



POLICY

Opioid Agonist Therapy (OAT) Prescribing

STATUS:	APPROVED
Approved by Council:	November 2018
Amended:	March 2019 June 2022
To be reviewed:	June 2027

1. OAT Prescribing for MAINTAINING (Non-Initiating) Physicians for OPIOID USE DISORDER

Physicians authorized to prescribe **BOTH methadone and buprenorphine/naloxone** in the management of opioid use disorder in stable patients are:

1. Required to understand methadone and buprenorphine/naloxone pharmacology and have completed an OAT workshop/course recognized by the CPSS.
2. Required to agree to follow the Policies or Standards of the CPSS related to the prescribing of methadone or buprenorphine/naloxone as they may exist from time to time.
3. Required to agree to participate in a program of continuing medical education related to the prescribing of methadone and buprenorphine/naloxone and/or addiction medicine as may be required by the CPSS Policies or Standards from time to time.
4. Required to agree to participate in an audit of their prescribing of methadone or buprenorphine/naloxone if requested by the CPSS Registrar.
5. Required to agree to an interview with the CPSS Registrar or their designate, if requested.
6. Required to have an ongoing association with an experienced Initiating Prescriber who serves as a resource to the Maintaining Prescriber.
7. Required to have access to the Saskatchewan electronic Health Record (eHR) Viewer to permit monitoring of prescribed medications, as well as laboratory results for those patients to whom they prescribe methadone or buprenorphine/naloxone.
8. Required to have access to appropriate laboratory services to perform urine drug testing or to collect, store and transport urine for drug testing for those patients to whom they prescribe methadone or buprenorphine/naloxone.
9. Required to have access to counseling and pharmacy services.
10. Required to make efforts to provide non-pharmacological support to their patients (e.g. addiction services, counseling, harm reduction, community programs, etc.)

11. Required to plan for after-hour care of their OAT patients if they are not available from another prescriber trained in OAT according to standards described in the *CPSS OATP Standards & Guidelines*.
12. Required to ensure any OAT patient under their care receives continued care from another physician trained in OAT according to standards described in the *CPSS OATP Standards & Guidelines* when they are going to be away or are suspending their practice.

I Dr. _____ have received, read and agree with the policy of Council dated _____ with respect to my request to become an opioid agonist therapy prescriber for the purpose of treating opioid use disorder in stable patients. I will comply with this policy if I am granted approval by the Registrar of the College of Physicians and Surgeons of Saskatchewan (or approval from their designate).

Sign _____

Print _____

Date _____



POLICY

Methadone Prescribing

STATUS:	APPROVED
Approved by Council:	November 2018
Amended:	March 2019 June 2022
To be reviewed:	June 2027

2. Methadone Prescribing for MAINTAINING (Non-Initiating) Physicians for OPIOID USE DISORDER

Physicians authorized to prescribe **ONLY methadone** in the management of opioid use disorder in stable patients are:

1. Required to understand methadone pharmacology and have completed an OAT workshop/course recognized by the CPSS.
2. Required to agree to follow the Policies or Standard of the CPSS related to the prescribing of methadone as they may exist from time to time.
3. Required to agree to participate in a program of continuing medical education related to the prescribing of methadone and/or addiction medicine as may be required by the CPSS Policies or Standards from time to time.
4. Required to agree to participate in an audit of their prescribing of methadone if requested by the CPSS Registrar.
5. Required to agree to an interview with the CPSS Registrar or their designate, if requested.
6. Required to have an ongoing association with an experienced Initiating Prescriber who serves as a resource to the Maintaining Prescriber.
7. Required to have access to the Saskatchewan electronic Health Record (eHR) Viewer to permit monitoring of prescribed medications, as well as laboratory results for those patients to whom they prescribe methadone.
8. Required to have access to appropriate laboratory services to perform urine drug testing or to collect, store and transport urine for drug testing for those patients to whom they prescribe methadone.
9. Required to have access to counseling and pharmacy services.

10. Required to make efforts to provide non-pharmacological support to their patients (e.g. addiction services, counseling, harm reduction, community programs, etc.)
11. Required to plan for after-hour care of their OAT patients if they are not available from another prescriber trained in OAT according to standards described in the *CPSS OATP Standards & Guideline*.
12. Required to ensure any OAT patient under their care receives continued care from another physician trained in OAT according to standards described in the *CPSS OATP Standards & Guidelines* when they are going to be away or are suspending their practice.

I Dr. _____ have received, read and agree with the policy of Council dated _____ with respect to my request to become a methadone prescriber for the purpose of treating opioid use disorder in stable patients. I will comply with this policy if I am granted approval by the Registrar of the College of Physicians and Surgeons of Saskatchewan (or approval from their designate).

Sign _____

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POLICY

Buprenorphine/naloxone Prescribing

STATUS:	APPROVED
Approved by Council:	November 2018
Amended:	March 2019
	June 2022
	November 2022
To be reviewed:	June 2027

3. Buprenorphine/naloxone Prescribing for MAINTAINING (Non-Initiating) Physicians for OPIOID USE DISORDER

Nothing in this policy applies to a physician 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; or,
- provides buprenorphine/naloxone treatment in hospital to maintain a patient who is receiving buprenorphine/naloxone treatment prior to their hospitalization; or,
- provides buprenorphine/naloxone treatment in a correctional facility to maintain a patient who is receiving buprenorphine/naloxone treatment prior to their incarceration.

Physicians who provide buprenorphine/naloxone treatment in such circumstances should be aware of and follow the College's document *Opioid Agonist Therapy Program Standards and Guidelines for the Treatment of Opioid Use Disorder*.

Physicians authorized to prescribe **ONLY buprenorphine/naloxone** in the management of opioid use disorder in stable patients are:

1. Required to understand buprenorphine/naloxone pharmacology. Completion of an OAT workshop/course recognized by the CPSS is strongly recommended.
2. Required to agree to follow the Policies or Standard of the CPSS related to the prescribing of buprenorphine/naloxone as they may exist from time to time.
3. Required to agree to participate in a program of continuing medical education related to the prescribing of buprenorphine/naloxone and/or addiction medicine as may be required by the CPSS Policies or Standards from time to time.
4. Required to agree to participate in an audit of their prescribing of buprenorphine/naloxone if requested by the CPSS Registrar.
5. Required to agree to an interview with the CPSS Registrar or their designate, if requested.

6. Required to have an ongoing association with an experienced Initiating Prescriber who serves as a resource to the Maintaining Prescriber.
7. Required to have access to the Saskatchewan electronic Health Record (eHR) Viewer to permit monitoring of prescribed medications, as well as laboratory results for those patients to whom they prescribe buprenorphine/naloxone.
8. Required to have access to appropriate laboratory services to perform urine drug testing or to collect, store and transport urine for drug testing for those patients to whom they prescribe buprenorphine/naloxone.
9. Required to have access to counseling and pharmacy services.
10. Required to make efforts to provide non-pharmacological support to their patients (e.g. addiction services, counseling, harm reduction, community programs, etc.)
11. Required to plan for after-hour care of their OAT patients if they are not available from another prescriber trained in OAT according to standards described in the *CPSS OATP Standards & Guidelines*.
12. Required to ensure any OAT patient under their care receives continued care from another physician trained in OAT according to standards described in the *CPSS OATP Standards & Guidelines* when they are going to be away or are suspending their practice.

I Dr. _____ have received, read and agree with the policy of Council dated _____ with respect to my request to become a buprenorphine/naloxone prescriber for the purpose of treating opioid use disorder in stable patients. I will comply with this policy if I am granted approval by the Registrar of the College of Physicians and Surgeons of Saskatchewan (or approval from their designate).

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STATUS:	APPROVED
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	September 2021
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4. OAT Prescribing for INITIATING Physicians for OPIOID USE DISORDER

Physicians authorized to prescribe **BOTH methadone and buprenorphine/naloxone** in the management of opioid use disorder are:

1. Required to have the following training and experience:
 - a. Completion of a methadone and buprenorphine/naloxone workshop or course recognized by the CPSS;
 - b. A period of direct training (or equivalence, as authorized by the CPSS), supervision and mentorship with an experienced, CPSS-approved Initiating Prescriber;
 - c. Documentation of clinical competence from a mentoring prescriber;
 - d. CPSS approved mentorship and support from an established methadone prescriber during the first two years of practice.
2. Required to agree to follow the Policies or Standard of the CPSS related to the prescribing of methadone or buprenorphine/naloxone as they may exist from time to time.
3. Required to agree to participate in a program of continuing medical education related to the prescribing of methadone and buprenorphine/naloxone and/or addiction medicine as may be required by the CPSS Policies or Standards from time to time.
4. Required to pursue ongoing education relevant to OAT prescribing.
5. Required to alert the CPSS when they have taken on and treated 25 patients using methadone for opioid use disorder if they are a new methadone prescriber.
6. Required to agree to participate in an audit of their prescribing of methadone or buprenorphine/naloxone if requested by the CPSS Registrar.
7. Required to agree to an interview with the CPSS Registrar or their designate, if requested.
8. Required to have access to the Saskatchewan electronic Health Record (eHR) Viewer to permit monitoring of prescribed medications, as well as laboratory results for those patients to whom they prescribe methadone or buprenorphine/naloxone.

9. Required to have access to appropriate laboratory services to perform urine drug testing or to collect, store and transport urine for drug testing for those patients to whom they prescribe methadone or buprenorphine/naloxone.
10. Required to have access to one or more addiction counselors and one or more pharmacists to provide patients the full range of treatment options.
11. Required to make efforts to provide non-pharmacological support to their patients (e.g. addiction services, counseling, harm reduction, community programs, etc.)
12. Required to plan for after-hour care of their OAT patients if they are not available from another prescriber trained in OAT according to standards described in the *CPSS OATP Standards & Guidelines*.
13. Required to ensure any OAT patient under their care receives continued care from another physician trained in OAT according to standards described in *the CPSS OATP Standards & Guidelines* when they are going to be away or are suspending their practice.

I Dr. _____ have received, read and agree with the policy of Council dated _____ with respect to my request to become an opioid agonist therapy prescriber for the purpose of treating opioid use disorder. I will comply with this policy if I am granted approval by the Registrar of the College of Physicians and Surgeons of Saskatchewan (or approval from their designate).

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5. Methadone Prescribing for INITIATING Physicians for OPIOID USE DISORDER

Physicians authorized to prescribe **ONLY methadone** in the management of opioid use disorder are:

1. Required to have the following training and experience:
 - a. Completion of a methadone workshop or course recognized by the CPSS;
 - b. A period of direct training (or equivalence, as authorized by the CPSS), supervision and mentorship with an experienced, CPSS-approved Initiating Prescriber;
 - c. Documentation of clinical competence from a mentoring prescriber;
 - d. CPSS approved mentorship and support from an established methadone prescriber during the first two years of practice.
2. Required to agree to follow the Policies or Standard of the CPSS related to the prescribing of methadone as they may exist from time to time.
3. Required to agree to participate in a program of continuing medical education related to the prescribing of methadone and/or addiction medicine as may be required by the CPSS Policies or Standards from time to time.
4. Required to pursue ongoing education relevant to OAT prescribing.
5. Required to alert the CPSS when they have taken on and treated 25 patients using methadone for opioid use disorder if they are a new methadone prescriber.
6. Required to agree to participate in an audit of their prescribing of methadone if requested by the CPSS Registrar.
7. Required to agree to an interview with the CPSS Registrar or their designate, if requested.
8. Required to have access to the Saskatchewan electronic Health Record (eHR) Viewer to permit monitoring of prescribed medications, as well as laboratory results for those patients to whom they prescribe methadone.

9. Required to have access to appropriate laboratory services to perform urine drug testing or to collect, store and transport urine for drug testing for those patients to whom they prescribe methadone.
10. Required to have access to one or more addiction counselors and one or more pharmacists to provide patients the full range of treatment options.
11. Required to make efforts to provide non-pharmacological support to their patients (e.g. addiction services, counseling, harm reduction, community programs, etc.)
12. Required to plan for after-hour care of their OAT patients if they are not available from another prescriber trained in OAT according to standards described in the *CPSS OATP Standards & Guidelines*.
13. Required to ensure any OAT patient under their care receives continued care from another physician trained in OAT according to standards described in *the CPSS OATP Standards & Guidelines* when they are going to be away or are suspending their practice.

I Dr. _____ have received, read and agree with the policy of Council dated _____ with respect to my request to become a methadone prescriber for the purpose of treating opioid use disorder. I will comply with this policy if I am granted approval by the Registrar of the College of Physicians and Surgeons of Saskatchewan (or approval from their designate).

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Buprenorphine/naloxone Prescribing

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6. Buprenorphine/naloxone Prescribing for INITIATING Physicians for OPIOID USE DISORDER

Nothing in this policy applies to a physician 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.

Physicians authorized to prescribe **ONLY buprenorphine/naloxone** in the management of opioid use disorder in stable patients are:

1. Required to have the following training and experience:
 - a. Completion of a buprenorphine/naloxone workshop or course recognized by the CPSS;
 - b. A period of direct training (or equivalence, as authorized by the CPSS), supervision and mentorship with an experienced, CPSS-approved Initiating Prescriber;
 - c. Documentation of clinical competence from a mentoring prescriber.
2. Required to agree to follow the Policies or Standard of the CPSS related to the prescribing of buprenorphine/naloxone as they may exist from time to time.
3. Required to agree to participate in a program of continuing medical education related to the prescribing of buprenorphine/naloxone and/or addiction medicine as may be required by the CPSS Policies or Standards from time to time.
4. Required to pursue ongoing education relevant to OAT prescribing.
5. Required to agree to participate in an audit of their prescribing of buprenorphine/naloxone if requested by the CPSS Registrar.
6. Required to agree to an interview with the CPSS Registrar or their designate, if requested.
7. Required to have access to the Saskatchewan electronic Health Record (eHR) Viewer to permit monitoring of prescribed medications, as well as laboratory results for those patients to whom they prescribe buprenorphine/naloxone.

8. Required to have access to appropriate laboratory services to perform urine drug testing or to collect, store and transport urine for drug testing for those patients to whom they prescribe buprenorphine/naloxone.
9. Required to have access to one or more addiction counselors and one or more pharmacists to provide patients the full range of treatment options.
10. Required to make efforts to provide non-pharmacological support to their patients (e.g. addiction services, counseling, harm reduction, community programs, etc.)
11. Required to plan for after-hour care of their OAT patients if they are not available from another prescriber trained in OAT according to standards described in the *CPSS OATP Standards & Guidelines*.
12. Required to ensure any OAT patient under their care receives continued care from another physician trained in OAT according to standards described in *the CPSS OATP Standards & Guidelines* when they are going to be away or are suspending their practice.

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