kamsack	1
La Loche	4
La Ronge	6
Lloydminster	2
Meadow Lake	2
Melville	1
Moose Jaw	6
Moosomin	1
North Battleford	2
Pelican Narrows	1
Porcupine Plain	0 (moved to Black Lake)
Prince Albert	18
Redvers	1
Regina	35 (1 retired from OAT)
Rosthern	4
Saskatoon	21
Shellbrook	2
Swift Current	3
Wakaw	1
Weyburn	1
Yorkton	4
Total	**124**

New Prescribers (Jan 1/21 – Mar 31/21)	City	Approvals
Dr. L. Karnes	Prince Albert	Both – Initiating
Dr. R. Sanche	Moose Jaw	Both – Initiating (formerly maintaining suboxone)
Dr. B. Thistlewood	Swift Current	Both – Initiating
Dr. F. Itzkow	Pelican Narrows	Both – Initiating
Dr. N. Hoover	Prince Albert	Both - Initiating
Dr. H. Gable	Moose Jaw	Both - Initiating
Dr. P. Hugo	Moose Jaw	Bup/Nx - Initiating
Dr. E. Tsoi	Estevan	Both – Initiating
Dr. B. Adeboye	Estevan	Both – Initiating

LEGEND

= existing locations where physicians are providing OAT

= new locations where physicians are providing OAT

Both = the physician is approved to prescribe both methadone and buprenorphine/naloxone

*These numbers indicate the total number of physicians approved to provide OAT for addictions. This does not represent how many physicians may be prescribing at any given time.

Appendix I: Approved OAT Providers as of March 31, 2021

College of Physicians and Surgeons of SK
101-2174 Airport Dr, Saskatoon, SK S7L 6M6
Phone: (306) 244-7355 Fax: (306) 244-0090
email: oatp@cps.sk.ca

Practitioners authorized to prescribe OAT in Saskatchewan
THIS LIST IS NOT FOR DISTRIBUTION

If you are unsure a prescriber has the authority to prescribe OAT, please contact the Opioid Agonist Therapy Program at (306) 244-7355 or e-mail oatp@cps.sk.ca

An OAT Prescriber may be approved as either an Initiating or Maintenance Prescriber. Please refer to the CPSS Standards and Guidelines for more information.

There are certain situations in which a prescriber does not require CPSS approval to prescribe OAT (e.g. in the ER, in-patient, corrections, analgesic). Please refer to the CPSS Standards and Guidelines for more information on these exceptions.

CPSS OATP Standards and Guidelines

Methadone	Bup/Nx	Last Name	First Name	City
Initiator	Initiator	Adams	Mohamed	Regina
Maintenance	N/A	Adanlawo	Adewumi	Regina
Initiator	Initiator	Aito	Harmonie	Regina
N/A	Initiator	Ajogwu	Chamberlain	Out of Province
Initiator	Initiator	Ali	Mukhtar	Lloydminster
Maintenance	N/A	Alport	John	Regina
Initiator	N/A	Asaolu	Olumide	Out of Province
Initiator	Initiator	Banoub	Tamer	Prince Albert
Initiator	Initiator	Beheshti	Mahmood	Weyburn
Initiator	Initiator	Bouchard	Braden	Battleford
Initiator	Initiator	Buhariwalla	Hannah	Regina
Initiator	Initiator	Butt	Peter	Saskatoon
Initiator	Initiator	Carson	George	Regina
Initiator	Initiator	Clark	Megan	Regina
Initiator	Initiator	Conway	Kieran	Fort Qu Appelle
Initiator	Initiator	Crawford	David	Prince Albert
Initiator	N/A	Dautremont	Kevin	Moose Jaw
Initiator	N/A	Dosman	John	Saskatoon
Initiator	Initiator	Egbeyemi	Olanrewaju	Prince Albert
Initiator	Initiator	Ekpenike	Bazim	Prince Albert

Methadone	Bup/Nx	Last Name	First Name	City
N/A	Initiator	Emokpare	Bernard	Regina
Initiator	Initiator	Eshawesh	Abdulhamid Farag	Melville
Maintenance	N/A	Ferguson	Kathleen	Regina
Initiator	Initiator	Fern	Brian	Saskatoon
N/A	Initiator	Fine	Alison	Meadow Lake
Initiator	Initiator	Gartner	Kali	Saskatoon
Initiator	Initiator	Ghazal	Sanjeela	Yorkton
Initiator	Initiator	Groves	Sean	La Ronge
Initiator	Initiator	Hamilton	Erin	North Battleford
Initiator	Initiator	Hanson	Jacelyn	Saskatoon
Initiator	Initiator	Henley	Samantha	Moose Jaw
Initiator	Initiator	Humniski	Nicholas	Saskatoon
Initiator	Initiator	Irvine	Daniel	La Ronge
Initiator	Initiator	Johnson	Carmen	Regina
Initiator	Initiator	Kabongo	Tshipita	Regina
Initiator	Initiator	Kamel	Jelisia	Swift Current
Initiator	Initiator	Kapur	Ankit	Regina
Initiator	Initiator	Kapur	Julia	Regina
Initiator	Initiator	Kaur	Manjit	Saskatoon
Initiator	Initiator	Kgobisa	Lettie	La Loche
Maintenance	N/A	Kielly	Andrew	Regina
Initiator	Initiator	Kiesman	Larissa	Saskatoon
Initiator	N/A	Kleingeld	Johannes	La Ronge
Initiator	Initiator	Kolawole	Rotimi	Prince Albert
Initiator	Initiator	Kurytnik	Alanna	Prince Albert
Initiator	Initiator	Labuschagne	Barend	Regina
Initiator	Initiator	Lanoie	Leo	Prince Albert
N/A	Initiator	Lazar	Kelsey	North Battleford
Initiator	Initiator	Ledding	Kevin	Saskatoon
N/A	Initiator	Leibel	Sharon	Regina
Initiator	Initiator	Liskowich	Sarah	Regina
N/A	Initiator	Little	Christopher	Rosthern
N/A	Initiator	Lodhi	Rohit	Saskatoon
N/A	Initiator	Loutfy	Mona	Prince Albert
Maintenance	N/A	Lyster	Kish	Regina
Initiator	Initiator	Machnee	Elizabeth	Regina
Initiator	Initiator	Markentin	Morris	Saskatoon
Initiator	Initiator	Martel	Nicholas	La Ronge
Initiator	Initiator	Marwah	Radhika	Regina
Maintenance	Initiator	Maya	Nomtandazo	Prince Albert
N/A	Initiator	McGonigle	Reid	Ile a la Crosse
Maintenance	N/A	McLeod	Joanne	Regina
Initiator	Initiator	McNamara	Natasha	Saskatoon

Methadone	Bup/Nx	Last Name	First Name	City
Initiator	Initiator	Melle	Jess	Rosthern
Initiator	Initiator	Milne	Thomas	Saskatoon
Maintenance	Maintenance	Naidoo	Vernon	Lloydminster
Initiator	Initiator	Nair	Ratheesh	Regina
Initiator	Initiator	Neethling	Bertram	La Loche
Initiator	Initiator	Neumann	Timothy	Saskatoon
Initiator	Initiator	Odenigbo	Chukwuemeka	Regina
Initiator	N/A	Oduntan	Oluwole	Yorkton
Initiator	N/A	Olusi	Olusegun	Porcupine Plain
Initiator	N/A	Omosigho	Osamudiamen	Regina
Initiator	Initiator	Orukpe	Ivor	Yorkton
Initiator	Initiator	Owonikoko	Onasegun	Prince Albert
Initiator	N/A	Pancyr	Cassandra	Saskatoon
Initiator	Initiator	Parekh	Vipul	Prince Albert
Initiator	Initiator	Patel	Kaplana	Regina
Initiator	Initiator	Pavan	Mira	Prince Albert
Initiator	Initiator	Peluola	Akinlolu	Saskatoon
Initiator	Initiator	Potgieter	Tania	Regina
Initiator	Initiator	Prabhu	Vijay	Redvers
Initiator	Initiator	Press	Melanie	Yorkton
Initiator	N/A	Rattan	Ukesha	Saskatoon
Initiator	Initiator	Robertson	Archie	Prince Albert
Initiator	Initiator	Rocha-Michaels	Clara	Regina
Initiator	Initiator	Rolzing	Guerman	La Ronge
Initiator	Initiator	Rooke	Edward	Out of Province
Initiator	Initiator	Rossouw	Francois	Prince Albert
Initiator	Initiator	Sacramento-Balingit	Jenny	Prince Albert
Initiator	Initiator	Schramm	Lori	Regina
Initiator	Initiator	Shahat	Mikhail	Yorkton
N/A	Initiator	Swan	Nadine	Yorkton
Initiator	N/A	Tandon	Ramesh	Saskatoon
Initiator	Initiator	Tashakkori Nia	Hamed	Kamsack
Initiator	N/A	Terrett	Luke	Saskatoon
Initiator	Initiator	Thakrar	Shain	Regina
N/A	Initiator	Trickovic	Jason	Meadow Lake
Initiator	Initiator	Udoh	Godwin	Regina
Initiator	Initiator	Vahidtari	Sayedhossein	Shellbrook
Initiator	Initiator	Van Der Merwe	Herman S	Moosomin
Initiator	Initiator	Vermeulen	Abraham	Regina
N/A	Maintenance	Webster	Tamara	Moose Jaw
Initiator	Initiator	Wessels	Johann	Prince Albert
Initiator	Initiator	Wildenboer	Wilhelmina	Regina

Methadone	Bup/Nx	Last Name	First Name	City
Initiator	Initiator	Williams	Fouche	Regina
Initiator	Initiator	Wong	Alexander	Regina
Initiator	Initiator	Yang	Andrew	Saskatoon