



The College of Physicians and Surgeons of Prince Edward Island

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POLICY
NAME

Standard for Prescribing Methadone Analgesia/Dependence

Methadone, a long acting opioid agonist, is a medication which has come to be used to help treat both opioid dependency and chronic pain. It presents certain challenges to use properly and safely, and the College of Physician and Surgeons of PEI has set these Standards in the hope of preventing inadvertent harm to patients.

Effective May 19, 2018 the Federal Government removed the requirement for an Exemption to prescribe Methadone.

The following are the standards expected of physicians in their methadone prescribing for opioid dependency and for analgesia, including chronic non-cancer pain and palliative care. The College recommends an association with an experienced prescriber, all with the view of preventing patient harm.

A physician planning to prescribe Methadone should have:

1. An unrestricted license for independent practice in the province of Prince Edward Island, in good standing with no relevant conditions or restrictions.
2. No current investigations with regard to prescribing opioids or record keeping.
3. No previous findings of professional misconduct or previous legal findings with regard to prescribing opioids or record keeping.
4. An association with an experienced Methadone prescriber as a resource physician. An *experienced prescriber* is a physician who has been **regularly** prescribing Methadone for **at least 2 years**.
5. Awareness of and access to any necessary ancillary services, including but not limited to counseling, a methadone dispensing pharmacist and other methadone prescribers from whom advice may be sought.

6. For an acute care hospital admission for an intercurrent illness, or for an incarceration in a provincial correctional facility, any adjustment of the methadone dose should be on the advice of the physician who is providing ongoing care for the patient and who recommended and initiated the methadone treatment. For continuance of the maintenance dose, no consultation to this physician is necessary, but the attending physician should be aware of potential interactions with medications used in the acute illness.
7. As with any medication, a prescribing physician must maintain currency in the treatment methods of the treated condition. Therefore, commitment to continuing medical education relevant to Methadone prescribing, whether for dependency, analgesia or both, is expected.

For Opioid Dependency:

8. Successful completion of a Methadone Maintenance Treatment (MMT) workshop, prior to commencing prescribing of methadone for opioid dependency is expected.
9. Review of the Methadone Maintenance Guidelines developed by the College of Physicians and Surgeons of Ontario, found at <http://www.cpso.on.ca/Policies-Publications/Policy/Methadone-Maintenance-Treatment-for-Opioid-Depende>

For Analgesia, including Chronic Non-Cancer Pain and Palliative Care:

10. Review of the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain, found at http://nationalpaincentre.mcmaster.ca/documents/opioid%20GL%20for%20CMAJ_01may2017.pdf if prescribing methadone for *chronic non-cancer pain*.
11. Review of the CPSBC Methadone for Analgesia Guidelines, Dec 2016, found at <https://www.cpsbc.ca/files/pdf/DP-Methadone-for-Analgesia-Guidelines.pdf> if prescribing methadone for *chronic non-cancer pain*.
12. Review of the Fraser Health resource: Principles of Opioid Management, which contains prescribing information regarding Methadone for Palliative Care found at <https://www.fraserhealth.ca/media/16FHSymptomGuidelinesOpioid.pdf> if prescribing methadone for *palliative care*.

	<p>13. Review of the Canadian Virtual Hospice resource: Methadone for Analgesia, which contains prescribing information regarding Methadone for Palliative Care found at http://www.virtualhospice.ca/Assets/Methadone%20Literature%20Review%202015-20151215095356.pdf if prescribing methadone for <i>palliative care</i>.</p> <p>For suggested references on relevant courses, please contact the College office.</p> <p><i>Documented ongoing proof of the above CME is not required at this time; however, should a complaint arise with respect to methadone prescribing, absence of appropriate training will be reviewed and could result in a finding of unfitness or professional misconduct.</i></p>
	<p>Medical Act, RSPEI 1988; PART II, Section 3 & Section 4(g); PART VI, Section 67(1)(d) & (j)</p>
<p>APPROVED BY:</p>	<p>Council of the College of Physicians & Surgeons of PEI <i>Revised May 1, 2017</i> Revised June, 2018</p>
<p>TO BE REVIEWED:</p>	