College of Pharmacists of British Columbia

Board Meeting
February 14, 2020
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, District 1
Andrea Silver, District 3
Steven Hopp, District 4
Michael Ortynsky, District 5
Claire Ishoy, District 7
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Staff:
Bob Nakagawa, Registrar
David Pavan, Deputy Registrar
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Mary O'Callaghan, Chief Operating Officer
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Jon Chen, Communications Project Officer
Stephanie Kwok, Executive Assistant

Guest Regrets:
Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences
Elisa Colasurdo, UBC Pharmacy Undergraduate Society President

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1. **WELCOME & CALL TO ORDER**
   Chair Antler called the meeting to order at 11:15am on February 14, 2020.

   Chair Antler acknowledged the Coast Salish People on whose unceded traditional territories we are gathered on, the Coast Salish, Squamish and Tsleil-Waututh First Nations.

College of Pharmacists of British Columbia

2. CONSENT AGENDA

a) Items for further discussion

The following items were removed from the consent agenda and placed on the regular agenda under item 9:

- 2b.3 *Approval of November 15, 2019 Draft Board Meeting Minutes*
- 2b.7 *Approval of November 14, 2019 Draft Committee of the Whole Meeting Minutes*
- 2b.8 *Approval of November 14, 2019 Draft Annual General Meeting Minutes*
- 2b.10 *Approval of November 29, 2019 Draft Committee of the Whole Meeting Minutes*
- 2b.11 *Approval of December 20, 2019 Draft Committee of the Whole Meeting Minutes*

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:
Approve the Consent Agenda as amended.

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

Item 8 *External Customer Satisfaction Engagement Results* will be deferred to the April 2020 Board meeting.

It was moved and seconded that the Board:
Approve the February 14, 2020 Draft Board Meeting Agenda as amended.

CARRIED

4. COMMITTEE UPDATES

a) Audit and Finance Committee

Steven Hopp, Chair of the Legislation Review Committee, provided an update under item 5a of the regular agenda.

b) Legislation Review Committee

Justin Thind, Chair of the Legislation Review Committee, provided an update under item 7a of the regular agenda.

c) Drug Administration Committee

Alex Dar Santos, Member of Drug Administration Committee, reported that the committee has not met since the last Board meeting. The Committee is awaiting the findings of the Safe Drug Administration by Pharmacists Working Group. The working group was to review the safety risks, mitigation strategies and benefits of changing pharmacists' drug administration authority and provide those findings to the Drug Administration Committee, the Ministry of Health and other health profession regulatory colleges for consideration. The committee plans to meet before the April 2020 Board meeting.

College of Pharmacists of British Columbia

d) Ethics Advisory Committee

Bal Dhillon, Chair of the Ethics Advisory Committee, reported that the committee has not met since the last Board meeting.

e) Governance Committee

Anne Peterson, Chair of the Governance Committee, reported that the committee met via teleconference on January 28, 2020. The committee discussed the results and comments from the November 2019 Board Meeting Evaluation Survey. The committee approved revisions to the Registrar Evaluation and Succession Planning Committee Terms of Reference. The committee also discussed a potential conflict of interest in reference to an appointment to the Past Chairs Advisory Committee. The committee also discussed the Steering Committee report on Modernization of Health Professional Regulation. The committee had preliminary discussion on the Governance work plan for the year. The committee has issued a call for volunteer committee members ending on February 28th. The committee will reconvene in March to review and discuss the evaluations.

f) Pharmacy Advisory Committee

Anca Cvaci, Vice-Chair of the Pharmacy Advisory Committee, reported that the committee has not met since the last Board meeting.

g) Practice Review Committee

Tracey Hagkull, Chair of the Practice Review Committee, reported that the committee met on December 2, 2019 via teleconference. The committee reported the reviews taking place in the community are slightly behind but this was expected due to a change in staff and subsequent training of new staff. Feedback from completed practice reviews and Registrant post-review surveys is being incorporated into insight articles for upcoming publication The committee is currently reviewing all their program policies and has begun working on their report to the Board in June.

h) Quality Assurance Committee

Michael Ortynsky, Chair of the Quality Assurance Committee, reported that the committee met in-person on February 11, 2020. The committee reviewed the CE submission statistics since their last meeting. The committee also discussed the outcomes and learnings from the initial CE audits that were conducted last year and discussed a plan for the audits to be conducted this year.

i) Application Committee

Christine Antler, Member of the Application Committee, reported that the committee met seven times since the November 2019 Board meeting. The committee reviewed twenty-seven pharmacy files. Twenty-two pharmacy files were late submission cases and five pharmacy files were eligibility-related cases.

j) Discipline Committee

Chair Antler, on behalf of the Discipline Committee, reported two files in progress, six pending files and no hearings were heard for the period of October 2019 to December 2019.

College of Pharmacists of British Columbia

k) Inquiry Committee

Chair Antler, on behalf of the Inquiry Committee, reported that the committee met once in - person and fourteen times via teleconference for the period of October 2019 to December 2019. Thirty-eight files were reviewed or disposed of, of which fourteen files were new files, nine were reconsideration files, and fifteen were PODSA s. 18 report files. 218 calls/tips were received during this reporting period and twenty-seven formal complaints were received. The numbers reported during this period are comparable to previous years.

l) Registration Committee

Chair Antler, on behalf of the Registration Committee, reported that the committee met four times since the November 2019 Board meeting. The committee reviewed six files, of which one could not check off the statutory declaration items, one was a request for a jurisprudence examination accommodation, two were extension requests of their application and two were limited pharmacist applications. The Jurisprudence Examination Subcommittee has not met since the last Board meeting.

m) Registrar Evaluation & Succession Planning Committee

Chair Antler, Chair of the Registrar Evaluation & Succession Planning Committee reported that the committee met once via teleconference on January 29, 2020 to confirm the KPI for goal 3 of the 2019/2020 performance goals of the Registrar/CEO. The committee also discussed their list of external stakeholders.

5. AUDIT AND FINANCE COMMITTEE (Appendix 3)

Steven Hopp, Chair of the Audit and Finance Committee presented.

a) Committee Update

The committee met on February 6, 2020. The committee reviewed the November 2019 financials and reviewed the 2020/2021 budget options.

b) Budget 2020/2021

It was moved and seconded that the Board:
Approve the 2020/21 budget with total expenditures in the amount of $11,329,901 and a transfer from the balance sheet in the amount of $1,114,329 as circulated.

CARRIED

6. PHARMACEUTICAL CARE MANAGEMENT STRATEGY UPDATE (Appendix 4)

Mitch Moneo, Assistant Deputy Minister of Pharmaceutical Services Division presented to the Board key highlights and achievements of the Pharmaceutical Services Division, as well as upcoming mandate changes.

College of Pharmacists of British Columbia

7. LEGISLATION REVIEW COMMITTEE (Appendix 5)

Justin Thind, Chair of the Legislation Review Committee presented.

a) Committee Update

A committee update was presented.

b) Amendments to PPP-71 Delivery of Methadone for Maintenance

It was moved and seconded that the Board:
Approve amendments to Professional Practice Policy 71 ("PPP-71") – Delivery of Methadone for Maintenance, as circulated, to be effective April 1, 2020.

Approve consequential amendments to the following Professional Practice Policy ("PPP") and associated Policy Guides as circulated, to be effective April 1, 2020:

a. *PPP-66 Opioid Agonist Treatment*
b. *PPP-66 Policy Guide Buprenorphine/Naloxone Maintenance Treatment*
c. *PPP-66 Policy Guide Methadone Maintenance Treatment*
d. *PPP-66 Policy Guide Slow Release Oral Morphine Maintenance Treatment*

CARRIED

c) Amendments to Controlled Prescription Program Forms

It was moved and seconded that the Board:
Approve amendments to the Controlled Prescription Program forms to create a harmonized form, as circulated.

CARRIED

d) Amendments to PPP-68 Cold Chain Management of Biologicals

It was moved and seconded that the Board:
Approve amendments to Professional Practice Policy 68 – Cold Chain Management of Biologicals ("PPP-68"), as circulated.

CARRIED

College of Pharmacists of British Columbia

8. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

To revise the following meeting minutes by including the land acknowledgement:

- 2b.3 *Approval of November 15, 2019 Draft Board Meeting Minutes*
  - To also correct guest attendance at the meeting
- 2b.7 *Approval of November 14, 2019 Draft Committee of the Whole Meeting Minutes*
- 2b.8 *Approval of November 14, 2019 Draft Annual General Meeting Minutes*
- 2b.10 *Approval of November 29, 2019 Draft Committee of the Whole Meeting Minutes*
- 2b.11 *Approval of December 20, 2019 Draft Committee of the Whole Meeting Minutes*

ADJOURNMENT

Chair Antler adjourned the meeting at 2:27pm on February 14, 2020.

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2. Consent Agenda
b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as circulated, or amended.

i. Chair's Report
ii. Registrar's Update
    a. Compliance Certificate
    b. Risk Register November 2019
    c. Current Strategic Plan Update
    d. Action Items & Business Arising
iii. Approval of November 15, 2019 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates
v. Audit and Finance Committee: Finance Report: November Financials
vi. Governance Committee: **[DECISION]**
    a. Appointment to the Registrar Evaluation and Succession Planning Committee **[DECISION]**
    b. Appointment to the Past Chairs Advisory Committee **[DECISION]**
    c. Approval of Revised Registrar Evaluation and Succession Planning Committee Terms of Reference **[DECISION]**
vii. Approval of November 14, 2019 Draft Committee of the Whole Meeting Minutes **[DECISION]**
viii. Approval of November 14, 2019 Draft Annual General Meeting Minutes **[DECISION]**
ix. Approval of November 28, 2019 Draft Board Resolution Meeting Minutes **[DECISION]**
x. Approval of November 29, 2019 Draft Committee of the Whole Meeting Minutes **[DECISION]**
xi. Approval of December 20, 2019 Draft Board Resolution Minutes **[DECISION]**

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.i. Chair's Report

INFORMATION ONLY

It is my pleasure to provide this report for the February 2020 Board meeting. Since the previous Board Meeting report (November 2019), I have been involved in the following activities as Board Chair:

General:

- Liaised with Registrar, Board and facilitator to plan the November 29, 2019 teleconference and December 20, 2019 Committee of the Whole meeting
- Coordinated Board member comments and reviewed and approved CPBC response to Steering Committee Report
- Reviewed draft November board meeting and November and December Committee of the Whole meeting minutes
- Liaised with Registrar and guest speaker to plan the February 2020 Committee of the Whole and Board meetings
- Attended weekly meetings with Registrar/Deputy Registrar/Vice-Chair on general Board-related items
- Answered general questions/queries of registrants and fellow Board members

Events:

- Attended Consultation on Modernizing Health Profession Regulation, November 25, 2019
- Attended PuMP Performance Measure Blueprint Workshop January 14-16, 2020, Regina

Committees:

- Application Committee
- Audit and Finance Committee
- Governance Committee
- Registrar Evaluation and Succession Planning Committee

College of Pharmacists
of British Columbia

Compliance Certificate

We have reviewed the College's official records and financial reports and we certify that the College has met its legal obligations with respect to the following:

Annual Report - Filed June 28, 2019

Non-profit Tax Return – Filed August 19, 2019

Non-profit Information Return – Filed August 19, 2019

Employee statutory payroll deductions – remitted to Canada Revenue Agency – all remittances are current.

Employee pension plan remittances – all remittances are current.

WorkSafeBC BC assessments – all remittances are current.

Employer Health Tax assessments – all remittances are current.

Sales Taxes – all remittances are current.

Investments – invested as per policy.

Bank signing authority documents – current as per policy.

Insurance – all insurance policies are up to date.

Business Licence – current.

Signed by:

Registrar

Chief Operating Officer

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BOARD REPORT (DRAFT)
Jan 29, 2020

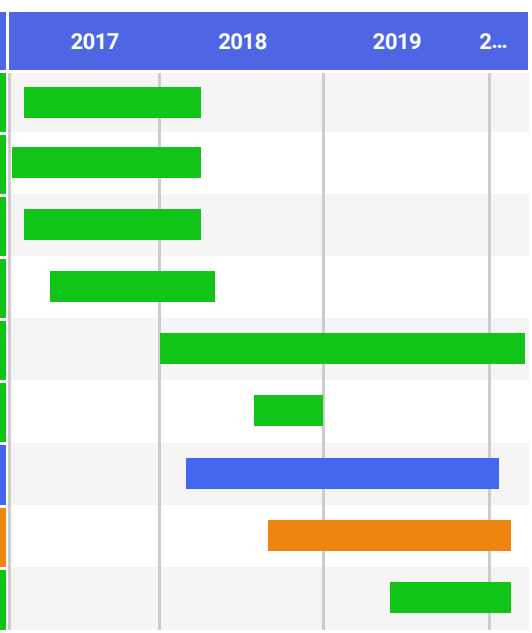
39
ACTION ITEMS

93%
ACTION ITEM COMPLETION

COLLEGE OF PHARMACISTS OF BC PLAN

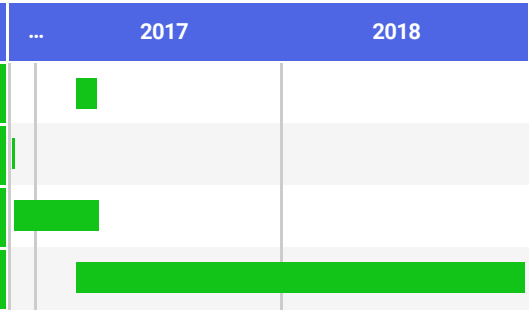
LEGISLATIVE STANDARDS & MODERNIZATION

Action Item	Owner	Current Completion
Implement PODSA ownership changes (Phase 1)	Director of Registration & Licensure	100% -
→ Implement revised bylaw	Director of Policy & Legislation	100% -
→ Streamline business processes	Director of Registration & Licensure	100% -
→ Complete communications and engagement activities	Director of Communications & Engagement	100% -
Implement PODSA Modernization (Phase 2)	Director of Registration & Licensure	100% -
→ Update and re-scope entire PODSA Phase 2 project	Director of Registration & Licensure	100% -
→ Implement revised bylaw (POSDA Phase2)	Director of Policy & Legislation	95% 5% behind
→ Complete communications and engagement activities (PODSA 2)	Director of Communications & Engagement	83% 11% behind
→ Streamline business processes	Chief Operating Officer	100% -



PROFESSIONAL EXCELLENCE

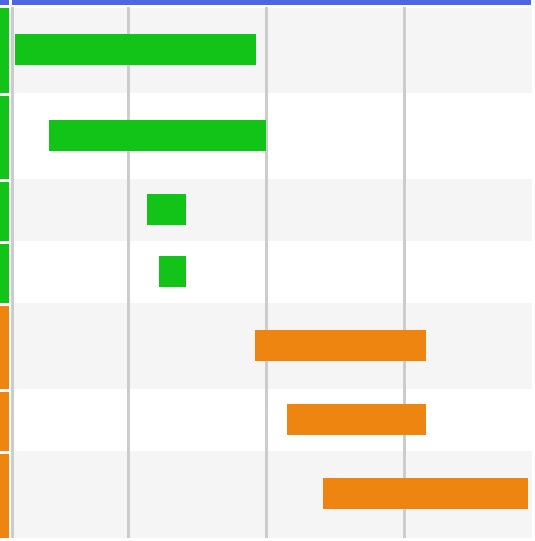
Action Item	Owner	Current Completion
Implement Hospital PRP	Director of Practice Reviews & Quality Assurance	100% -
→ Develop Hospital PRP program	Director of Practice Reviews & Quality Assurance	100% -
→ Launch Hospital PRP program	Director of Practice Reviews & Quality Assurance	100% -
Complete Implementation of Methadone Action Plan	Deputy Registrar	100% -



Provide recommendations to the board based on findings of MMT inspections and undercover operations.	Deputy Registrar	100% -
Complete legal elements	Director of Policy & Legislation	100% -
Manage inspections	Deputy Registrar	100% -

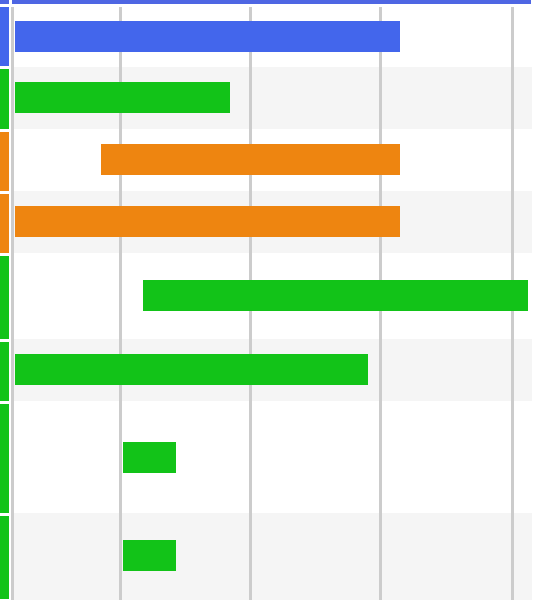
DRUG THERAPY ACCESS & MONITORING

Action Item	Owner	Current Completion
Recommend to the Minister of Health that pharmacists be granted the authority to prescribe	Director of Registration & Licensure	100% -
Develop framework/proposal for pharmacist prescribing for submission to the Minister of Health	Director of Registration & Licensure	100% -
Complete communication and engagement activities	Director of Communications & Engagement	100% -
Submit Proposal for Pharmacist Prescribing to Minister of Health	Director of Registration & Licensure	100% -
Seek greater access to patient lab values to enhance pharmacists' ability to provide quality, timely service to patients	Director of Registration & Licensure	49% 44% behind
Complete communications and engagement activities	Director of Communications & Engagement	0% 91% behind
Develop and submit framework/proposal document outlining a strategy for how to create access to Patient Lab Values	Director of Registration & Licensure	35% 9% behind

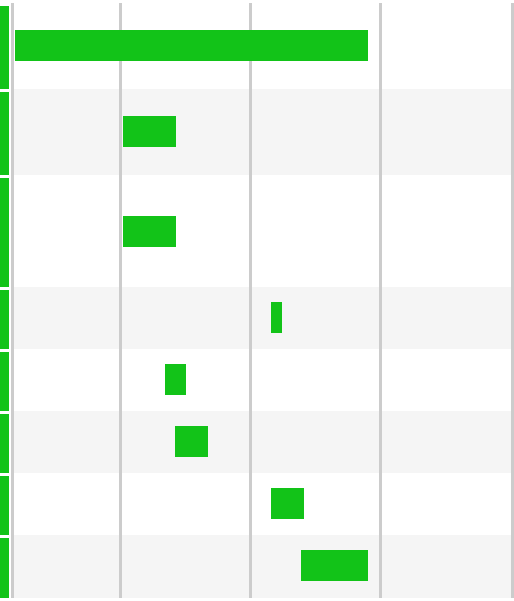


ORGANIZATIONAL EXCELLENCE

Action Item	Owner	Current Completion
Update IT infrastructure	Chief Operating Officer	90% 7% behind
Implement IT updates required by PODSA Modernization (Phase 1)	Chief Operating Officer	100% -
Implement IT Department organization, processes and procedures	Chief Operating Officer	80% 16% behind
Implement Enterprise Content Management system	Chief Operating Officer	80% 17% behind
Enhance public safety through ensuring Practice Review Program systems needs are addressed	Chief Operating Officer	100% -
Enhance organizational best practices to obtain silver certification from Excellence Canada	Chief Operating Officer	100% -
Develop human resources / wellness policies and procedures (plans or guidelines) required to attain Silver certification	Chief Operating Officer	100% -
Develop Governance and Leadership policies and success indicators required to attain Silver certification	Chief Operating Officer	100% -



Develop organizational policies and procedures (plans or guidelines) required to attain Silver certification	Chief Operating Officer	100% -
Define customer segments and develop a customer experience plan, including key partners	Chief Operating Officer	100% -
Develop a methodology for regularly identifying and capturing key processes, including Project Management, Change Management and Procurement	Chief Operating Officer	100% -
Register with Excellence Canada for official verification	Chief Operating Officer	100% -
Review gap analysis and assign secondary action plan projects to teams	Chief Operating Officer	100% -
Complete secondary projects	Chief Operating Officer	100% -
Facilitate Excellence Canada verification team visits and focus groups	Chief Operating Officer	100% -
Receive Silver Certification from Excellence Canada	Chief Operating Officer	100% -



College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.ii Registrar's Update
d) Action Items & Business Arising

INFORMATION ONLY

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
1.	Motion: Direct the Registrar to draft bylaws to adopt the Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations, to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations. **Status: Recommended implementation plan has been communicated to registrants. College staff will bring forward a proposed motion for the Board's consideration, to officially adopt the Standards, closer to the May 2021 effective date. No further update at this point. The current status is still in effect.**	04-2017	IN PROGRESS
2.	Motion: Direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation. **Status: At the October 2019 Legislation Review Committee meeting, the committee discussed that these standards of practice should be included in the HPA Modernization Project which will begin in February 2020.**	06-2017	IN PROGRESS
3.	Motion: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems; **Status: The Policy & Legislation Department has addressed some of the issues in the new electronic record keeping PPP. Work is being done by the Ministry of Health addressing this issue with PRIME and updated SCS document No further update at this point. The current status is still in effect.**	02-2018	IN PROGRESS

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
4.	Motion: If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems." **Status: Ministry of Health has posted conformance standards and will come into effect in December 2020.**	02-2018	IN PROGRESS
5.	Motion: Direct the Registrar to pursue drug scheduling by reference to federal legislation and the National Drug Schedules established by the National Association of Pharmacy Regulatory Authorities (NAPRA), with respect to the Drug Schedules Regulation. **Status: Research and analysis has begun. No further update at this point. The current status is still in effect.**	11-2018	IN PROGRESS
6.	Motion: Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions. **Status: The Ministry of Health has recently requested that a working group be established to explore potential effects of the removal of restrictions on pharmacist injection and intranasal administration of medications in British Columbia. The College and Ministry have drafted a terms of reference and timeline for this working group. The first meeting of the working group was held on October 28, 2019. An update from the first meeting was provided to the Board at the November 2019 Board meeting. The second meeting of the working group is scheduled for February 12, 2020.**	02-2019	IN PROGRESS
7.	Motion: Direct the Registrar to require mandatory anonymous medication incident reporting in all pharmacies using any medication incident reporting platform of the pharmacy's choosing that meets the College's criteria. **Status: Participated on NAPRA Medication Incident Working Group and attended Joint CQI meeting with the Institute for Safe Medication Practices Canada and representatives from other provinces. No further update at this point. The current status is still in effect.**	09-2019	IN PROGRESS

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.iii Approval of November 15, 2019 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 15, 2019 draft Board meeting minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20191115.pdf

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.iv Committee Updates (Minutes)

INFORMATION ONLY

Committees who have met and approved previous meeting minutes have submitted them to the Board for information purposes.

For confidentiality purposes, the Discipline Committee and Inquiry Committee have provided summaries of their meetings, but will not be submitting minutes.

Appendix – available on the Board Portal under 'Committee Minutes'	
1	Discipline Committee Update
2	Governance Committee Meeting Minutes
3	Inquiry Committee Update
4	Practice Review Committee Meeting Minutes

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.iv Audit and Finance Committee: Finance Report (November Financials)

INFORMATION ONLY

Purpose

To report on the highlights of the **November 2019** financial reports.

Background

The November 2019 financial reports reflect **nine month's** activity. Attached are the Statement of Financial Position, a summary Statement of Revenue and Expenditures and more detailed reports on Revenue and on Expenditures.

Statement of Financial Position

The College's cash position is well funded to meet payables with a balance of over $1,200,000. Investments at the end of November totalled just under $5.4 million. Payables and accruals are just over $800,000.

Revenue

The total *Licensure revenues* are slightly under budget, under by about $97,000 or 1%. *Other revenues* (administrative fees, etc.) are over budget by about $37,000, mainly due to fines received, while Grant revenue is under budget due to timing until the one remaining grant milestone payment has completed the next milestone. Investment income is slightly under budget, while Joint Venture income is right on budget. The combined result is that actual revenues are a little under budget, approximately $108,000 or 1% under budget.

Expenses

Total Year to Date Actual expenditures are also under budget, by a little over $400,000 or 5%. See the variance analysis which follows for details. Much of the under budget variances are due to gapping. There were some new positions planned in the budget and we had some turnover early in the year. These positions are all filled now and it is expected that many of the variances will remain under budget by the end of the year. We are also monitoring the revenues in case they remain under budget, so that expenses can offset that difference.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	625,147	662,567	Budget estimates were low re Strategic Planning facilitation and Excellence Canada verification.
Finance and Administration	2,962,117	3,042,122	Move to Azure Cloud Server and Professional Development fees are over budget. Savings negotiated re bank and credit card fees.
Grant distribution	39,500	41,228	
Registration & Licensure	709,322	692,916	Timing of meetings / outside services.
Quality Assurance	229,745	210,504	Timing re hiring / outside services.
Practice Review	1,157,341	1,085,995	Timing re hiring.
Complaints Resolution	1,251,463	1,106,964	Primarily timing re hiring. Also under budget in outside services.
Policy and Legislation	437,690	305,635	Timing re hiring and under budget re legal fees / consulting.
Communications & Engagement	321,814	276,789	Under budget re outside services.
Projects (PODSA Modernization)	111,115	69,444	Project management / outside services remain under budget.
Amortization	273,794	223,889	Budget estimates were high.
Total Expenses	8,119,048	7,718,013	

Appendix	
1	Statement of Financial Position
2	Statement of Revenue and Expenditures
3	Statement of Revenue
4	Statement of Expenses

Statement of Financial Position

As at November 30, 2019

ASSETS	
Cash and Cash Equivalents	1,239,187
Investments	5,417,099
Receivables	40,696
Prepaid Expense and Deposits	304,103
Current Assets	7,001,085
Investments in College Place Joint Venture	1,543,289
Development Costs	233,339
Property & Equipment	516,258
Non-current Assets	2,292,886
Total Assets	**9,293,971**

LIABILITIES AND NET ASSETS	
Payables and Accruals	833,157
Capital Lease Obligations (Current)	2,358
Deferred Revenue	4,959,032
Deferred Contributions	70,474
Total Current Liabilities	5,865,022
Capital Lease Obligations (non-current)	42,706
Total Liabilities	5,907,727
Total Net Assets	3,386,244
Total Liabilites and Net Assets	**9,293,971**

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 9 months ended November 30, 2019

	Budget YTD 2019/20	Actual YTD 2019/20	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	6,897,665	6,800,179	(97,487)	(1%)
Non-licensure revenue	427,432	416,275	(11,156)	(3%)
Transfer from Balance Sheet	753,553	753,553	-	0%
Total Revenue	**8,078,650**	**7,970,007**	**(108,643)**	(1%)
Total Expenses Before Amortization	7,845,254	7,494,124	351,131	4%
Amortization	273,794	223,889	49,905	18%
Total Expenses Including Amortization	**8,119,048**	**7,718,013**	**401,036**	5%
Net Surplus/(Deficit) of revenue over expenses after amortization expense	**(40,398)**	**251,994**	**292,393**	

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 9 months ended November 30, 2019

	Budget YTD 2019/20	Actual YTD 2019/20	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Pharmacy fees	2,629,024	2,599,862	(29,162)	(1%)
Pharmacists fees	3,618,952	3,545,778	(73,174)	(2%)
Technician fees	649,689	654,539	4,849	1%
Licensure revenue	6,897,665	6,800,179	(97,487)	(1%)
Other revenue (fines/assessments, late fees, certificate of letter of standing, practice binder)	72,383	109,742	37,359	52%
Grant Revenue	45,180	-	(45,180)	(100%)
Investment income	107,143	103,808	(3,335)	(3%)
College Place joint venture income	202,725	202,725	-	0%
Non-licensure revenue	427,432	416,275	(11,156)	(3%)
Transfer from Balance Sheet	753,553	753,553	-	0%
Total Revenue	**8,078,650**	**7,970,007**	**(108,643)**	(1%)

College of Pharmacists of BC

Statement of Expenses

For the 9 months ended November 30, 2019

	Budget YTD 2019/20	Actual YTD 2019/20	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	625,147	662,567	(37,420)	(6%)
Finance and Administration	2,962,117	3,042,122	(80,005)	(3%)
Grant Distribution	39,500	41,228	(1,728)	(4%)
Registration and Licensure	709,322	692,916	16,406	2%
Quality Assurance	229,745	210,504	19,241	8%
Practice Reviews	1,157,341	1,085,955	71,386	6%
Complaints and Investigations	1,251,463	1,106,964	144,499	12%
Policy and Legislation	437,690	305,635	132,055	30%
Communications and Engagement	321,814	276,789	45,025	14%
Projects	111,115	69,444	41,671	38%
Total Expenses Before Amortization	7,845,254	7,494,124	351,131	4%
Amortization	273,794	223,889	49,905	18%
Total Expenses Including Amortization	**8,119,048**	**7,718,013**	**401,036**	5%

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.iv. Governance Committee
a) Appointment to the Registrar Evaluation and Succession Planning Committee

DECISION REQUIRED

Recommended Board Motion:

Appoint Alex Dar Santos as a member at large to the Registrar Evaluation and Succession Planning Committee.

Purpose

To propose the appointment of Alex Dar Santos as a member at large to the Registrar Evaluation and Succession Planning Committee.

Background

The Board has established the Registrar Evaluation and Succession Planning Committee ("the Committee") to oversee both the ongoing evaluation of the Registrar and the Registrar succession planning process.

In accordance with the Committee's Terms of Reference (see Appendix 1), the Committee membership will be:

- The Board Chair;
- The Board Vice-Chair; and,
- Three Board members at large of which at least one will be a public member.

The Board Chair and Vice Chair of the Board are determined by virtue of their positions. The three Board members at large must be appointed by the Board.

At the November 15, 2019 meeting, the Board approved changes to College committee member appointments, including the removal of committee members whose terms as Board members had expired (See Appendix 2). Due to an oversight, the proposed changes to this Committee's membership were not included in the November 2019 Board briefing note. As a result, there is currently one vacant member at large position on this Committee. As such, it is recommended that Alex Dar Santos be appointed as a member at large of the Committee until the November 2020 Board meeting.

Recommendation

The Governance Committee recommends that the Board appoint Alex Dar Santos as a member at large to the Registrar Evaluation and Succession Planning Committee until the November 2020 Board meeting.

Appendix	
1	Registrar Evaluation and Succession Planning Committee Terms of Reference
2	November 2019 Briefing Note

Registrar Evaluation and Succession Planning Committee

Background

The Board has established the Registrar Evaluation and Succession Planning Committee to oversee both the ongoing evaluation of the Registrar and the Registrar succession planning process.

Authority

Health Professions Act (HPA) – Section 21 (1).

Mandate

To oversee the Registrar performance evaluation and Registrar succession planning processes

Responsibilities

With the Registrar and the Board, establish and administer:

1. An annual performance management plan
    a. Establish joint ownership of the annual process with the Registrar;
    b. Work collaboratively with the Registrar to agree on performance criteria at the commencement of the annual cycle;
    c. Recommend performance criteria for board approval;
    d. Provide mid-year feedback to the Registrar;
    e. Review year-end results and determine compensation action;
    f. Recommend compensation adjustments (salary and benefits) for board approval;
    g. Conduct formal year-end discussion with the registrar to provide the performance feedback and discuss next steps as applicable.
2. A succession plan for the Registrar
    a. Review and revise the Registrar's job description for board review and approval annually;
    b. Work collaboratively with the Registrar to Identify a roster of potential candidates, including their readiness and interest;
    c. Inform and advise the Board on potential candidates annually or more often as necessary;
    d. Discuss any action needed to further prepare potential candidates for succession;
    e. Discuss with the Registrar, the anticipated timeline for succession needs.

Reporting relationship

The committee reports to the Board.

Membership

- The Board Chair
- The Board Vice Chair
- Three Board members at large of which at least one will be a public Board member

Term of appointment

The Board Chair and Vice Chair of the Board are determined by virtue of their positions. The additional board members are appointed by the Board.

Committee officers

The Board Chair is the Chair of the committee. The Board Vice Chair is the Vice Chair of the committee.

Voting

While the committee operates by consensus, if a vote is required, each committee member is entitled to one vote.

Meeting procedures

Schedule:	At least twice per year, usually prior to the April mid-term evaluation and September annual evaluation. Other meetings at the call of the Chair.
Format:	In person, by teleconference or by videoconference.
Agenda:	Circulated in advance of the meetings.
Attendees:	Only committee members, College staff and invited guests are entitled to attend committee meetings.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by the secretariat for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Confidentiality

Each committee member must sign a confidentiality agreement indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

College of Pharmacists of British Columbia

BOARD MEETING
November 15, 2019

6. Governance Committee: Appointment of Board Members to Committees

DECISION REQUIRED

Recommended Board Motion:

Approve College committee member appointments for terms beginning on November 15, 2019, and the removal of committee members whose terms as Board members have expired, as circulated.

Purpose

To propose the appointment of new members to College committees and the removal of committee members whose terms as Board members have expired.

Background

The College committees are a vital resource to the Board that provide essential advice, expertise, and recommendations that ultimately help inform Board decisions.

Every year, two main processes are undertaken to fill anticipated vacancies on College committees:

- Current eligible Committee members are asked if they would like to be considered for re-appointment; and,
- The College issues a call for applications from pharmacists, pharmacy technicians and the public.

This process was most recently completed in May2018.

Discussion

The Governance Committee has reviewed the current roster of committee members, and is proposing changes to committee membership. The proposed changes are due in part to the Board election in November 2019, and the expiry of the terms of certain government appointed Board members, which result in significant changes to Board composition.

The following changes to committee membership and positions are proposed:

Application Committee

- Appoint John Beever as Chair
- Appoint Derek Lee as Vice-Chair
- Appoint Katie Skelton as member
- Remove Christine Antler as Chair *she will remain as member*
- Remove Justin Thind as member

Audit and Finance Committee

- Appoint Steven Hopp as Chair
- Appoint Alex Dar Santos as Vice-Chair and member
- Appoint Board Vice-Chair as Member
- Remove Tracey Hagkull as Vice-Chair *she will remain as member*
- Remove Frank Lucarelli as Chair and member

Governance Committee

- Appoint Anne Peterson as Chair
- Appoint Anca Cvaci as member
- Appoint Claire Ishoy as Vice-Chair and member
- Appoint Board Vice-Chair as a member
- Appoint Katie Skelton as member
- Remove Mona Kwong as Chair and member
- Remove Tara as Vice-Chair and member
- Remove Christine Antler as member

Jurisprudence Examination Subcommittee

- Appoint Bal Dhillon as Chair
- Remove Tara Oxford as Chair *she will remain as member*

Legislation Review Committee

- Appoint Justin Thind as Chair
- Appoint Andrea Silver as Vice-Chair and member
- Appoint Claire Ishoy as member
- Remove Mona Kwong as Chair and member

Pharmacy Advisory Committee

- Appoint Anca Cvaci as Chair
- Appoint Andrea Silver as Vice-Chair and member
- Remove Tara Oxford as Chair *she will remain as member*

Past Chairs Advisory Committee

- Appoint Mona Kwong as Chair and member
- Appoint Anar Dossa as member
- Appoint Blake Reynolds as member

Quality Assurance Committee

- Appoint Michael Ortynsky as Chair and member
- Remove Frank Lucarelli as Chair *he will remain as member*

Recommendation

The Governance Committee recommends that the Board approve the following:

- Appointment of new members to certain College committees;
- Changes to the Chair and Vice Chair of certain committees; and,
- Removal of committee members whose terms as Board members have expired.

All recommended appointments are for terms beginning on November 15, 2019.

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.vi. Governance Committee
b) Appointment to the Past Chairs Advisory Committee

DECISION REQUIRED

Recommended Board Motion:

Appoint Arden Barry as a member of the Past Chairs Advisory Committee.

Purpose

To propose the appointment of Arden Barry as a member of the Past Chairs Advisory Committee.

Background

The Board has established the Past Chairs Advisory Committee ("the Committee") to provide advice and historical context on various issues at the request of the current Board.

In accordance with the Committee's Terms of Reference (see Appendix 1), the Committee membership will be:

- Limited to those who have previously served on the Board as Chair and are willing to serve in a continued advisory capacity;
- A minimum of 3 members will constitute the committee.

The current membership of the Committee includes:

- Mona Kwong (Chair of the Board from 2017-2018)
- Anar Dossa (Chair of the Board from 2016-2017)
- Blake Reynolds (Chair of the Board from 2015-2016)

Discussion

The former Board chair (2018-2019), Arden Barry, declared a potential conflict of interest as he is currently serving as the Board Member from BC (BC Delegate) on the Canadian Society of Hospital Pharmacists (CSHP) National Board.

The CSHP is the national voluntary organization of pharmacists committed to patient care through the advancement of safe, effective medication use in hospitals and other collaborative healthcare settings. CSHP supports its members through advocacy, education, information sharing, promotion of best practices, facilitation of research and recognition of excellence. The Board, acting on behalf of CSHP members, is responsible for the governance of CSHP, ensuring that the purpose of CSHP is advanced and carried out in accordance with all applicable laws and regulations, CSHP's Bylaw and policies. In doing so it oversees the management of CSHP's activities and affairs.

At the January 28 meeting of the Governance Committee, the Committee discussed the potential conflict of interest declared by Arden Barry and came to the consensus that it does not constitute a conflict with the terms of reference of the Past Chairs Advisory Committee.

Recommendation

The Governance Committee recommends that the Board appoint Arden Barry to the Past Chairs Advisory Committee.

Appendix	
1	Past Chairs Advisory Committee Terms of Reference

PAST CHAIRS ADVISORY COMMITTEE

Background

- The Board has established the Past Chairs Advisory Committee

Authority

- Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

- To provide advice and historical context on various issues at the request of the current board.

Authority & Limitations

- The Past Chairs' Committee has no authority, nor is the current board under any obligation to follow the committee's advice. Committee members are not authorized to speak for the board.

Reporting relationship

- The committee as a whole reports through the chair to the Board. The committee must submit a report of its activities to the Board annually, or as required by the Board.

Membership

- Membership is limited to those who have previously served on the board as Chair and are willing to serve in a continued advisory capacity.
- A minimum of 3 members will constitute the committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.

- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three consecutive committee meetings forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

- Board appoints a committee chair and vice-chair from among the members of the committee.

Voting rights

- Each committee member is entitled to one vote on all matters coming before the committee.

Meeting procedures

Schedule: The Past Chairs' Committee will meet at the call of the current Committee Chair, in response to a request of the board as a whole.

Format: In person, by teleconference or by videoconference.

Agenda: Developed by College staff and the Board Chair in consultation with the committee chair with input from board members.

Attendees: Only Past Chair Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.

Quorum: A majority of the committee.

Minutes: Drafted by College staff for review and approval at next committee meeting; filed at the College office.

Secretariat Support: Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

Members must declare conflicts of interest prior to the discussion of issues or at any time a conflict of interest or potential conflict of interest arises.

A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the committee activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the chair of the committee and must either absent themselves from the discussion and voting, or put the decision to the committee on whether they should absent themselves.

Confidentiality

Each committee member must sign a confidentiality agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

Amendment to terms of reference

The Board may amend committee terms of reference at any time and from time to time. The Board will re-evaluate the need for the committee on an annual basis.

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.vi. Governance Committee
c) Approval of the Revised Registrar Evaluation and Succession Planning Committee Terms of Reference

DECISION REQUIRED

Recommended Board Motion:

Approve the revised Registrar Evaluation and Succession Planning Committee Terms of Reference as circulated.

Purpose

To approve the revisions made to the Registrar Evaluation and Succession Planning Committee Terms of Reference.

Discussion

Changes to the Terms of Reference are proposed to better describe the committee's responsibility to administer the annual registrar salary review process. Some other minor wording changes are also recommended.

Please see Appendix 1 for the revised Registrar Evaluation and Succession Planning Committee with revisions noted in track changes.

Recommendation

The Registrar Evaluation and Succession Planning Committee recommends that the Board approve the revisions made to the Registrar Evaluation and Succession Planning Committee Terms of Reference.

Appendix	
1	Revised Registrar Evaluation and Succession Planning Committee Terms of Reference (track changes and clean)

Registrar Evaluation and Succession Planning Committee

Background

The Board has established the Registrar Evaluation and Succession Planning Committee to oversee both the performance ~~ongoing~~ evaluation of the Registrar and the Registrar succession planning process.

Authority

Health Professions Act (HPA) – Section 21 (1).

Mandate

To oversee the Registrar performance evaluation, salary administration, and Registrar succession planning processes

Responsibilities

With the Registrar and the Board, establish and administer:

1. An annual performance management plan
    a. Establish joint ownership of the annual process with the Registrar;
    b. Work collaboratively with the Registrar to agree on performance criteria at the commencement of the annual cycle;
    c. Recommend performance criteria for board approval;
    d. Provide mid-year feedback to the Registrar;
    e. Review year-end results and ~~determine compensation action~~ share findings with the Board~~;~~
    ~~f. Recommend compensation adjustments (salary and benefits) for board approval;~~
    ~~g.~~f. Conduct formal year-end discussion with the R~~r~~egistrar to provide the performance feedback and discuss next steps as applicable.
2. An annual salary administration process
    a. Gather data to inform a salary increase decision including the results of the performance assessment, general salary movement in the external market, the position of the incumbent's salary within the approved salary range for the Registrar job, and the College's ability to pay;
    b. Consider the above and make a recommendation to the Board, as appropriate, for a salary increase;
    c. Monitor the competitiveness of the Registrar's total rewards package at regular intervals.
~~2.~~3. A succession plan for the Registrar
    a. Review and revise the Registrar's job description for board review and approval annually;
    b. Work collaboratively with the Registrar to Identify a roster of potential candidates, including their readiness and interest;
    c. Inform and advise the Board on potential candidates annually or more often as necessary;
    d. Discuss any action needed to further prepare potential candidates for succession;
    e. Discuss with the Registrar, the anticipated timeline for succession needs.

Reporting relationship

The committee reports to the Board.

Membership

- The Board Chair
- The Board Vice Chair
- Three Board members at large of which at least one will be a public Board member

Term of appointment

The Board Chair and Vice Chair of the Board are determined by virtue of their positions. The additional board members are appointed by the Board.

Committee officers

The Board Chair is the Chair of the committee. The Board Vice Chair is the Vice Chair of the committee.

Voting

While the committee operates by consensus, if a vote is required, each committee member is entitled to one vote.

Meeting procedures

Schedule:	At least twice per year, usually prior to the April mid-term evaluation and September annual evaluation. Other meetings at the call of the Chair.
Format:	In person, by teleconference or by videoconference.
Agenda:	Circulated in advance of the meetings.
Attendees:	Only committee members, College staff and invited guests are entitled to attend committee meetings.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by the secretariat for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Confidentiality

Each committee member must sign a confidentiality agreement indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.vii Approval of November 14, 2019 Draft Committee of the Whole Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 14, 2019 draft Committee of the Whole meeting minutes as circulated.

Appendix	
1	November 14, 2019 Draft Committee of the Whole Meeting Minutes (and appendices)

College of Pharmacists of British Columbia

Committee of the Whole Meeting
November 14, 2019
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Arden Barry, Chair, out-going Board member, District 7
Christine Antler, Vice-Chair, District 2
Alex Dar Santos, incoming Board member, District 1
Mona Kwong, out-going Board member, District 1
Andrea Silver, incoming Board member, District 3
Tara Oxford, out-going Board member, District 3
Steven Hopp, Board member, District 4
Michael Ortynsky, incoming Board member, District 5
Frank Lucarelli, out-going Board member, District 5
Anca Cvaci, Board member, District 6
Claire Ishoy, incoming Board member, District 7
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Staff:
Bob Nakagawa, Registrar
David Pavan, Deputy Registrar
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Stephanie Kwok, Executive Assistant

Staff Regrets:
Mary O'Callaghan, Chief Operating Officer
Doreen Leong, Director of Registration and Licensure

Guests:
Karen Graham, CEO, Panacea Canada Inc
Virginia Kwong, Registration and Licensure Manager

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1. **WELCOME & CALL TO ORDER**
   Chair Barry called the meeting to order.

2. **REGULATORY GOVERNANCE SESSION**
   Karen Graham, Panacea Canada, facilitated a regulatory governance workshop.

College of Pharmacists of British Columbia

3. **INTRODUCTION OF NEW BOARD MEMBERS (CURRENT & OUTGOING)**
   Outgoing Board members provided additional insights and reflection on their time on the Board.

4. **STRATEGIC PLAN UPDATES:**

   a) **Current Strategic Plan: 2017/2018 to 2019/2020**
   Registrar Nakagawa provided status updates of items on the current strategic plan: 2017/2018 to 2019/2020.

   b) **New Strategic Plan: 2020/2021 to 2024/2025**
   Chair Barry provided to the Board an overview of the strategic planning process and outlined the goals and objectives of the new strategic plan: 2020/2021 to 2024/2025 as approved at the September 2019 Board meeting.

5. **BCCNP BOARD MEETING GUIDELINES**
   Vice-Chair Antler led a preliminary conversation with the Board by comparing the Board's current meeting guidelines based on the Robert's rules of order to the Board meeting guidelines from the British Columbia College of Nursing Professionals.

6. **GOVERNANCE COMMITTEE**

   a) **Appointment of Board Members to Committees**
   Mona Kwong, Chair of the Governance Committee, provided to the Board an overview of the annual committee appointment process and explained committee member composition as per legislated requirements.

   b) **Chair and Vice-Chair Process Review**
   Mona Kwong, Chair of the Governance Committee explained to the Board the Board Chair and Vice-Chair election process that will take place at the start of the November Board meeting.

7. **OVERVIEW OF BOARD COMMITTEES AND COLLEGE ORGANIZATION STRUCTURE**
   Registrar Nakagawa and College Directors presented to the Board their portfolios and scope of activities.

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.viii Approval of November 14, 2019 Draft Annual General Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 14, 2019 draft Annual General Meeting minutes as circulated.

Appendix	
1	November 14, 2019 Draft Annual General Meeting Minutes (and appendices)

2019 Annual General Meeting Minutes
Vancouver, British Columbia
November 14, 2019

CALL TO ORDER AND INTRODUCTIONS OF BOARD

College Chair Barry called the 128th Annual General Meeting of the College of Pharmacists of British Columbia to order at 6:10pm. Chair Barry welcomed attendees to the meeting and introduced himself as the outgoing Chair.

Chair Barry introduced Board members in attendance, College Registrar Bob Nakagawa, and other College staff in attendance.

Chair Barry noted that notice of the AGM was sent out on October 18, 2019 thus meeting the three week bylaw requirement. He also confirmed that the required quorum of 25 registrants had been met, and the meeting was duly convened.

MINUTES OF PREVIOUS MEETING – NOVEMBER 22, 2018

It was moved by Tara Oxford, District 3 Board Member and seconded by Mona Kwong, District 1 Board Member that:

Approve the November 22, 2018 Annual General Meeting Minutes as circulated.

FINANCIAL STATEMENTS AND AUDITOR'S REPORT

Chair Barry reminded registrants that the audited and Board approved financial statements were available for review on the College website. Chair Barry noted the financial statements will be placed on file.

CHAIR'S REPORT

Chair Barry provided the following report:

Cultural Humility and Safety
The College recognizes that cultural safety and humility for Indigenous Peoples in BC, is vital for the provision of fair and equitable health services, as well as the creation of a healthcare environment that is free of racism and discrimination, and where individuals feel safe and respected.

Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system.

Cultural Humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.

I'm pleased that we've made a formal commitment to cultural safety and humility alongside BC's other health regulators, and are continuing to take action to achieve it.

Cultural safety and humility represents a vital first step toward achieving our goal of culturally safe health services for Indigenous Peoples in BC.

I encourage you to read the Cultural Humility and Safety reflections in our annual report to learn about our progress over the last year.

As part of my report, I would like to highlight four key areas of focus for the College over the past year: the mandatory medication error reporting, pharmacy manager training, engagement, and the report entitled "An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act" which is better known as "The Cayton Report" in acknowledgement of the author of the report, Harry Cayton.

Medication Error Reporting
In November 2018, the College began exploring the implementation of a mandatory medication error reporting policy for all pharmacies in BC.

Medication errors are a leading cause of preventable injuries and result in significant costs to health care system. In 2017/18 and 2018/19, the most common complaints received by the College were related to medication dispensing errors by pharmacy professionals.

The Board also invited Melissa Sheldrick to share her story. Melissa is a patient safety advocate whose son passed away due to a drug dispensing error in Ontario, and requested that the College consider the implementation of mandatory medication error reporting system.

The goal of this program is to allow non-hospital pharmacies to use a medication incident reporting platform of their choosing that meets criteria (to be developed by the College) that includes the capability to transfer a minimal data set into a national repository that is administered by an independent third party.

This process will provide anonymous data that can be analyzed to help identify trends in errors that are occurring and provide opportunities to learn from mistakes, improve practice, and ultimately provide better protection to the public.

I'm pleased to report that at our September 2019 meeting, the Board approved a motion to move forward with mandatory medication error reporting in all pharmacies.

Over the next several years, the College will develop standards and criteria, as well as bylaw and policy changes, to implement a medication error reporting program by 2022/2023.

Pharmacy Manager Education
The Board approved Professional Practice Policy-69: Community Pharmacy Manager Education (PPP-69), which came into effect on September 1, 2018.

Pharmacy Managers have distinct and extensive responsibilities. However, it came to the College's attention that some pharmacy managers were not fully aware of all of their legislated obligations.

This new policy provides guidance to community pharmacy managers on complying with their obligations under the Pharmacy Operations and Drug Scheduling Act (PODSA) and College Bylaws.

Community pharmacy managers must now complete an online course that includes information relevant to the management of a pharmacy in BC.

The goal of this education program is to improve the overall operation of pharmacies, decrease the number of complaints, help pharmacy managers better understand the full extent of their responsibilities, and ultimately ensure safe pharmacy practice for the public.

The Program is open to pharmacists, pharmacy technicians, pharmacy students, owners, and anyone else who is interested.

College Engagement
The College has conducted a number of stakeholder engagement to help us solicit input on College initiatives, policies and bylaws including:

- Pharmacy Operations and Drug Scheduling Act Bylaw Modernization (including Pharmacy Manager Requirements)
- Cultural Humility and Safety; and
- Customer Satisfaction (as part of our ongoing work towards organizational excellence).

Our customer satisfaction survey for 2019 year is currently open, so please share your thoughts with us by November 22. You can visit www.bcpharmacists.org/customer to learn more and take the survey

Through these stakeholder engagements, the College was able to gather significant input and feedback from patients, pharmacy professionals, pharmacy students and other health professionals, helping us to gauge sentiment, identify gaps, and inform our plans.

The College would like to thank all those who provided feedback and shared their thoughts during our various engagements in 2018 and 2019.

The College also engaged with registrants and the public while drafting its next strategic plan, using the insights gleaned to develop and refine the following strategic goals:

- Goal One: The Public is given evidence-informed, patient-centred, team-based care.
- Goal Two: To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.
- Goal Three: To have the public and health professionals see pharmacy professionals as valuable resources who are acting first and foremost in the public interest.
- Goal Four: To have strong, collaborative engagement with all healthcare providers to advance patient-centred, team-based care.

Stay tuned for more on the College's Strategic Plan for 2020/2021 to 2024/2025 which will be launched in March 2020.

Cayton Report
Lastly, much of the discussion this year surrounding the future of health regulation in BC focused on "The Cayton Report", which was authored by Harry Cayton, the former chief executive of the UK's Professional Standards Authority.

The report outlines an inquiry into the College of Dental Surgeons of BC and recommends changes to the Health Professions Act.

The Cayton Report highlights the concepts of "patient safety," "public health and wellness" and "right touch regulation," all of which align with the College's mandate and approach to its work. Right Touch Regulation refers to the process of being proportionate and targeted in regulating risk or finding other ways beyond regulation to promote good practice and high quality health care.

The College will continue to work with the government and other relevant stakeholders to ensure we are adhering to a high standard of professional regulation.

REGISTRAR'S REPORT

Registrar Nakagawa provided the following report:

Cultural Humility and Safety
On March 2017, I had the honour of joining the rest of province's health regulators in signing the "Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC."

Through this, the College pledged its commitment to making our health system more culturally safe for First Nations and Aboriginal people.

Since then, the College has worked on developing a strategy to fulfill its pledge to improve BC pharmacy professionals' work with First Nations and Aboriginal Peoples over the past fiscal year.

Moving forward, we recognize that working together with the First Nations Health Authority, other health regulators, pharmacy associations, First Nations groups, and others will be essential to act on our plan and create a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

In February 2019, the College was fortunate to be invited back to the second annual Mental Health and Wellness Summit hosted by the First Nations Health Authority.

The College used this opportunity to build trust with members of First Nations Communities and help address the fact that Indigenous peoples are too often exposed to systemic stigma and racism, and that this can sometimes occur in healthcare settings.

We did this by sharing resources and building awareness of our complaints process, and how patients can report concerns with the healthcare they have received.

First Nations in BC have also been disproportionally affected by the opioid crisis, so as an exhibitor, the College used this opportunity to spread awareness of emergency use naloxone (including intranasal naloxone) and its importance in helping prevent opioid overdose deaths.

As Arden mentioned, I encourage you to learn more about our progress of cultural humility and safety in our annual report.

Opioid Overdose Crisis and Opioid Agonist Treatment
The opioid crisis continues to be a top priority for us and other public health organizations across the province.

In 2018, there were 1,541 illicit-drug overdose deaths, compared with 1495 in 2017 and 992 in 2016. Somewhat encouragingly, the number of overdose deaths per capita in BC has declined so far in 2019, but it still represents a disturbing and tragic number of fellow British Columbians.

Similar to 2017, more than 80% of overdose deaths in 2018 involved fentanyl, with the majority of those deaths occurring in Vancouver, Surrey, and Victoria.

The Board continues to support several initiatives to combat this crisis including building awareness of how to access and use naloxone, new opioid agonist treatment policies, and addressing the impact of stigma on patient care.

In the past year, the College has engaged in a number of independent and collaborative efforts to further address and raise awareness of the opioid crisis.

This included two new professional practice policies for opioid agonist treatments, new training requirements for these treatments, and a number of articles.

On September 1, 2018, the new Professional Practice Policy-67 for Injectable Opioid Agonist Treatment (iOAT), as well as an accompanying Policy Guide for Injectable Hydromorphone Maintenance Treatment came into effect.

These documents set out the requirements for the safe dispensing of injectable hydromorphone for the treatment of opioid use disorder, addressing the previous absence of such requirements.

Under this model, patients will self-administer injectable hydromorphone within their community pharmacy up to three times per day.

New opioid agonist treatment training requirements came into effect January 1, 2019.

The new opioid agonist treatment training program focuses on reducing stigma and expanding pharmacists' knowledge about opioid agonist treatments including training on buprenorphine/naloxone and slow-release oral morphine.

During her time as Board Chair, Mona Kwong published an article on our ReadLinks blog, speaking about her experiences with stigma in health practice, and how health professionals can work to reduce it using respectful language.

The College also continued its naloxone campaign, using social media and digital advertising, to help share these resources and build awareness of how to use naloxone to save a life.

Electronic Record Keeping
The College introduced new Electronic Record Keeping requirements that came into effect on November 13, 2018.

Under the new records management framework, pharmacies are permitted to continue keeping only hard copy records, only electronic records, or a combination of both.

Well-kept records support the provision of safe services, continuity of care, and evidence-based care, as well as good professional practice and medication management.

Medical Assistance in Dying (MAiD)
On November 1, 2018, new reporting requirements for Medical Assistance in Dying (MAiD) came into effect. The new Federal regulations and Provincial requirements identify the reporting requirements for pharmacists, physicians, and nurse practitioners.

Amendments to the College's Standards Limits and Conditions for MAiD to reflect the new Federal and Provincial reporting requirements also came into effect at the same time.

While previously the responsibility of the BC Coroners Service, the Ministry of Health became the designated recipient of all reportable information from pharmacists, physicians, and nurse practitioners.

In BC, pharmacists who dispense drugs for the purposes of MAiD are now required to submit both federally and provincially required information to the Ministry of Health within six business days after the scheduled date of MAiD protocol.

The College worked closely with the Ministry of Health, the College of Physicians and Surgeons of BC, the BC College of Nursing Professionals, and Health Authorities in the development of these new requirements.

New Pharmacy Ownership Requirements
On April 1, 2018, the College's amendments to the Pharmacy Operations and Drug Scheduling Act (PODSA) Bylaws, which incorporate the new pharmacy ownership requirements approved by the provincial government in 2016, came into effect.

The new requirements permit the College to know the identity of all pharmacy owners, determine their suitability for pharmacy ownership, and hold them accountable for providing safe and effective care by ensuring their pharmacies are compliant with the legislative requirements for pharmacies in BC.

While the majority of people involved in pharmacies are honest and ethical, the College needs to have the authority to protect the public from unscrupulous pharmacy owners and operations that put patient safety at risk.

I'd like to acknowledge all College staff involved in this project for their hard work and dedication in bringing this initiative to fruition.

Public Health Crisis
2018 brought with it a number of issues that had a powerful impact on public health and safety, including the opioid crisis, wildfires, and drug shortages and recalls.

The College developed and distributed multiple announcements, resources, articles and guidance for the public and pharmacy professionals in response to a nation-wide shortage of EpiPen auto-injectors in April 2018 and a July 2018 recall of several drugs containing valsartan.

The materials developed by the College were intended to provide advice to affected patients, as well as guidance for pharmacists to provide access to safe therapeutic alternatives and substitutions.

Similar to 2017, on August 15, 2018 the British Columbia government declared a provincial state of emergency to support the province-wide response to the ongoing wildfire situation.

In response to the emergency, the College reached out to registrants via email, social media, and through our website to remind them of the provisions laid out in Professional Practice Policy 25 –

Pharmacy Disaster Preparedness, and to provide them with the appropriate College contact for questions related to continuity of care during an emergency.

Our communications also provided information and resources for displaced patients (e.g. Find a Pharmacy Tool), as well as guidance for pharmacy professionals.

As a health regulator and trusted sources of public health information, the College contributed to communication efforts with a specific focus on what to expect from pharmacy professionals in caring for patients affected by these crises.

Excellence Canada
Over the past fiscal year, College staff conducted a significant amount of work towards achieving a Silver Certification with Excellence Canada's 'Excellence, Innovation and Wellness Standard.'

The Excellence, Innovation and Wellness Standard is an integrated quality-based management system, based on a holistic strategic framework that ensures organizations achieve the best possible outcomes across all business drivers, including: Leadership, Planning, Customers, People, and Processes.

This certification helps the College achieve its current strategic goal of Organizational Excellence.

As part of the evaluation for the Silver Certification, Excellence Canada looks for things like:

- Employee involvement in planning and improvement initiatives,
- Wide employee understanding of the organization's strategic approach to excellence, innovation and wellness, and
- High staff awareness of policies and procedures.

In addition, Excellence Canada also ensures that organizations have strategic and annual operating plans in place, and have established baseline indicators, measures, and related goals for excellence, innovation, and wellness.

I am pleased to announce that, as a result of this work, the College was recently awarded Silver Certification with Excellence Canada's 'Excellence, Innovation and Wellness Standard.'

I'd like to recognize all the staff at the College, who were strongly engaged in this process.

Report of Board Elections
The College would like to thank pharmacists and pharmacy technicians in Metropolitan Vancouver (District 1), Vancouver Island/Coastal (District 3), Northern BC (District 5), and Community Hospitals (District 7) that voted in the 2019 Board elections.

Board members, whether pharmacists, pharmacy technicians or public appointees, bring diverse points of view to the table and work as a team to make sound policy and governance decisions in the public interest.

It is also important to remember that while an election process is used to establish Board membership, the mandate of the Board is to uphold the College's duty as set out in the Health Professions Act: to serve and protect the public.

Over 21% (710 votes) of the 3233 eligible registrants in District 1, 3, 5, and 7 voted in the elections.

I would like to recognize and congratulate the following candidates on being elected to the Board for a 3-year term:

- Alex Dar Santos, District 1
- Andrea Silver, District 3
- Michael Ortynsky, District 5
- Claire Ishoy, District 7

These candidates will begin their terms at the beginning of the November 2019 Board meeting, tomorrow morning.

ADJOURNMENT

Chair Barry thanked the assembly for attending and participating in the College of Pharmacists of BC's 128th Annual General Meeting, and adjourned the meeting at 6:39pm.

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.ix Approval of November 28, 2019 Draft Board Resolution Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 28, 2019 draft Board Resolution minutes as circulated.

Appendix	
1	November 28, 2019 Draft Board Resolution Minutes (and appendices)

College of Pharmacists of British Columbia

Board Resolution
Sent via email November 28, 2019
By Board Chair, Christine Antler

MINUTES

The following resolution of the Board of the College of Pharmacists of British Columbia is valid and binding as per section 13(12) of the *Health Professions Act*-Bylaws, and has been signed by the following Board members:

Christine Antler, Chair & District 2 Board Member
Anca Cvaci, Vice-Chair & District 6 Board Member
Alex Dar Santos, District 1 Board Member
Andrea Silver, District 3 Board Member
Steven Hopp, District 4 Board Member
Michael Ortynsky, District 5 Board Member
Claire Ishoy, District 7 Board Member
Bal Dhillon, District 8 Board Member
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Be it resolved that the Board reappoints Justin Thind as the public Board member to the Inquiry Committee with a term ending on April 30, 2022.

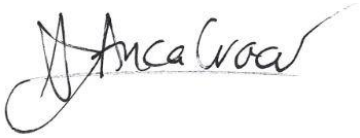
Appendix	
1	Signed Board Resolution
2	Board Resolution Briefing Notes

Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.

Be it resolved that the Board reappoints Justin Thind as the public Board member to the Inquiry Committee with a term ending on April 30, 2022.

November 29, 2019

Christine Antler, Chair, District 2 — Date



December 4, 2019

Anca Cvaci, Vice-Chair, District 6 — Date

December 5, 2019

Alex Dar Santos, District 1 — Date

December 10, 2019

Andrea Silver, District 3 — Date

November 30, 2019

Steven Hopp, District 4 — Date

November 30, 2019

Michael Ortynsky, District 5 — Date

Claire Ishoy, District 7	November 29, 2019 Date
Bal Dhillon, District 8	November 29, 2019 Date
Tracey Hagkull, Government Appointee	November 29, 2019 Date
Anne Peterson, Government Appointee	November 29, 2019 Date
Katie Skelton, Government Appointee	November 30, 2019 Date
Justin Thind, Government Appointee	December 4, 2019 Date

College of Pharmacists of British Columbia

BOARD DECISION
November 28, 2019

Membership Appointment – Inquiry Committee

Recommended Board Resolution:

Be it resolved that the Board reappoints Justin Thind as the public Board member to the Inquiry Committee with a term ending on April 30, 2022.

Purpose

To reappoint Justin Thind as the public Board member to the Inquiry Committee, for the committee to remain properly constituted in accordance with the committee's Terms of Reference.

Background

As per the Terms of Reference of the Inquiry Committee (see Appendix 1), in order for the committee to be properly constituted its membership must include:

- At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).

- At least 1/3 of its members must consist of public representatives, at least one of whom must be an appointed Board member.

The current terms of appointment to the Inquiry Committee for the public Board member, Justin Thind, will expire on December 31, 2019. In order for the committee to be properly constituted after this date, it is recommended that Justin Thind be reappointed as the public Board member with his committee term of appointment ending on April 30, 2022.

The College is relying on the following legislative provision to expedite Board approval:

Section 13(12) of the *Health Professions Act*-Bylaws:

> *A written resolution signed by all Board members is valid and binding and of the same effect as if such resolution has been duly passed at a board meeting.*

Recommendation

The Board reappoints Justin Thind as public Board member to the Inquiry Committee with a term of appointment ending April 30, 2022 by signing the attached Resolution (Appendix 2).

Appendix	
1	Inquiry Committee Terms of Reference
2	Board Resolution Signature Page

INQUIRY COMMITTEE

Background

The Board is required to establish an Inquiry Committee.

Authority

Health Professions Act (HPA) sections 19(1)(t) and 33; HPA Bylaws sections 15 and 19; Pharmacy Operations and Drug Scheduling Act (PODSA), Part 3.

Mandate

Investigate complaints and concerns regarding a registrants conduct, competency and/or ability to practice and decide on an appropriate course of action pursuant to legislation.

Responsibilities

- Investigate complaints on its own motion or raised by a complainant within timelines as prescribed by the Minister.
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to the vulnerable sector as determined by the Registrar of the Criminal Records Review Act.
- Make dispositions on matters investigated.
- Inform registrants, complainants, the public and the Health Professions Review Board (as required) about the inquiry process and complaint outcomes.

Reporting relationship

The committee as a whole reports through the chair to the Board. The committee must submit a report of its activities to the Board annually, or as required by the Board.

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).
- At least 1/3 of its members must consist of public representatives, at least one of whom must be an appointed Board member.

Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, at least 1 full pharmacist for pharmacist complaints and at least 1 technician for technician complaints.
- The chair (or the vice chair in the absence of the chair) of the inquiry committee must appoint the members of a panel and must designate a chair of the panel.
- The panel may exercise any power, duty or function of the inquiry committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

Board appoints a committee chair and vice-chair from among the members of the committee.

Voting rights

Each member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff and approved by the Chair.
Attendees:	Only Inquiry Committee members, College staff and inspectors, legal advisors as required and registrants upon request are entitled to attend committee and panel meetings.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by College staff for review and approval by the Chair or Vice Chair; filed at the College office.
Secretariat support:	Provided by the College including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

Members must declare conflicts of interest prior to the discussion of individual files or at any time a conflict of interest or potential conflict of interest arises.

A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the committee activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the chair of the committee and must either absent themselves from the discussion and voting, or put the decision to the committee on whether they should absent themselves.

Confidentiality

Each committee member must sign a confidentiality agreement at the time of each appointment indicating his/her agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Remuneration

Committee members may claim honouraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

Amendment to terms of reference

The Board may amend committee terms of reference from time to time.

Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.

Be it resolved that the Board reappoints Justin Thind as the public Board member to the Inquiry Committee with a term ending on April 30, 2022.

_____	_____
Christine Antler, Chair, District 2	Date
_____	_____
Anca Cvaci, Vice-Chair, District 6	Date
_____	_____
Alex Dar Santos, District 1	Date
_____	_____
Andrea Silver, District 3	Date
_____	_____
Steven Hopp, District 4	Date
_____	_____
Michael Ortynsky, District 5	Date

_____	_____
Claire Ishoy, District 7	Date
_____	_____
Bal Dhillon, District 8	Date
_____	_____
Tracey Hagkull, Government Appointee	Date
_____	_____
Anne Peterson, Government Appointee	Date
_____	_____
Katie Skelton, Government Appointee	Date
_____	_____
Justin Thind, Government Appointee	Date

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.x Approval of November 29, 2019 Draft Committee of the Whole Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 29, 2019 draft Committee of the Whole meeting minutes as circulated.

Appendix	
1	November 29, 2019 Draft Committee of the Whole Meeting Minutes (and appendices)

College of Pharmacists of British Columbia

Committee of the Whole Meeting
November 29, 2019
Via Teleconference

MINUTES

Members Present:
Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, District 1
Andrea Silver, District 3
Steven Hopp, District 4
Michael Ortynsky, District 5
Claire Ishoy, District 7
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Staff:
Bob Nakagawa, Registrar
David Pavan, Deputy Registrar
Anu Sharma, Acting Director of Policy & Legislation
Gillian Vrooman, Director of Communications & Engagement
Stephanie Kwok, Executive Assistant

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1. **WELCOME & CALL TO ORDER**
   Chair Antler called the meeting to order at 5:03pm on November 29, 2019.

2. **MODERNIZING THE PROVINCIAL HEALTH PROFESSOIN REGULATORY FRAMEWORK**
   The Board had a discussion about the consultation report released by the Steering Committee on Modernization of Health Professional Regulation. The major themes discussed by the Board included governance, decreased number of regulatory colleges, oversight of regulation, Board composition, Committee composition, and the complaints process.

   The Board agreed on formulating a response to submit to the Steering Committee before January 10, 2020. Chair Antler will be gathering initial comments via email and the Board will reconvene mid-December in-person for further discussion.

ADJOURNMENT
Chair Antler adjourned the meeting at 5:37pm on November 29, 2019.

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

2b.xi Approval of December 20, 2019 Draft Committee of the Whole Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the December 20, 2019 draft Committee of the Whole meeting minutes as circulated.

Appendix	
1	December 20, 2019 Draft Committee of the Whole Meeting Minutes (and appendices)

College of Pharmacists of British Columbia

Committee of the Whole Meeting
December 20, 2019
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, District 1
Andrea Silver, District 3
Steven Hopp, District 4
Michael Ortynsky, District 5
Claire Ishoy, District 7
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Staff:
Bob Nakagawa, Registrar
David Pavan, Deputy Registrar
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Laura Briard, Policy & Legislation Analyst
Stephanie Kwok, Executive Assistant

Guest:
Karen Graham, CEO, Panacea Canada Inc

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1. **WELCOME & CALL TO ORDER**
   Chair Antler called the meeting to order at 8:30am on December 20, 2019.

2. **CPBC RESPONSE TO HEALTH PROFESSION REGULATION REFORM**
   The Board discussed the 6 major themes listed below to form the basis of CPBC's response to the Steering Committee on Modernizing of Health Professional Regulation "the Steering Committee":
   i. Improved governance;
   ii. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges;
   iii. Strengthening the oversight of regulatory colleges;
   iv. Complaints and adjudication;

College of Pharmacists of British Columbia

v. Complaints and adjudication: transparency & responses to sexual abuse and misconduct; and
vi. Information sharing to improve patient safety and public trust.

The Board will submit a response to the Steering Committee based on the timeline below:

i. CPBC Legislation & Policy team to draft the response by noon of January 8, 2020 for the Board to review;
ii. The Board to provide comments by noon of January 9, 2020; and
iii. CPBC Board to finalize and submit the response to the Steering Committee end of day January 10, 2020.

ADJOURNMENT

Chair Antler adjourned the meeting at 3:19pm on December 20, 2019

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the February 14, 2020 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	February 14, 2020 Draft Board Meeting Agenda

College of Pharmacists of British Columbia

Board Meeting
Friday, February 14, 2020
CPBC Office, 200-1765 West 8th Avenue, Vancouver
AGENDA

11:15am - 11:20am	5	**1.**	Call to Order *Land Acknowledgement*	Chair Antler
		2.	Consent Agenda a) Items for Further Discussion b) Approval of Consent Items **[DECISION]**	Chair Antler
		3.	Confirmation of Agenda **[DECISION]**	Chair Antler
11:20am - 11:30am	10	**4.**	Committee Updates: a) Audit and Finance Committee (update in item 5) b) Legislation Review Committee (update in item 7) c) Drug Administration Committee d) Ethics Advisory Committee e) Governance Committee f) Pharmacy Advisory Committee g) Practice Review Committee h) Quality Assurance Committee i) Application Committee j) Discipline Committee k) Inquiry Committee l) Registration Committee m) Registrar Evaluation & Succession Planning Committee	Committee Chairs Steven Hopp Justin Thind Alex Dar Santos Bal Dhillon Anne Peterson Anca Cvaci Tracey Hagkull Michael Ortynsky Chair Antler Chair Antler Chair Antler Chair Antler Chair Antler
11:30am - 12:15pm	45	**5.**	Audit and Finance Committee: a) Committee Updates b) Budget 2020/2021 **[DECISION]**	Steven Hopp
12:15pm - 1:00pm	45		***LUNCH***	
1:00pm - 1:30pm	30	**6.**	Pharmaceutical Care Management Strategy Update	Mitch Moneo
1:30pm - 2:15pm	45	**7.**	Legislation Review Committee: a) Committee Updates b) Amendments to PPP-71 Delivery of Methadone for Maintenance **[DECISION]** c) Amendments to the Controlled Prescription Program Forms **[DECISION]** d) Amendments to PPP-68 Cold Chain Management of Biologicals **[DECISION]**	Justin Thind
2:15pm - 2:20pm	5	**8.**	Items Brought Forward from Consent Agenda	Chair Antler
			CLOSING COMMENTS AND ADJOURNMENT	

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

5. Audit and Finance Committee
b) Budget 2020/2021

DECISION REQUIRED

Recommended Motion:

Approve the 2020/2021 budget with total expenditures in the amount of $11,329,901 and a transfer from the balance sheet in the amount of $1,114,329 as presented.

Synopsis

The budget being presented funds the new strategic plan's activities. It also funds the activities and planning required in order to apply to be verified for Gold Certification with Excellence Canada in 2021.

The proposed budget continues to draw upon reserve funds as discussed in previous budgets in order to minimize fee increases.

Historical Background

Over the years, the College had accumulated a fairly large surplus. In 2013, the Board approved a plan to reduce this surplus by lowering registrants' fees and by spending some of the funds each year on certain projects, thus budgeting for a loss each year for approximately five years.

In 2016, as we were nearing the midpoint of reducing this surplus, the Audit and Finance Committee scheduled a number of meetings to review significant College expenditures, other College's fee schedules, etc. College expenditures were reviewed according to the HPA Mandate and the CPBC Mission and Vision. As a result, the Board approved some changes to expenditures and increased fees for the first time in three years.

Unfortunately, later that year, the College was served notice that the Ministry of Health was not going to renew the PharmaNet contract that the College had held for many years. This would result in a significant reduction in revenues for the College. Again, management and the Audit and Finance Committee reviewed expenditures and fees and made adjustments.

The Board reduced the amount of the College's Reserves from $4,500,000 to $3,000,000 and allowed the budget planning to "borrow" from the Reserves in order to spread out the time to recover from this revenue loss.

Last year, the Board approved reducing the Reserve even lower to $2,000,000 in order to keep the fee increase to a 2 % increase. Later in the year there was some concern expressed about the Reserves in future years getting too low.

Current Year Background and Approach Taken
The budget planning process began in November with a review of the 2019/20 budget and projected actuals (latest estimates). Finance staff met with Directors and Managers to review anticipated activities and current year expenditures. Revenues,statistics and trends were reviewed. Draft budgets were developed and discussed by the Executive.

The budget for 2020-2021 was developed to ensure support for both core functions and strategic objectives. Cost pressures added additional stress on the current resources available. Budget reductions were made across the organization. A budget package that balanced the need for fee increases while maintaining an acceptable reserve balance was developed.

The Executive Team and Finance staff reviewed draft budgets as they were developed, looking at the impact to:

- the Multi-Year Plan,
- the Closing Reserve Balances
- the inclusion of Strategic Plan activities
- continuing with implementing best practices throughout the organization
- keeping fee increases as low as possible

The Audit and Finance Committee met on February 6, 2020 to review and discuss the draft budget options and recommend this budget for approval by the Board.

Challenges
Accounting rules do present an interesting challenge concerning "recognizing" / recording revenues from registrants' fees. There can be up to three years lag from budget approval to fully earning the fees. The Board approves the budget in February (but the new fees do not go into effect until November / December of the year). Registrants / pharmacies renew throughout the year, so it can take a year until the last have renewed. Then, according to accounting standards, we only recognize one month of revenue at a time, as their registration / licence is for twelve months. This lag significantly complicates budget planning.

Another factor that we've noticed is the original "cohort" of February renewals is decreasing as that group retires. New registrants are primarily registering in the summer (as university students graduate). This means a few months less revenue in that year.

Discussion

During last year's budget discussions, the Board approved using Reserve funds to permit a more gradual approach to accommodating the loss of revenue from the PharmaNet contract and to building up revenue from fees. This is necessary as (as discussed above) any fee increase takes two years to be fully earned and recognized as revenue.

While reviewing draft budgets, the Executive Team was concerned about reducing Reserve Balances below $500,000. In the event of unexpected circumstances the College needs some reserves to be fiscally responsible. This is not as critical as other businesses which recognize revenue as invoiced. Although we "defer" registrants' fees over the year, the College has the use of those funds, which reduces for the need for drawing from reserves.

The year with the most concern (due to the revenue lag) is Year 3. Although the Board will only be approving the budget for 2020/21 (Year 1), the revenue impact is significant in Year 2 and Year 3.

Major Initiatives in 2020/21 that are funded in the draft budgets

- HPA Modernization bylaw review and process review, including project management and legal services.
- Excellence Canada Gold Certification action plan review and submission preparation.
- Records management processes and staff training, including privacy training, continue being rolled out.
- IT improvements – gap analysis, planning and remediation re critical improvements required. Planning re next steps.
- Medication error reporting planning.
- Continued IT development support for iMIS (the College's database).
- Review of the Practice Review Program's software and looking at options for changing the software used and beginning implementing the software later in the year.

The Draft Budget
Version A plans for expenditures of $11,329,901.

In order to earn sufficient revenue in the year 2020/21, this means that fees would increase:

- Pharmacies - $2,474 (a 5.5% increase or an increase of $129) effective December 1, 2020.
- Pharmacists - $778 (a 5.25% increase or an increase of $39) effective November 1, 2020.
- Pharmacy Technicians - $518 (a 5.25% increase or an increase of $26) effective November 1, 2020.
- All other administrative fees also increase by 5.25%.

Recommended Motion:

Approve the 2020/2021 budget with total expenditures in the amount of $11,329,901 and a transfer from the balance sheet in the amount of $1,114,329 as presented.

Appendix	
1	2020/21 Budget Statement of Revenue and Expenses
2	2020/21 Multi-Year Plan

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Fiscal Budget 2020/21
Prepared on: February 3, 2020

	Budget 2019/20	Latest Estimates 2019/20	YTD Actual November 2019	Budget FY 2020/21
Revenue				
Licensure revenue				
Pharmacy fees	3,527,412	3,515,186	2,599,862	3,688,832
Pharmacists fees	4,856,146	4,793,914	3,545,778	5,098,607
Technician fees	876,048	882,641	654,539	940,653
	9,259,606	9,191,741	6,800,179	9,728,092
Non-licensure revenue				
Other revenue	100,931	118,966	109,742	104,983
Grant Revenue	60,240	10,240	-	13,360
Investment income	142,858	138,922	103,803	122,676
College Place joint venture income	270,300	240,442	202,725	246,454
	574,329	508,570	416,270	487,473
Total Revenue	**9,833,935**	**9,700,311**	**7,216,449**	**10,215,565**
Expenditures				
Board and Registrar's Office	823,536	847,419	662,539	821,568
Finance, Human Resources and Administration	1,952,273	1,986,982	1,427,422	2,021,275
Information Technology	2,021,321	2,145,944	1,614,700	2,246,533
Grant Distribution	58,240	58,240	41,228	10,240
Registration, Licensure and Pharmanet	937,490	974,521	692,916	1,014,031
Quality Assurance	312,501	301,842	210,504	317,163
Practice Reviews	1,543,755	1,489,339	1,085,955	1,698,169
Complaints Resolution	1,668,418	1,539,484	1,106,964	1,781,575
Policy and Legislation	571,753	410,677	305,635	562,211
Public Engagement	437,207	424,999	276,789	436,683
Projects	147,115	88,456	69,444	123,570
Total Expenditures	**10,473,610**	**10,267,902**	**7,494,096**	**11,033,017**
Amortization	**365,058**	**303,557**	**223,889**	**296,884**
Total Expenses including amortization	**10,838,668**	**10,571,459**	**7,717,985**	**11,329,901**
Deficiency of revenue over expenditures	**(1,004,733)**	**(871,148)**	**(501,536)**	**(1,114,329)**

Fee Assumptions:

5.5% increase (Years 1 - 2) for Pharmacy
5.25% increase (Years 1 - 2) for Pharmacist & Pharmacy Technician
1.5% increase for all categories (Years 3 - 6)

College of Pharmacists of BC
Budget 2020-21 & Multi-Year Plan

Prepared on: February 3, 2020

Fee Assumptions:

5.5% increase (Years 1 - 2) for Pharmacy
5.25% increase (Years 1 - 2) for Pharmacist & Pharmacy Technician
1.5% increase for all categories (Years 3 - 6)

	CURRENT			YR 1	MULTI-YEAR PLAN				
	2019-20			2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED				
Revenue deferred	8,744,240	8,701,834	6,486,974	9,173,978	9,879,723	10,765,126	11,438,815	11,964,763	12,529,757
Revenue licensure other	515,366	489,905	313,205	554,113	595,037	631,009	652,863	675,122	699,574
Revenue other	574,329	508,573	416,270	487,475	486,087	497,726	508,384	519,249	530,324
Revenue	9,833,935	9,700,311	7,216,449	10,215,565	10,960,847	11,893,861	12,600,062	13,159,134	13,759,655
Total Expenditures	10,838,668	10,571,459	7,717,985	11,329,901	11,766,786	11,968,810	12,260,124	12,276,873	12,493,783
OpEx	3,727,820	3,800,376	3,611,876	3,793,788	4,008,411	4,055,267	4,188,311	4,043,623	4,095,868
Labour	7,110,848	6,771,083	4,106,109	7,536,113	7,758,375	7,913,543	8,071,813	8,233,250	8,397,915
Excess (Deficiency) of Revenue over Expenditures	(1,004,733)	(871,148)	(501,536)	(1,114,329)	(805,939)	(74,949)	339,937	882,261	1,265,872

	CURRENT			YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
	2019-20			2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED				
Reserves, Opening Balance [1]	3,368,879	3,368,879	3,368,879	2,497,731	1,383,402	577,463	502,515	842,452	1,724,713
Add *: Excess of Revenue over Expenditures*							339,937	882,261	1,265,872
Less *: Deficiency of Revenue over Expenditures*	(1,004,733)	(871,148)	(501,536)	(1,114,329)	(805,939)	(74,949)			
Reserves, Closing Balance	2,364,146	2,497,731	2,867,343	1,383,402	577,463	502,515	842,452	1,724,713	2,990,585
Approved Reserve Balance	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Excess (Deficiency) of Reserves	364,146	497,731	867,343	(616,597)	(1,422,537)	(1,497,485)	(1,157,548)	(275,287)	990,585

FEE TYPE	CURRENT 2019-20	YR 1 2020-21 BUDGET (DRAFT)	YR 2 2021-22	YR 3 2022-23	YR 4 2023-24	YR 5 2024-25	YR 6 2025-26
			PROJECTED				
Pharmacy ***(licensure renewal)***	***$2,345.*** *Increased from* ***$2,299*** *effective Dec 1, 2019*	$2,474 effective Dec 1, 2020 ($129 incr. or 5.5%)	$2,610 ($136 incr. or 5.5%)	$2,650 ($40 incr. or 1.5%)	$2,690 ($40 incr. or 1.5%)	$2,731 ($41 incr. or 1.5%)	$2,772 ($41 incr. or 1.5%)
Pharmacist ***(full renewal)***	***$739.*** *Increased from* ***$724*** *effective Nov 1, 2019*	$778 effective Nov 1, 2020 ($39 incr. or 5.25%)	$819 ($41 incr. or 5.25%)	$832 ($13 incr. or 1.5%)	$845 ($13 incr. or 1.5%)	$858 ($13 incr. or 1.5%)	$871 ($13 incr. or 1.5%)
Pharmacy Technician ***(full renewal)***	***$492.*** *Increased from* ***$482*** *effective Nov 1, 2019*	$518 effective Nov 1, 2020 ($26 incr. or 5.25%)	$545 ($27 incr. or 5.25%)	$554 ($9 incr. or 1.5%)	$563 ($9 incr. or 1.5%)	$572 ($9 incr. or 1.5%)	$581 ($9 incr. or 1.5%)

Remarks*

1 *Opening 2019/20 reserve balance based on closing balance of audited 2018/19 financial statements.*

College of Pharmacists of British Columbia

5. Audit and Finance Committee

Steven Hopp

Chair of Audit and Finance Committee

College of Pharmacists of British Columbia

5 a) Committee Updates

College of Pharmacists of British Columbia

5 b) Budget 2020/2021

College of Pharmacists of British Columbia

Budget Discussion

- The Audit and Finance Committee reviews budget options annually before the February Board meeting.
- After considering the options, the Committee recommends an option to the Board.
- The Board approves the budget for the upcoming year.

College of Pharmacists of British Columbia

Budget Considerations

Three parts of the budget to consider:

- Revenue implications – fee increases
- Expenditure implications – high level (policy level)
  - Does the budget provide sufficient funding for the College to meet it's Mandate, Strategic Plan obligations, minimize risks as per the Risk Register and meet regulations / obligations (such as Employment Standards, MoveUp Collective Agreement, etc.)
- Impact to future years
  - Due to the lag between approving fee increases and actually fully earning them, the fee increases have an impact to the next year's budget. Therefore, any Strategic Plan activities planned for the next year, may need a fee increase to be approved this year.

College of Pharmacists of British Columbia

Budget History

- Over the years the College had accumulated a fairly large surplus.
- The College's auditors expressed concern over the years as the College is a non-profit and non-profits are not supposed to consistently make profits.
- In 2013 the College Board approved a plan to reduce the surplus over five years or so by:
  - Reducing Registrant fees
  - Supporting research by issuing grants
  - Supporting Association Conferences
  - Purchasing Pharmacy databases for all pharmacies to use in BC
    - E-therapeutics
    - RX Files

College of Pharmacists of British Columbia

Budget History, continued

- In 2016 the Audit and Finance Committee reviewed major categories of College expenditures, reviewed an environmental scan of Canadian Colleges, etc.
  - All expenditures were reviewed to ensure that they met the Mandate, the College Mission and Vision.
- For the next budget, the Board approved the first fee increase in three years as well as discontinuing some of the expenditures that did not meet the College mandate, etc.

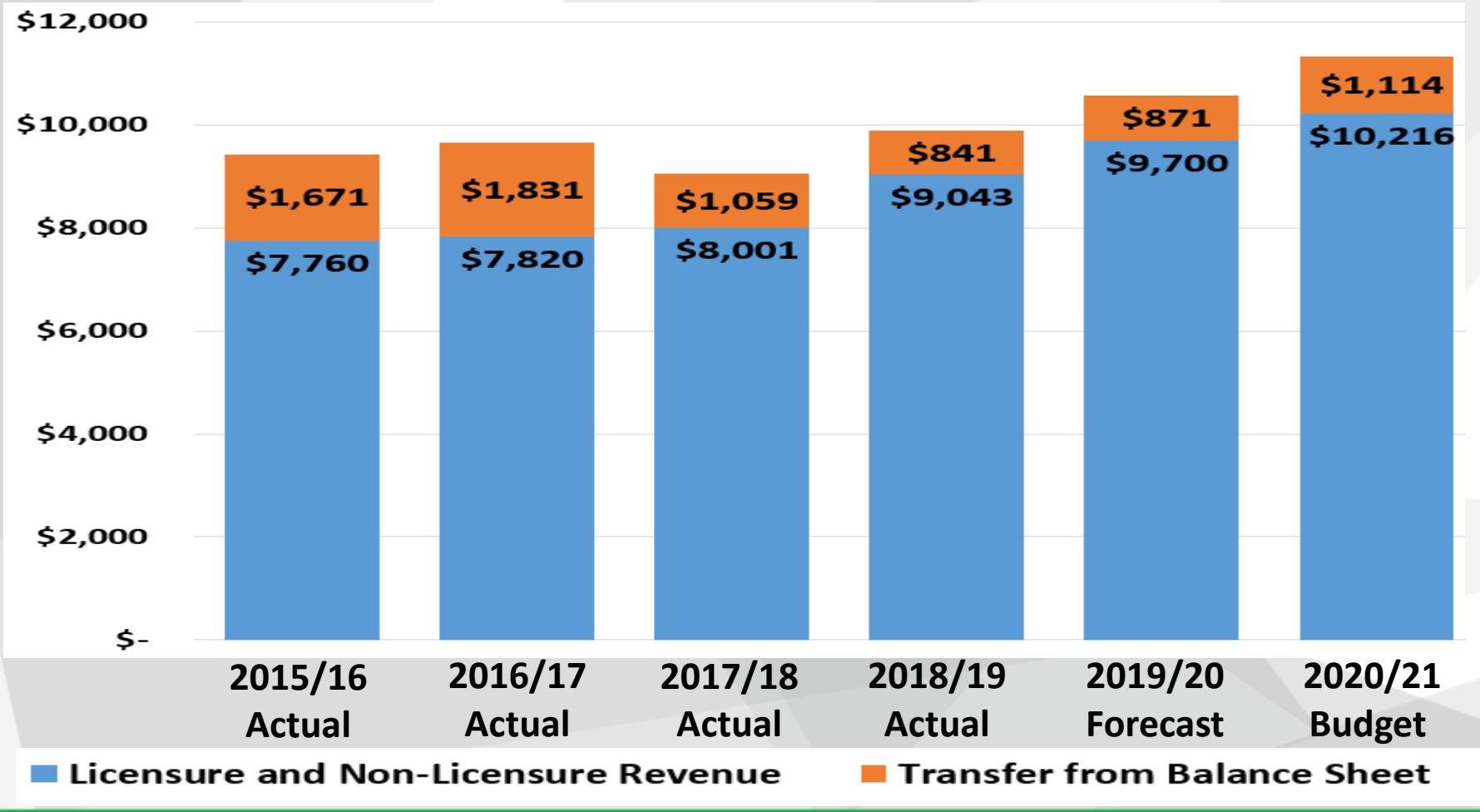
College of Pharmacists of British Columbia

Budget History, continued

- Later in 2016 the College was served notice that the Ministry of Health would not be renewing the PharmaNet services contract.
- This would result in a significant loss of revenue for the College.
- Once again the Audit and Finance Committee reviewed options.
- One adjustment that the Board approved was to amend the Reserve Policy, reducing the amount of Reserves required from $4,500,000 to $3,000,000.
- To minimize the impact of the revenue loss, the Board allowed the continuation of deficit budgeting to reduce the reserves and to “borrow” from reserves to allow more time to increase the level of revenue from Registrants and Pharmacies.

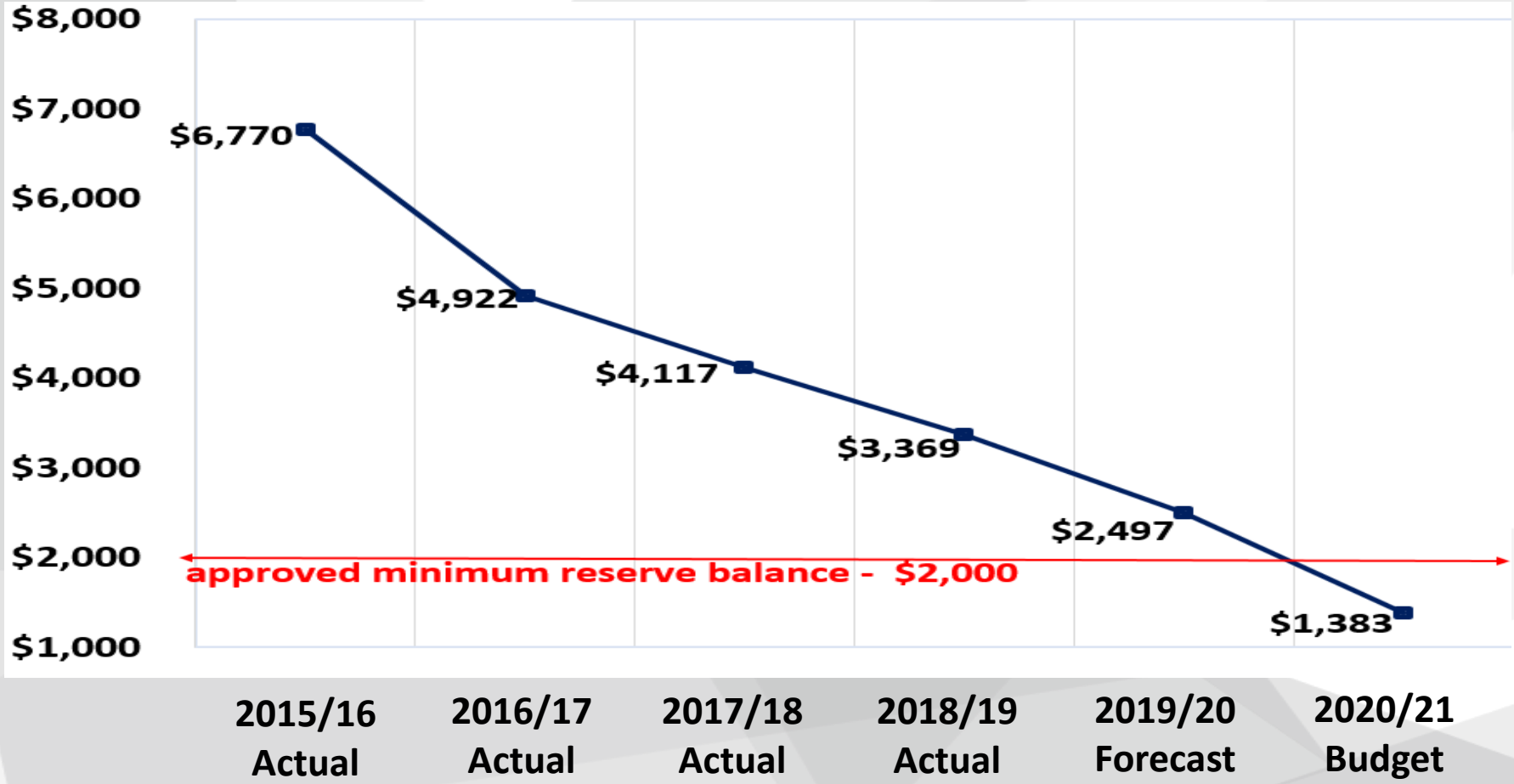
College of Pharmacists of British Columbia

Trend Analysis – Total Revenue (in thousands)



College of Pharmacists of British Columbia

Reserves Balance - 2015/16 to 2020/21 (in thousands)



College of Pharmacists of British Columbia

2019 – 2020 Budget

- The Audit and Finance Committee recommended and the Board approved further reducing the Reserve level required in the Reserve Policy and extended the period of time that the College would "borrow" from these reserves in order to minimize the fee increase to be approved for 2019/2020.
- The Reserve Policy now requires a minimum Reserve level of $2 million.
- If the College "borrows" from the Reserves, it must be approved by the Board and there must be a plan to bring the level back up to the minimum level as soon as possible.

College of Pharmacists of British Columbia

2020 – 2021 Budget

Several draft budgets were prepared and refined as the Executive reviewed and considered the results using the following principles:

- The College Mandate and Mission and Vision
- The new Strategic Plan
- The Multi-Year Plan results
- The closing Reserve balances
- The continued implementation of best practices throughout the organization
- Reviewing current activities to look for further efficiencies
- Keeping the fee increases as low as possible

College of Pharmacists of British Columbia

2020 – 2021 Budget, continued

Challenges and pluses:

Challenges

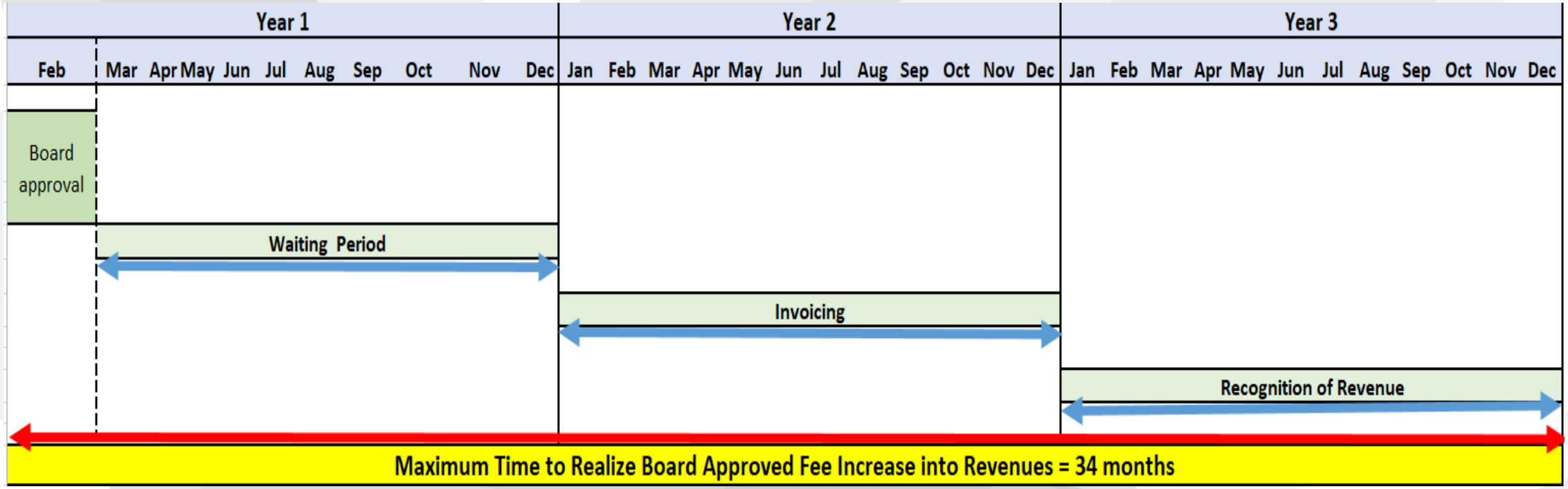
- Time lag re fee increases
- Large blocks of renewals changing from February to summer

Pluses

- While it takes time to “earn” the revenue from invoicing registrants, the College has the cash on hand during that time, so cash flow is not an issue.

College of Pharmacists of British Columbia

Timeline of Board Approved Fee Increase



College of Pharmacists of British Columbia

2020 – 2021 Budget, continued

Major Initiatives included:

- HPA Modernization
- Medication Error Reporting
- Excellence Canada Gold Certification preparation
- IT Improvements
- Practice Review Program software review and implementation
- Customer Service Improvements

College of Pharmacists of British Columbia

2020 – 2021 Budget - continued

Proposed Budget

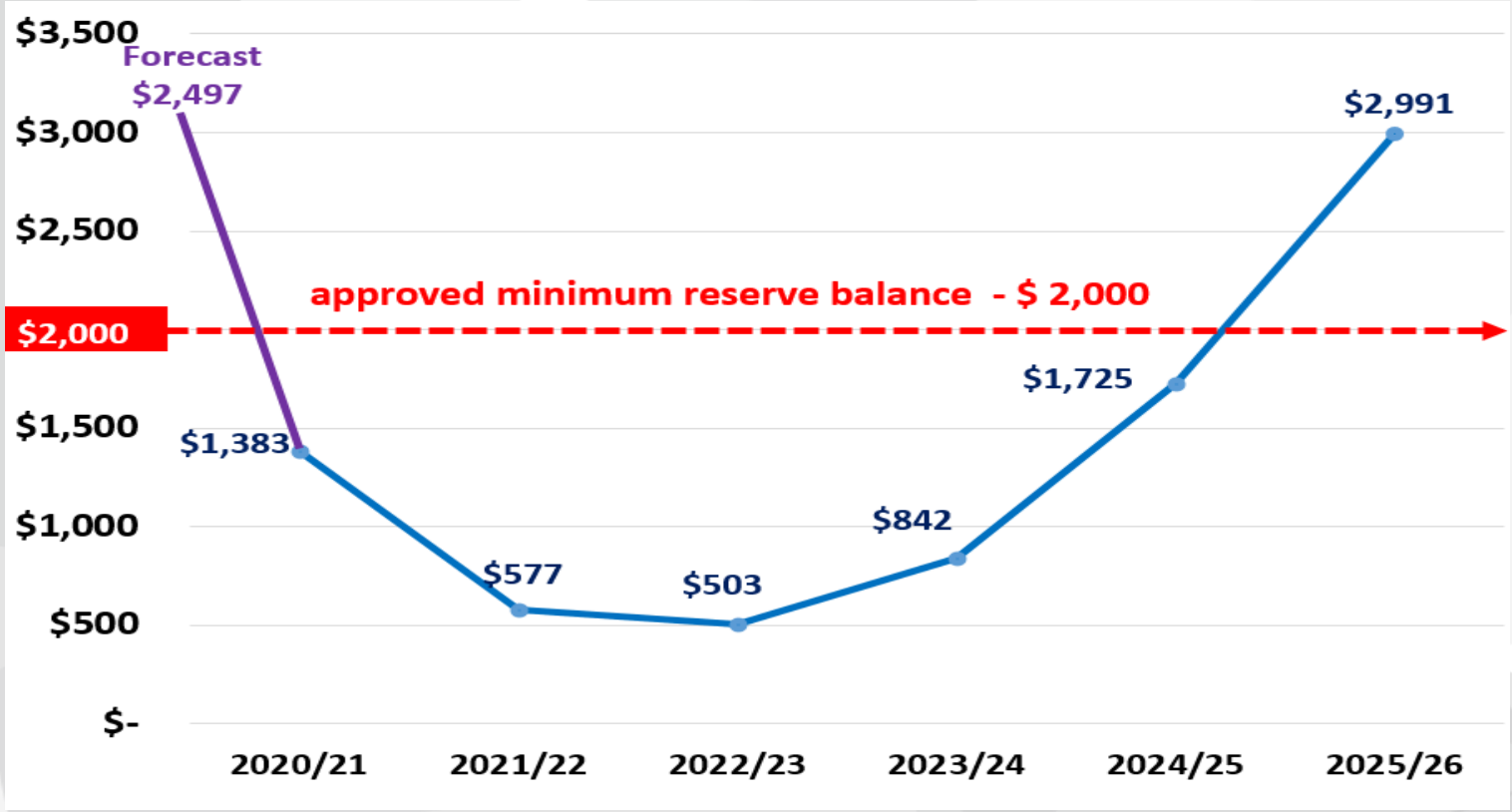
Expenditures include funding for HPA Modernization and customer service improvements.

Revenues include the following fees:

- Pharmacies - $2,474 (an increase of $129 (5.5%)) effective December 1, 2020
- Pharmacists - $778 (an increase of $39 (5.25%)) effective November 1, 2020
- Pharmacy Technicians - $518 (an increase of $26 (5.25%)) effective November 1, 2020
- All other administrative fees increase by 5.25%.

College of Pharmacists of British Columbia

Draft Budget and Multi-Year Plan Projected Impact on Reserves (in thousands)



College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

5 b) Budget 2020/2021

MOTION:

Approve the 2020/21 budget with total expenditures in the amount of $11,329,901 and a transfer from the balance sheet in the amount of $1,114,329 as circulated.

MINISTRY OF HEALTH | PHARMACEUTICAL SERVICES DIVISION

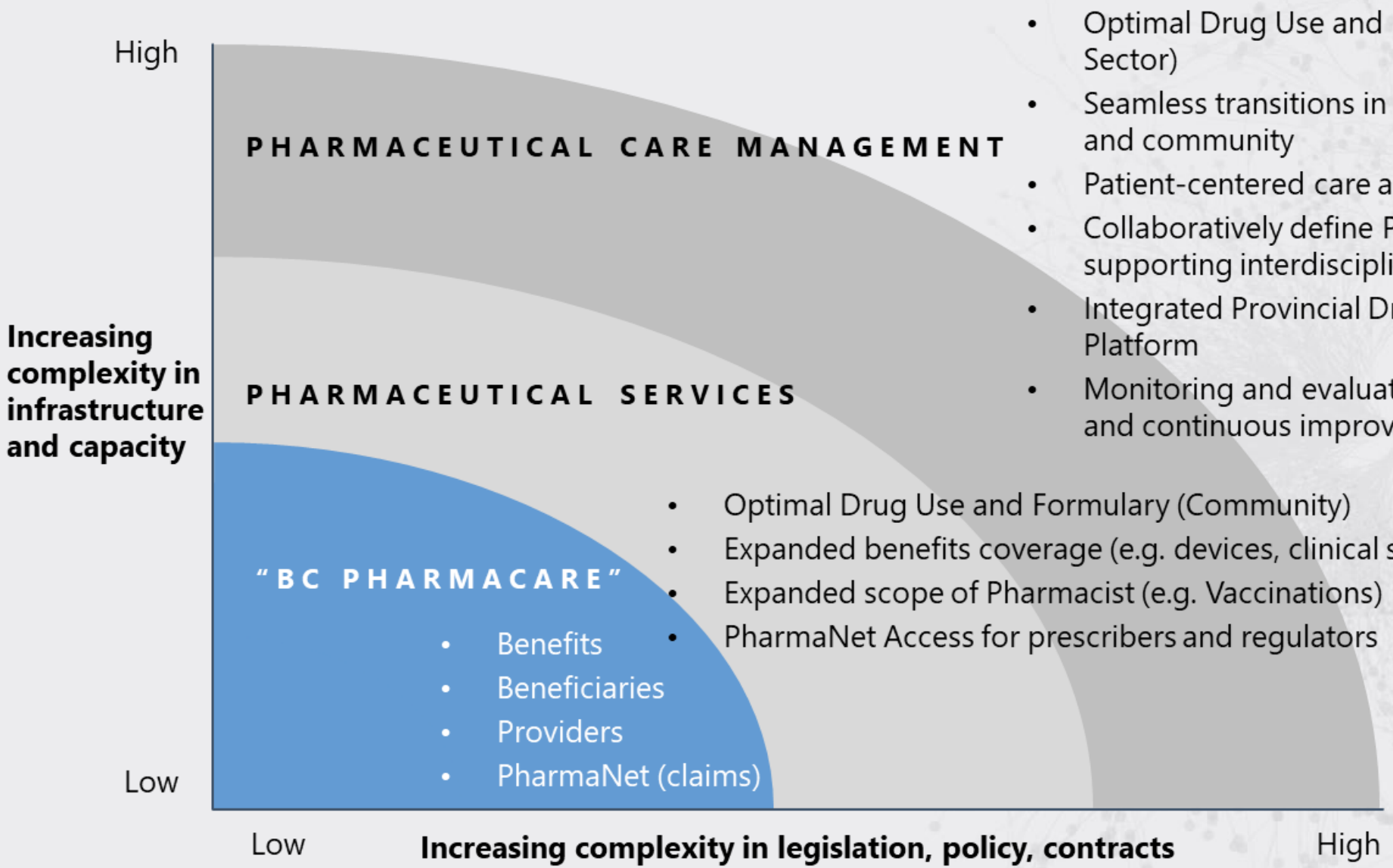
Pharmaceutical Care Services Management

Update

February 14, 2020
College of Pharmacists
Mitch Moneo, Assistant Deputy Minister

BRITISH COLUMBIA

Expanded mandate of PSD



- Optimal Drug Use and Formulary (Health Sector)
- Seamless transitions in care between acute and community
- Patient-centered care and empowerment
- Collaboratively define Pharmacist's role in supporting interdisciplinary care
- Integrated Provincial Drug Information Platform
- Monitoring and evaluation to ensure value and continuous improvement

- Optimal Drug Use and Formulary (Community)
- Expanded benefits coverage (e.g. devices, clinical services)
- Expanded scope of Pharmacist (e.g. Vaccinations)
- PharmaNet Access for prescribers and regulators

Vision for pharmaceutical care management in BC

Why now? Drivers of change alongside a new, expanded mandate

- **Increasing spend**
- **Increasing patient demand**
- **Changing population**
- **Increasing need for improved patient programs/ services**
- **Provincial focus on integrated team-based care**

The Pharmaceutical Services Division is now responsible for providing strategic oversight of pharmaceutical care management across the province

What do we aspire to do?

VISION

Best possible patient outcomes from pharmaceutical care

MISSION

To ensure the responsible provision of drug therapy across the BC Health System

STRATEGIC GOALS

1. **Enable timely and convenient access** to appropriate and affordable medications and pharmaceutical care, where and when citizens need it
2. **Provide enhanced quality of care and medication safety** by leveraging the expertise of pharmacy professionals in coordinated and integrated team-based care
3. **Promote health of the whole population** through targeted interventions that aim to improve medication use and enable the shift to preventative and predictive care
4. **Contribute to a high performing health system** through evidence-informed planning, monitoring and analysis of medication use and pharmaceutical care
5. **Advance information technology and related systems** to reduce barriers toward appropriate information access and sharing to catalyze progress across strategic goals.

How will we achieve our vision: our approach to strategy development?

WHY A CAPABILITY-LED STRATEGY?

- Surfaces **major design decisions** required upfront that will guide downstream processes and structure
- Links strategic direction **("vision")** to guide detailed design and execution **("what we do")**
- Allows the health sector to map their current processes to a **common framework** and describe their processes in a standard way with a common vocabulary
- Considers **metrics** and **incentives**
- Builds **flexibility** and **agility** needed to support evolving landscape and uncertainties

A capability represents a discrete set of objectives, processes, technologies, and talent that allows the province to deliver a defined outcome.

Provincial Strategy: where are we now?

TARGET STATE INPUT

PSD's Expanded Mandate
PSD is expected to play an increasingly critical role in improving health outcomes and achieving fiscal sustainability

Jurisdictional Scan on Leading Trends in Pharmaceutical Care Management
Canada, UK, US, Australia, etc.

CURRENT STATE FINDINGS

Capability Identification & Mapping
PSD's expanded mandate informed the provincial capabilities that exist today and future opportunities for enhancement

Stakeholder Consultations + Surveys
53 Stakeholders engaged across the sector to provide feedback on challenges and opportunities across capabilities

STRATEGY DEVELOPMENT

What are our goals and aspirations?

Where will we play?

How will we succeed?

PHASE 1

PRIORITIZED INITIATIVES, OPERATING MODEL & ROADMAP *(out of scope for this report)*

Year 1 | Year 2 | Year 3 | Year 4 | Year 5

PHASE 2

BC Pharmaceutical Care Management Capability Map

Public & Population Health

- Population Health Planning
- Pharmaceutical Public Health Programs

Policy & Funding

- Policy Development
- Integrated Health Systems Planning & Execution
- Evaluation of New Drug Submissions or Devices
- Financial / Budget Planning (Provincial Level)
- Regulatory

Design & Delivery of Pharmaceutical Services

- PharmaCare Benefits
- Beneficiaries Services
- Provider Services
- Special Authority Program
- Supply Chain Management
- Therapeutic Value Optimization
- Drug Management Partnerships
- Formulary Management

Design & Delivery of Pharmaceutical Care

- Continuity of Care
- Community Care
- Hospital Care
- Primary Care
- Special Programs

Health Human Resources Management

- Training, Learning & Development
- Workplace Health & Safety
- Labour Organization & Relations

Monitoring, Reporting & Evaluation

- Drug Plan Performance Measurement
- Compliance & Monitoring
- Health Sector Outcomes Analysis

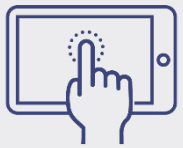
Cross-Functional Capabilities

- Education
- Project Management
- Communications
- Change Management

Digital IMIT, Health Technologies & Infrastructure

- PharmaNet & Other Systems Integration Services
- IMIT / Analytics
- Digital & Technology Enablement

Current state assessment process



20 stakeholder engagement meetings across the sector responded to an online survey

17 consultations comprising 33 individuals were conducted with various representatives across the health sector

KEY STAKEHOLDER GROUPS

- Ministry of Health
- Provincial Services Health Authority
- Regional Health Authorities
- Regulatory Colleges
- Associations
- Academia
- Research
- Clinical Pharmacists
- Community Pharmacists
- Nurses
- Family Physicians
- Specialists

What we learned: key themes

1. The Ministry has been **pivotal in providing access to drugs** for British Columbians, but will be challenged as more **new and expensive drugs** enter the market. Decisions regarding policy design need to be informed by **evidence as well as health sector input** to support appropriateness and fiscal sustainability

2. It is essential to **meaningfully integrate pharmacists into team-based care** within **Primary Care Networks** and ensure there is **continuity of care** with other health care providers in the community and health authorities to optimize therapeutic outcomes for patients

3. **Existing barriers in continuity of care need to be minimized**, including data continuity and appropriate patient information sharing, to deliver higher quality care and an improved patient experience **across care settings**

4. **Pharmacists** need to be better **leveraged as experts in drug therapy and medicines management**, and their **scope of practice** needs to be appropriately defined in a manner that best supports patient-centric care

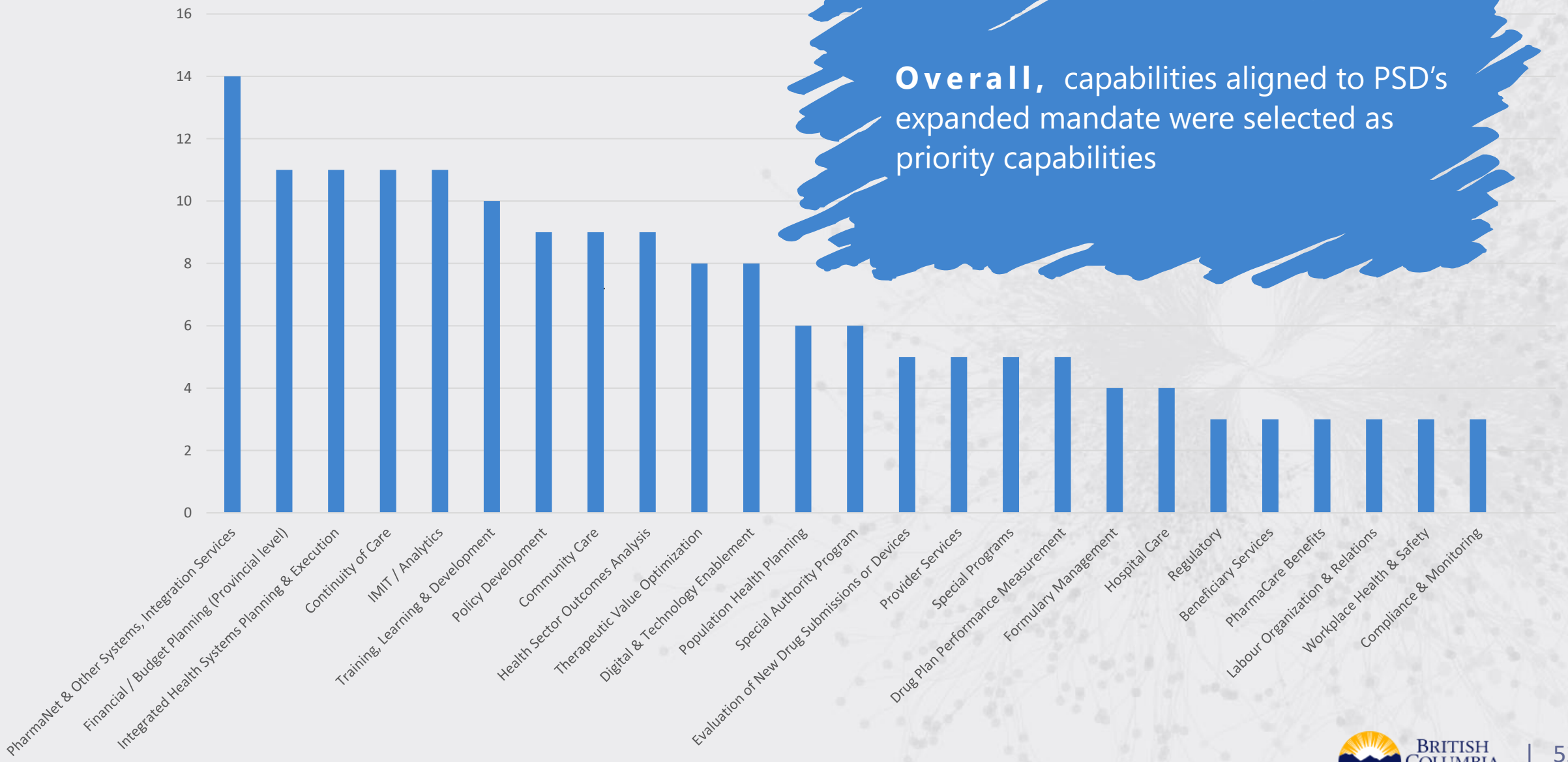
5. A focus on **population health planning** to inform policy and service design is beneficial so that **drugs, services and programs are tailored for patient populations**, including those pertaining to overall health and wellness

6. Continued and **formalized advancement of research and innovation** in pharmaceuticals and care, including appropriate and sustainable adoption of emerging technologies is critical to delivery of **effective therapeutic interventions**

7. **Formulary management improvements** and its monitoring and evaluation across the health sector, including governance and alignment across provincial, hospital (Health Authorities) and community formularies, are essential to **continuity of care, quality prescribing and fiscal sustainability**

8. **Digital tools, in combination with access to their information in PharmaNet** (enabled by enhanced integration), may **empower patients** to be better educated about their drug therapies and improve medication adherence

What we learned: survey results



Overall, capabilities aligned to PSD's expanded mandate were selected as priority capabilities

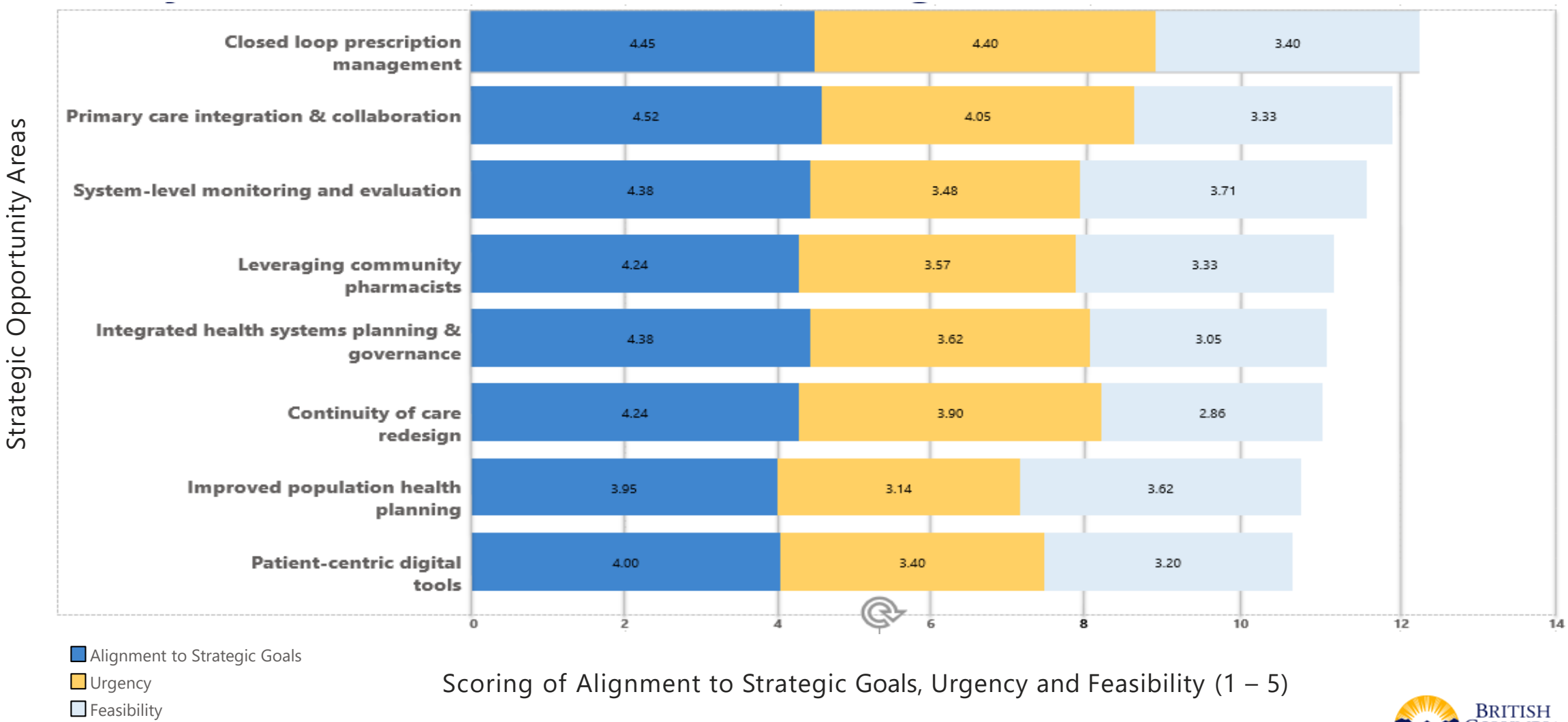
Key areas of convergence for pharmaceutical care management

1. **Convergence** - Trends, priorities and needs from each perspective converge and create **the highest priority** or "must-do" areas of strategic focus
2. **Leverage Points** - Provincial priorities and needs intersect with one other perspective and create **potential areas** of strategic focus
3. **New Territory** - System trends and population needs intersect to identify areas that PSD should consider in planning to understand impacts, but *may not consider* as a strategic area of focus

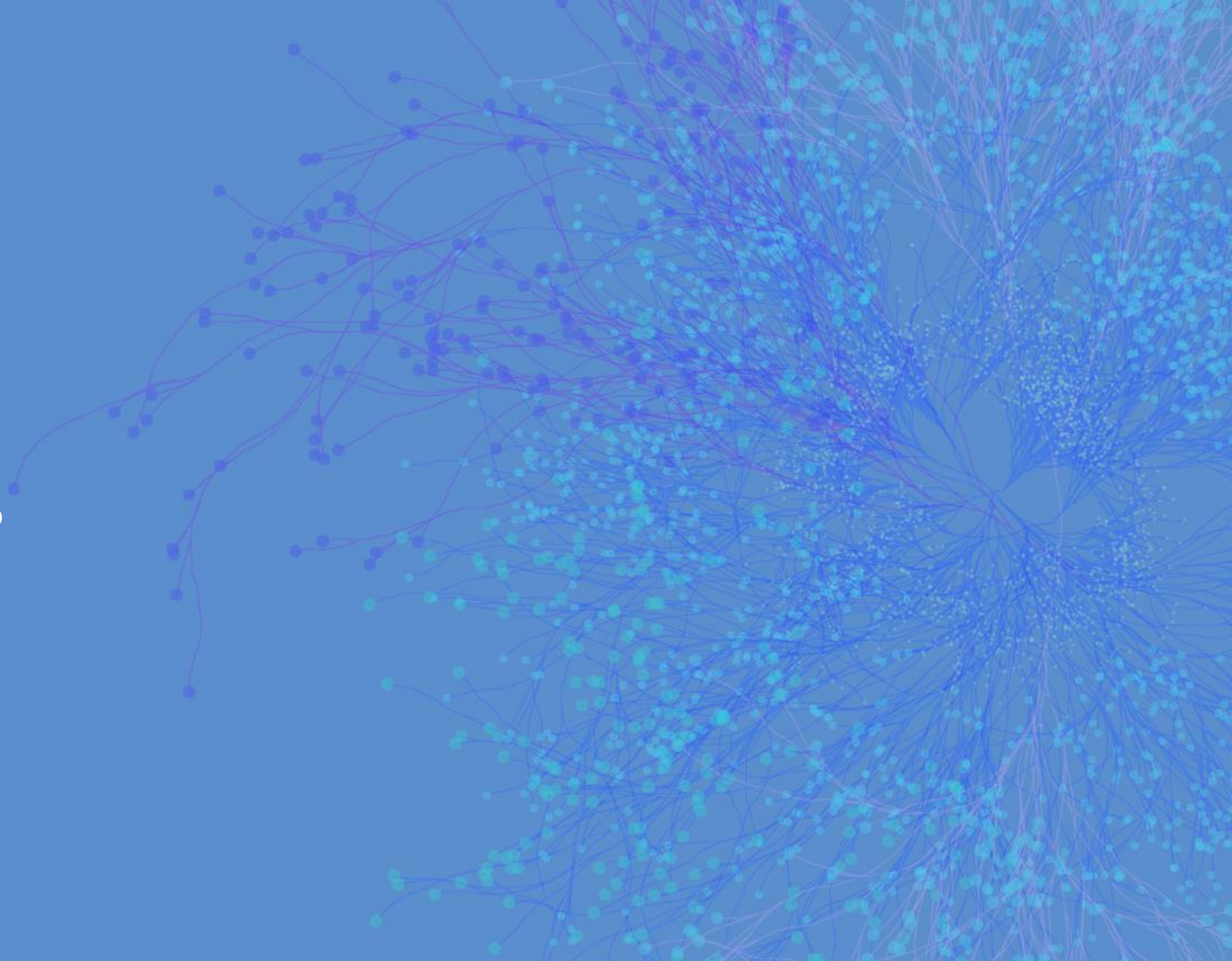
STRATEGIC PLANNING LANDSCAPE

Strategic Areas of Focus		
1	Convergence	1. Closed loop prescription management (Full EMR integration including recording of prescription information in PharmaNet) 2. Primary care integration and collaboration 3. Leveraging community pharmacists 4. Integrated health systems planning & governance for pharmaceutical care management 5. Continuity of care redesign
2	Leverage Points	6. System-level monitoring and evaluation and performance measurement 7. Improved population health planning to support targeted interventions and optimal drug use
3	New Territory	8. Patient-centric digital tools, e.g. patient access to PharmaNet profiles, mobile applications for patients

Health Sector validation of the Strategic Areas of Focus



Next Steps



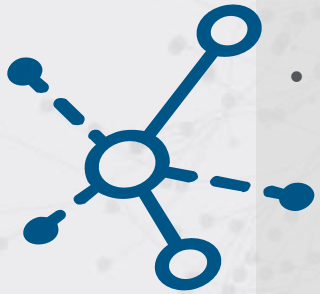
Next Steps

GOVERNANCE

- What type of governance model needs to be in place to support the prioritized strategic areas of focus at the provincial level?
- Who needs to be a part of that governance model?
- How do we deliver the improved accountability and transparency expected by patients?

OPERATING MODEL

- What capabilities do we prioritize based on the prioritized strategic areas of focus?
- Who delivers on these capabilities?
- How do we drive to better outcomes?



DIGITAL & TECHNOLOGY

- What is critical from a technology, data and digital perspective?
- Who owns which technologies and how can they help? What barriers are apparent?
- How do we link this back to the digital strategy?

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

7. Legislation Review Committee
b) Amendments to Professional Practice Policy 71 – Delivery of Methadone for Maintenance

DECISION REQUIRED

Recommended Board Motions:

1. Approve amendments to *Professional Practice Policy 71* ("PPP-71") – *Delivery of Methadone for Maintenance*, as circulated, to be effective April 1, 2020.

2. Approve consequential amendments to the following Professional Practice Policy ("PPP") and associated Policy Guides as circulated, to be effective April 1, 2020:

    a. *PPP-66 Opioid Agonist Treatment*
    b. PPP-66 Policy Guide Buprenorphine/Naloxone Maintenance Treatment
    c. PPP-66 Policy Guide Methadone Maintenance Treatment
    d. PPP-66 Policy Guide Slow Release Oral Morphine Maintenance Treatment

Purpose

To propose the following policy changes:

- Amendments to *PPP-71 Delivery of Methadone for Maintenance*
- Consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides

Background

Developed in 2013, *PPP-71 Delivery of Methadone for Maintenance* currently permits pharmacists working in community pharmacies to deliver methadone for maintenance to a patient's home only if the physician authorizes the delivery due to the patient's immobility. At the time it was developed, it was understood that federal legislation did not support the delivery of methadone by pharmacists. However, *PPP-71 Delivery of Methadone for Maintenance* was established to create a way to ensure best patient health outcomes and continuity of care, when patients have restrictions in mobility that would require the delivery of methadone for maintenance.

In September 2018, Health Canada released the Transportation of Controlled Substances in Canada policy position ("policy position"), which states pharmacists are permitted to transport controlled substances to a patient with an appropriate prescription.[1] In addition, the clinical guidelines and requirements for opioid agonist treatment ("OAT") have changed since 2013. The College of Pharmacists of BC ("the College") now has policies setting requirements for dispensing two other OAT drugs (i.e., buprenorphine/naloxone and slow release oral morphine). However, the College has not established provisions regarding pharmacist transportation of those drugs. Further, federal requirements have been amended to authorize nurse practitioners to prescribe OAT. In light of these changes, amendments to *PPP-71 Delivery of Methadone for Maintenance* are proposed.

Discussion

Consultations with internal and external stakeholders were held throughout the process of developing amendments to this policy (see Appendix 1). Additionally, the policies and positions of other pharmacy regulatory authorities on OAT delivery were sought out and reviewed to inform the proposed amendments (see Appendix 2). Taking these into consideration, proposed amendments to the policy were made, and include those listed below.

1. **Policy broadened to include buprenorphine/naloxone and slow release oral morphine in addition to methadone.**
   Since the implementation of *PPP-71 Delivery of Methadone for Maintenance* in 2013, the College released guidelines for providing services related to buprenorphine/naloxone and slow release oral morphine. Previously there were no established provisions for the transportation of these drugs. The policy is proposed to apply broadly to all three oral OAT drugs. To improve alignment with this proposed policy change, the proposed title of the PPP is *"PPP-71 Delivery of Opioid Agonist Treatment"*.

2. **Delivery location is no longer restricted to a patient's home address, but will now be permitted at a location that is safe for both the patient and the pharmacist, is private, maintains confidentiality of the patient, and has a verifiable address.**
   The requirement for delivery to a patient's home address was removed, and new principle-based criteria for delivery locations were implemented to allow for more flexibility in delivery location. Several other pharmacy regulatory authorities do not restrict the delivery of OAT to a patient's home address, and removal of this restriction was broadly supported by external stakeholders as it supports access to treatment.

[1] https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/transportation-of-controlled-substances-in-canada.html

3. **Reason for delivery is no longer restricted to immobility or extraordinary circumstances, and a pharmacist may provide delivery if it is safe, appropriate and in the best interest of the patient to do so.**
   The release of Health Canada's policy position has led to the reassessment of many aspects of *PPP-71 Delivery of Methadone for Maintenance*, which was initially put in place as an exception to federal legislation. Now that delivery of controlled substances is no longer interpreted to be an exception to the rule, the necessity of restrictions placed on delivery were re-examined. Removal of restriction on reason for delivery was widely supported during internal and external stakeholder consultations. A requirement that the pharmacist ensure delivery is safe, appropriate and in the best interest of the patient, and a requirement to document their rationale are proposed in the policy amendments for patient safety.

4. **Delivery no longer requires physician authorization, and a pharmacist may use their professional judgement to decide to deliver OAT to a patient.**
   As described above, the Health Canada policy position states that delivery of controlled substances by a pharmacist directly to a patient with a valid prescription is permitted. Because of the proposed amendment to no longer restrict delivery to patients who are immobile, a physician assessment and authorization for delivery would no longer be required. Community pharmacists are able to assess patients and determine if delivery is safe, appropriate and in their best interest. It is proposed that pharmacists be required to notify the prescriber that they have decided to initiate or stop delivery. Prescribers indicated that this was important information for them to know, to ensure the circle of care is informed of the treatment plan.

   A proposed provision was added stating that if a prescriber indicates that delivery is not permitted, the pharmacist must not initiate delivery to that patient, which aligns with the proposed changes to the Controlled Prescription Program form, as well as requests from prescribers (see Appendix 4).

5. **New safety provisions included in the policy.**
   In addition to the proposed requirement to deliver to a location that is safe for both the patient and the pharmacist, a provision has been proposed that allows a pharmacist to refuse to deliver OAT if there is concern for the safety of the patient, the pharmacist, or the public. Additionally, it is proposed that pharmacy managers must have written policies and procedures in place to ensure the safety and security of the patient, pharmacist and drug during the delivery. These provisions are recommended keeping in mind that the pharmacist providing the delivery will also be performing a patient assessment and witnessed ingestion at a patient's location, outside of the traditional pharmacy setting. Additionally, pharmacists would be transporting controlled substances which may be targets of theft, and adequate security measures should be put in place.

Additional proposed amendments to the policy include a strengthened recommendation for pharmacists to refer a patient to another pharmacy if providing delivery service is not feasible within the services and resources of the pharmacy, and clarification that due to the requirement for patient assessment prior to releasing the OAT drug, only a pharmacist (e.g., not a pharmacy technician or courier) may deliver OAT. *PPP-66 Opioid Agonist Treatment* and associated Policy Guides are referenced in the updated policy, as all the requirements in these still apply when OAT is delivered.

The internal and external stakeholder consultations revealed areas of the policy that required further clarification. Several groups provided feedback, requesting information on how other health care practitioners fit into this policy. At this time, models of delivery that include other health care providers are considered outside of the scope of this policy. It has been clarified in the policy preamble that this policy applies only to pharmacists delivering OAT directly to a patient, as specified by the Health Canada policy position.

During consultations, requiring documentation in PharmaNet that the OAT drug was delivered was discussed. Documenting this information the 'sig field' in PharmaNet was considered as an option, but limitations were identified, including that the 'sig field' is only able to display a limited number of characters. Another possibility discussed was using product identification numbers (PINS) to indicate when an OAT drug is delivered, similar to the existing practice for methadone when prescribed for OAT; however, currently no PINS for delivery of buprenorphine/naloxone or slow release oral morphine exist. Given the limitations with the 'sig field' and because information on whether or not the OAT drug was delivered would be available by calling the pharmacy as the proposed amendments to the policy include documenting the delivery date, time and address for each delivery in the patient record, no additional requirements to document that the OAT drug is delivered in PharmaNet are proposed.

In recognition that having delivery information available in PharmaNet for <u>all</u> forms of OAT may be valuable as patients move through different care settings, discussions on developing delivery PINS for buprenorphine/naloxone and slow release oral morphine with the Ministry of Health will be further pursued.

Lastly, due to the proposed changes to *PPP-71 Delivery of Methadone for Maintenance* and the Controlled Prescription Program duplicate forms, consequential amendments are proposed to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides (see Appendix 5). Additional proposed amendments stemming from recent PPP changes as part of the *Pharmacy Operations and Drug Scheduling Act* Modernization Phase Two project have also been included in these proposed consequential amendments.

Next Steps

The Board has the authority to amend PPPs. As such, if approved by the Board, the proposed amendments to *PPP-71 Delivery of Methadone for Maintenance* and the consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides would come into effect on April 1, 2020. Allowing these amendments to come into force on this date will enable the implementation plan, and ensure necessary communication of changes to stakeholders.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to *PPP-71 Delivery of Methadone for Maintenance* and the consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides, to be effective April 1, 2020.

Appendix	
1	List of Stakeholders Consulted
2	Jurisdictional Scan Summary
3	Amendments to *PPP-71 Delivery of Methadone for Maintenance* (track changes and clean)
4	Amendments to the Controlled Prescription Program Forms Briefing Note (Feb 14, 2020)
5	Consequential amendments PPP-66 & Policy Guides (track changes)

Appendix 1: List of Stakeholders Consulted on *PPP-71 Delivery of Methadone for Maintenance* Amendments

The following stakeholders provided feedback on the draft policy amendments:

- College of Physicians and Surgeons of BC (CPSBC)
- British Columbia College of Nursing Professionals (BCCNP)
- College of Pharmacists of BC (CPBC) Pharmacy Advisory Committee
- Patient representatives
- British Columbia Centre for Substance Use (BCCSU)
- Doctors of British Columbia (DOB)
    - Council on Health Promotion
    - Section of Emergency Medicine
    - BC Psychiatric Association
- Nurses and Nurse Practitioners of BC (NNPBC)
- BC Pharmacy Association (BCPhA)
- First Nations Health Authority
- Neighborhood Pharmacy
- Lower Mainland Pharmacy Services

Appendix 2: Jurisdictional Scan Summary

Current Pharmacy Regulatory Authority (PRA) Policies and Positions on OAT Delivery

Methadone/OAT Delivery	**BC** (current policy)	**AB**	**SK**	**MB**	**ON**	**QC**	**NB**	**NL**	**NS**	**PEI**
PRA restricts reason for delivery (i.e. extraordinary or emergency circumstances)	✓	×	✓	✓	✓	×	✓	✓	✓	--
PRA requires prescriber to authorize (AUTH) or agree to (AGR) delivery	✓ AUTH	×	✓ AUTH	✓ AUTH	✓ AGR	×	✓ AGR	×	✓ AGR	×
PRA allows pharmacist to use professional judgement to make determination to deliver	--	✓	--	✓[i]	--	✓	--	✓	✓[ii]	--
PRA only permits pharmacist to deliver OAT	✓	✓[iii]	--	✓	--	✓[iv]	✓[v]	✓	✓	--
PRA only permits patient to receive OAT delivery	✓	✓[vi]	--	✓[vii]	--	✓	✓	✓	✓	--
PRA restricts OAT delivery to patient's home	✓	×	✓	--	✓	×	✓	×	×	×
PRA requires pharmacist to provide clinical assessment prior to releasing delivered dose	✓	✓	--	✓	--	✓[viii]	✓	✓	✓	--
PRA requires pharmacist to be present to witness ingestion	✓	✓[ix]	--	✓	✓	✓[x]	✓	✓	✓	--

✓	Yes, required or expected by PRA, formally (i.e. in policy) or informally (i.e. expectation of PRA but not addressed directly in policy)
✓	Yes, required or expected by PRA, formally or informally with additional caveats (see footnotes)
×	No, not required or expected by PRA
--	Not addressed in PRA requirements, or not relevant based on other requirements

[i] Professional judgement of pharmacist, in addition to the prescriber's authorization, is required to determine that delivery is necessary.
[ii] If a prescriber was unavailable to consult with, pharmacist could use their professional judgement to make the determination of whether the delivery would be appropriate.
[iii] Delivery may be delegated to another authorized health professional.
[iv] Delivery may be delegated to nurse
[v] Pharmacist may be required to transfer custody of individually-labeled doses of methadone.
[vi] Carries and take-home doses of ORT may be delivered to patient's agent
[vii] Delivery may also occur directly to community health facility or hospital as authorized by new Health Canada exemptions
[viii] Assessment may be completed by nurse, if nurse has been delegated to deliver
[ix] Pharmacist or another delegated health professional must witness ingestion
[x] Witnessed ingestion may be completed by nurse, if nurse has been delegated to deliver

Appendix 3

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-71**
POLICY FOCUS: **Delivery of ~~Methadone for Maintenance~~Opioid Agonist Treatment**

This policy provides guidance to pharmacists and pharmacy managers working in community pharmacy settings on the delivery of opioid agonist treatment (OAT) drugs by pharmacists directly to patients.[1] This policy does not apply to injectable opioid agonist treatment.

The *Pharmacy Operations and Drug Scheduling Act* Bylaws sections 18(2)(b-e), (l), (m)~~,~~ and (t), 19(4), 19(6)(a-~~,~~b), 23(1)(a-~~,~~b), 23.1(1), and 36, and the *Health Professions Act* Bylaws Schedule F, Part 1 - *Community Pharmacy Standards of Practice* supplement this policy. This policy must be read in conjunction with *Professional Practice Policy – 66 Opioid Agonist Treatment* and its associated Policy Guides.

POLICY STATEMENT~~(S)~~:

~~Under extraordinary circumstances, if the patient has restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of methadone for maintenance. This practice is the exception to the rule and not normal practice.~~
~~**Neither the pharmacy manager nor the staff pharmacist may authorize the provision of home delivery for methadone in the absence of the prescriber's authorization on the prescription.**~~

~~**Delivery Standards:**~~

~~**1. Prescribing Physician Authorization of Home Delivery**~~

~~a. Should the prescribing physician determine that, due to the patient's immobility, delivery is required; the physician may authorize delivery by signing the declaration on the Methadone Maintenance Program, Controlled Prescription Program form.~~

~~i. If the pharmacist or pharmacy technician has concerns regarding the authenticity of the prescriber's signature they must contact the prescriber for verification.~~

~~ii. Physicians will not authorize delivery unless patient safety is assured and restrictions in mobility have been identified.~~

~~iii. Distance between patient home and pharmacy does not qualify as a restriction in mobility.~~

1. Determination to Deliver OAT

a. A pharmacist may deliver OAT to a patient from whom they have received a valid OAT prescription, if using their professional judgement, the pharmacist determines that providing delivery is safe, appropriate and in the best interest of the patient.
b. The pharmacist must document in the patient's record the decision to deliver or to not deliver, including the rationale for the decision. This documentation must be easily retrievable.
c. The pharmacist must notify the prescriber of the decision to intiate or stop delivery as soon as reasonably possible, and this must be recorded in the patient's record.
d. A pharmacist may refuse to deliver OAT if there is concern for the safety of the patient, pharmacist or public. Where appropriate, the pharmacist should discuss any concerns with the prescriber to resolve issues in the best interest of the patient.
e. A pharmacist must not deliver OAT to a patient if the prescriber indicates that delivery is not permitted.
f. If delivery is not feasible within the services and resources the pharmacy provides, the patient should be referred to a pharmacy that can provide the delivery.

2. ~~Home~~ Delivery ~~Schedule and Location~~of OAT

If ~~delivery is authorized~~ a pharmacist has made the determination to deliver OAT to a patient as noted in section 1 ~~above~~, the pharmacist must meet the following delivery requirements:

[1] Transportation of Controlled Substances in Canada: https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/transportation-of-controlled-substances-in-canada.html

~~a. The pharmacist must determine whether home delivery is feasible within the services and resources the pharmacy provides. If the pharmacy does not provide delivery service – it may be appropriate to refer the patient to a pharmacy that can provide the delivery.~~

a. The pharmacist must work with the patient to make arrangements for delivery that are in the best interest of the patient. Arrangements must include:
   i. A delivery location that is private, maintains the confidentiality of the patient, is safe for both the patient and the pharmacist, and has a verifiable address.
   ii. Time(s) and date(s) for delivery.
   iii. Procedure if the patient is not available at the location to receive the OAT delivery including communication of appropriate alternate arrangements for the patient to obtain their OAT drug.
b. The OAT drug must be packaged in the pharmacy and dispensed with the appropriate labelling.
c. A pharmacist must release an OAT drug to a patient in accordance with *Professional Practice Policy-66 Opioid Agonist Treatment* and its associated Policy Guides.
d. Due to the requirement for a pharmacist to assess a patient prior to releasing an OAT drug,
   i. only a pharmacist may deliver OAT to a patient,
   ii. the OAT drug must only be delivered directly to the patient, and
   iii. the OAT drug must not be left with any other person.
e. In addition to meeting the requirements for documentation set out in *Professional Practice Policy-66 Opioid Agonist Treatment* and its associated Policy Guides, pharmacists must record the delivery date, time and address for each delivery on the patient record, which includes the patient specific accountability log.

~~b. If the pharmacy is able to provide home delivery the pharmacist must work with the patient to make appropriate arrangements for delivery. Arrangements must include:~~
   ~~i. Address for delivery - methadone may only be delivered to a patient's home with a valid street address; delivery to a public location is not permitted.~~
   ~~ii. Time for delivery.~~
   ~~iii. Procedure if patient not available at address to receive methadone delivery including communication of appropriate alternate arrangements for the patient to obtain their prescription.~~

~~Note: *It is not acceptable for the pharmacist to deliver the methadone to an alternate person or location or to leave the methadone unattended*~~.

3. ~~Secure Transportation and Storage~~Safety and Security

a. The pharmacy manager must ensure that written policies and procedures are in place to ensure the safety of the patient and the pharmacist and the security of the drug during the delivery.

~~a.~~b. The dispensing pharmacist is responsible for securely transporting and appropriately storing ~~methadone~~the OAT drug.

~~b. Methadone must be transported directly from the dispensing pharmacy to the patient's home address; methadone~~ OAT drugs may not be stored outside of the pharmacy under any circumstances, nor be left unattended if the delivery is unsuccessful.~~.~~

c. ~~**Release of Methadone for Maintenance**~~

~~The pharmacist must be present to:~~
~~Confirm the identity of the patient.~~
~~Assess the competence of the patient.~~

~~a.~~

~~b. Witness the release and ingestion of methadone to the patient, this responsibility cannot be delegated to a pharmacy technician or any other pharmacy support staff.~~

~~c. Provide appropriate patient counseling.~~

~~d. If carries are provided, the pharmacist must always witness first dose of the take-home prescription; all subsequent doses must be dispensed in child-resistant containers with explicit warning label(s).~~

Appendix 3

4. Documentation

The pharmacist must:

a. At the time of release of a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific part-fill accountability log. Neither party may 'pre-sign' for future doses.
b. Document any and all home deliveries of methadone in the patient's record.
c. Log the home delivery with the address where the delivery was made on the methadone part-fill accountability log.
d. Document any appropriate follow-up plan in the patient's record.
e. File the methadone part-fill accountability log with original methadone prescription form.

BACKGROUND:

Legislation

Federal legislation does not support delivery of narcotics. The Controlled Drugs and Substances Act (CDSA) defines the transport or delivery of narcotics as trafficking, the Narcotic Control Regulations (NCR) limit the transport of narcotics to licensed dealers only.

Controlled Drugs and Substances Act

"Section 2 - Interpretation, Definitions[1]

"traffic" means, in respect of a substance included in any of Schedules I to IV,

(*a*) to sell, administer, give, transfer, ***transport***, send or ***deliver*** the substance"

Narcotic Control Regulations

"Section 2 - Interpretation, Definitions[2]

"licensed dealer" means the holder of a licence issued under section 9.2.

Dealers' Licenses and Licensed Dealers[3]

8. *(1) Subject to these Regulations, no person* ***except a licensed dealer*** *shall produce, make, assemble, import, export, sell, provide,* ***transport, send or deliver a narcotic****."*

Pharmacists are required to adhere to the CDSA and its regulations as well as the *Health Professions Act*, *Pharmacy Operations and Drug Scheduling Act* and their *Bylaws*. The College of Pharmacists and the College of Physicians and Surgeons recognize that there are extraordinary circumstances where due to temporary or permanent restrictions in mobility patients would require delivery of their methadone for maintenance to ensure best patient health outcomes and continuity of care.

1

2

3 http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-3.html#docCont

First approved: 21 Jun 2013 **PPP-71**
Revised:
Reaffirmed:

Appendix 3

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-71**
POLICY FOCUS: **Delivery of Opioid Agonist Treatment**

This policy provides guidance to pharmacists and pharmacy managers working in community pharmacy settings on the delivery of opioid agonist treatment (OAT) drugs by pharmacists directly to patients.[1] This policy does not apply to injectable opioid agonist treatment.

The *Pharmacy Operations and Drug Scheduling Act* Bylaws sections 18(2)(b-e), (l), (m) and (t), 19(4), 19(6)(a-b), 23(1)(a-b), 23.1(1), and 36, and the *Health Professions Act* Bylaws Schedule F, Part 1 - *Community Pharmacy Standards of Practice* supplement this policy. This policy must be read in conjunction with *Professional Practice Policy – 66 Opioid Agonist Treatment* and its associated Policy Guides.

POLICY STATEMENTS:

1. **Determination to Deliver OAT**
    a. A pharmacist may deliver OAT to a patient from whom they have received a valid OAT prescription, if using their professional judgement, the pharmacist determines that providing delivery is safe, appropriate and in the best interest of the patient.
    b. The pharmacist must document in the patient's record the decision to deliver or to not deliver, including the rationale for the decision. This documentation must be easily retrievable.
    c. The pharmacist must notify the prescriber of the decision to intiate or stop delivery as soon as reasonably possible, and this must be recorded in the patient's record.
    d. A pharmacist may refuse to deliver OAT if there is concern for the safety of the patient, pharmacist or public. Where appropriate, the pharmacist should discuss any concerns with the prescriber to resolve issues in the best interest of the patient.
    e. A pharmacist must not deliver OAT to a patient if the prescriber indicates that delivery is not permitted.
    f. If delivery is not feasible within the services and resources the pharmacy provides, the patient should be referred to a pharmacy that can provide the delivery.

2. **Delivery of OAT**
    If a pharmacist has made the determination to deliver OAT to a patient as noted in section 1, the pharmacist must meet the following delivery requirements:
    a. The pharmacist must work with the patient to make arrangements for delivery that are in the best interest of the patient. Arrangements must include:
        i. A delivery location that is private, maintains the confidentiality of the patient, is safe for both the patient and the pharmacist, and has a verifiable address.
        ii. Time(s) and date(s) for delivery.
        iii. Procedure if the patient is not available at the location to receive the OAT delivery including communication of appropriate alternate arrangements for the patient to obtain their OAT drug.
    b. The OAT drug must be packaged in the pharmacy and dispensed with the appropriate labelling.
    c. A pharmacist must release an OAT drug to a patient in accordance with *Professional Practice Policy-66 Opioid Agonist Treatment* and its associated Policy Guides.
    d. Due to the requirement for a pharmacist to assess a patient prior to releasing an OAT drug,
        i. only a pharmacist may deliver OAT to a patient,
        ii. the OAT drug must only be delivered directly to the patient, and
        iii. the OAT drug must not be left with any other person.
    e. In addition to meeting the requirements for documentation set out in *Professional Practice Policy-66 Opioid Agonist Treatment* and its associated Policy Guides, pharmacists must record the delivery date, time and address for each delivery on the patient record, which includes the patient specific accountability log.

[1] Transportation of Controlled Substances in Canada: https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/transportation-of-controlled-substances-in-canada.html

Appendix 3

3. Safety and Security

a. The pharmacy manager must ensure that written policies and procedures are in place to ensure the safety of the patient and the pharmacist and the security of the drug during the delivery.
b. The dispensing pharmacist is responsible for securely transporting and appropriately storing the OAT drug.
c. OAT drugs may not be stored outside of the pharmacy under any circumstances, nor be left unattended if the delivery is unsuccessful.

First approved: 21 Jun 2013 **PPP-71**
Revised:
Reaffirmed:

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

7. Legislation Review Committee
c) Amendments to the Controlled Prescription Program Forms

DECISION REQUIRED

Recommended Board Motion:

Approve amendments to the Controlled Prescription Program forms to create a harmonized form, as circulated.

Purpose

To propose amendments to the Controlled Prescription Program forms to create a harmonized form.

Background

Controlled Prescription Program

The Controlled Prescription Program ("CPP") is a duplicate prescription program created to prevent forgeries and reduce inappropriate prescribing of drugs listed in Schedule 1A[1]. Prescriptions for drugs specified in the CPP must be written on a duplicate form specifically developed for this purpose.

Currently, there are two CPP forms in use. A generic CPP form used for the majority of controlled prescriptions (see Appendix 1), and a methadone CPP form which is used to prescribe methadone for maintenance treatment (see Appendix 2).

Controlled Prescription Program Advisory Committee

The Controlled Prescription Program Advisory Committee ("CPPAC") is a multi-organization committee established in August 2018 with members from the Ministry of Health and the health regulators of professions that prescribe or dispense controlled drugs. The purpose of the

[1] In B.C., drugs are scheduled in the DSR as Schedule I, IA, II, III, and IV. The schedules are differentiated as follows:

- Schedule I (Prescription)
- Schedule IA (Prescription - Triplicate/Duplicate Prescription Program)
- Schedule II (Non-Prescription – Retained within the Professional Service Area)
- Schedule III (Non-Prescription – Available for self-selection in the Professional Products Area)
- Schedule IV (Prescription by Pharmacist)

CPPAC is to regularly review and recommend updates to the list of controlled (Schedule 1A) drugs, and provide a forum to share knowledge and coordinate practices around drugs with a high-risk profile.

Discussion

In 2017, the BC Centre on Substance Use released new Provincial Guidelines for the Clinical Management of Opioid Use Disorder, which is the new provincial clinical practice guideline for all clinicians who wish to prescribe oral opioid agonist treatments ("OAT") (i.e., methadone, buprenorphine/naloxone and slow release oral morphine).

Since the release of the new guidelines, prescribers have been using the generic CPP form to prescribe buprenorphine/naloxone and slow release oral morphine for OAT in absence of a generic OAT CPP form. This creates inconsistencies amongst prescriptions for OAT drugs as prescriptions written on the generic CPP form are "void after 5 days"[2] whereas prescriptions for methadone for OAT are not as they include a "start day" and "last day".

In 2018, the CPPAC discussed the need for amendments to the current CPP forms. Also discussed was the idea of potentially only having a harmonized CPP form with a section for OAT. The CPPAC discussed the benefits of having a harmonized CPP form which include:

- A consistent approach to writing prescriptions for all 1A drugs;
- Increased patient access to OAT therapy, as all physicians will have the form (currently only OAT prescribers have the methadone CPP form); and,
- Reduce the administrative burden associated with ordering/printing of two pads for 1A drugs.

In November 2019, the CPPAC developed a harmonized CPP form for the prescribing of all 1A drugs (see Appendix 3). The proposed amendments to *PPP-71 Delivery of Methadone for Maintenance* were considered in the development of this harmonized CPP form. For instance, the harmonized CPP form no longer requires physician authorization for delivery. As specified in proposed amendments to *PPP-71 Delivery of Methadone for Maintenance*, pharmacists may use their professional judgement to determine whether or not to deliver OAT to the patient. Using the new harmonized CPP form, the prescriber may specify that delivery is not permitted.

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[2] *Controlled Prescription Program*, http://library.bcpharmacists.org/6_Resources/6-4_Drug_Distribution/5015-ControlledPrescriptionProgram.pdf
"Void after 5 days" means that the prescription cannot be honoured after midnight of the fifth day following the date of issue. Therefore, a prescription written on January 10th can be accepted for filling or logging on until midnight January 15th.

Next Steps

In accordance with section 19(6)(a) of the *Pharmacy Operations and Drug Scheduling Act* Bylaws, drugs included in the controlled prescription program must not be sold or dispensed unless the registrant has received the prescription on the CPP form approved by both the College of Pharmacists of BC Board and the College of Physicians and Surgeons of British Columbia (CPSBC).

The CPSBC approved the harmonized CPP form in January 2020 (see Appendix 4). As such, if approved by the Board, the new harmonized CPP form will be sent to the Ministry of Health for printing.

To provide time for prescribers and pharmacists to update their practices, as well as phase out the current CPP forms, the CPPAC and Ministry of Health will advise the College of the effective date of this amendment.

Recommendation

That the Legislation Review Committee recommend that the Board approve the amendments to the CPP form.

Appendix	
1	Generic CPP Form
2	Methadone CPP Form
3	Harmonized CPP Form
4	CPSBC Executive Committee Meeting Minutes

Appendix 5

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-66**
POLICY FOCUS: **Opioid Agonist Treatment**

This policy provides guidance to registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment. This policy must be read in conjunction with *PPP-71 Delivery of Opioid Agonist Treatment.*

POLICY STATEMENTS:

Effective January 1, 2019:

1. All pharmacy managers, staff pharmacists, and relief pharmacists employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:
    a. successfully complete the College of Pharmacists of BC (CPBC) Methadone Maintenance Treatment (MMT) training program (2013), or
    b. successfully complete the British Columbia Pharmacy Association (BCPhA) *Opioid Agonist Treatment Compliance and Management Program for Pharmacy* (OAT-CAMPP) training program, and
    c. record self-declaration of training completion in eServices.
2. All pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:
    a. successfully complete the CPBC MMT training program (2013), or
    b. successfully complete the online component of the BCPhA OAT-CAMPP training program, and
    c. record self-declaration of training completion in eServices.
3. Pharmacy managers must:
    a. educate all non-pharmacist staff regarding their role in the provision of community pharmacy services related to opioid agonist treatment, and
    b. document the completion of the education of individual non-pharmacist staff members on a form signed and dated by the pharmacy manager and the non-pharmacist staff member, and retain the completed forms in the pharmacy's files.

Effective March 31, 2021:

The CPBC MMT training program (2013) will not be available beyond March 31, 2021. Registrants will no longer be able to fulfill the College's training requirements by completing that program, and must complete any applicable component(s) of the BCPhA OAT-CAMPP by March 31, 2021. The above-noted Policy Statements 1a and 2a will be repealed and all other requirements will continue to be in effect.

During the period between January 1, 2019 and March 31, 2021, registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment are strongly encouraged to complete the OAT-CAMPP program as soon as practicable.

1. BUPRENORPHINE/NALOXONE POLICY STATEMENTS:

1. Buprenorphine/naloxone maintenance treatment must only be dispensed as an approved, commercially available formulation.
2. The CPBC *Buprenorphine/Naloxone Maintenance Treatment Policy Guide* (2018) is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC *Buprenorphine/Naloxone Maintenance Treatment Policy Guide (2018)* and all subsequent revisions,
    b) be familiar with the information included in the most recent version of the British Columbia Centre on Substance Use (BCCSU*) A Guideline for the Clinical Management of Opioid Use Disorder*, and
    c) be familiar with the information included in the product monographs of approved, commercially available formulations.

2. METHADONE MAINTENANCE POLICY STATEMENTS:

1. Methadone maintenance treatment (MMT) must only be dispensed as the commercially available 10mg/ml methadone oral preparation.
2. The CPBC *Methadone Maintenance Treatment Policy Guide (2013)* is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and all subsequent revisions,
    b) be familiar with the information included in the most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*, and
    c) be familiar with the information included in the commercially available 10mg/ml methadone oral preparation product monographs.

~~**The Methadone Maintenance Policy Statements must be read in conjunction with *PPP-71 Delivery of Methadone Maintenance Treatment*.**~~

Required References

In addition to the currently required pharmacy reference materials (*PPP-3*), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:

- CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and subsequent revisions.
- The most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder.*
- The most current version of the Centre for Addiction and Mental Health *Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders.*
- Product monographs for the commercially available 10mg/ml methadone oral preparations.

Appendix 5

3. SLOW RELEASE ORAL MORPHINE POLICY STATEMENTS:

1. Slow release oral morphine maintenance treatment must only be dispensed in approved, commercially available strengths and formulations.
2. The CPBC *Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018)* is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to slow release oral morphine maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC *Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018)* and all subsequent revisions,
    b) be familiar with the information included in the most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*, and
    c) be familiar with the information included in the product monographs of approved, commercially available strengths and formulations.

First approved: 19 Nov 2010 **PPP-66**
Revised: 15 Apr 2011 / 20 Sep 2013 / 17 Nov 2017 / 20 Apr 2018 / 14 Sep 2018 / 23 Nov 2018
Reaffirmed:

Appendix 5

College of Pharmacists of British Columbia

Professional Practice Policy #66

Policy Guide

Buprenorphine/Naloxone Maintenance Treatment (2018)

Buprenorphine/Naloxone Maintenance Treatment Policy Guide

All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment (BMT) must know and apply the principles and guidelines outlined here in the College of Pharmacists of BC (CPBC) *Buprenorphine/Naloxone Maintenance Treatment Policy Guide (2018)* and all subsequent revisions.

1.0 Administration

1.1 Pharmacy Operating Hours

Principle 1.1.1 The pharmacy hours of service must be consistent with the dosing requirements of your patient.

Guideline: When a pharmacy accepts a patient who requires daily dispense (i.e., 7 days per week) the pharmacy hours of service need to accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for buprenorphine/naloxone maintenance treatment from 'daily dispense' to a 'take-home' dose.

1.2 General Guidance for Pharmacy Professionals

Principle 1.2.1 Provide patient education on how to properly take buprenorphine/naloxone tablets.

Guideline: For example you may instruct the patient to place and hold the tablet(s) under their tongue until it fully dissolves, this may take up to 10 minutes. Avoid swallowing, talking, eating, drinking, and smoking.

Principle 1.2.2 Advise patients to talk to their prescriber and pharmacist about any continuing withdrawal symptoms, cravings, and/or non-medical opioid use. Educate on risks of precipitated withdrawal during buprenorphine/naloxone induction. Educate patients on the inclusion of naloxone in buprenorphine/naloxone formulations and its purpose to deter use in a manner not intended as prescribed.

Principle 1.2.3 Refer colleagues, prescribers, and clinical staff who are unfamiliar with the most recent version of the British Columbia Centre on Substance Use (BCCSU) *A Guideline for the Clinical Management of Opioid Use Disorder*. Recommend completion of online training through the University of British Columbia, Faculty of Medicine Continuing Professional Development's *Provincial Opioid Addiction Treatment Support Program*.

2.0 Receiving Buprenorphine/Naloxone Prescriptions

2.1 Controlled Prescription Program Forms - Overview

Principle 2.1.1 Buprenorphine/naloxone prescriptions can only be accepted when written using an original Controlled Prescription Program form. When accepting buprenorphine/naloxone prescriptions, the pharmacist must ensure that the Controlled Prescription Program f~~F~~orm is completed by the prescriber as outlined in the Controlled Prescription Program.

3.0 Processing (Dispensing) Buprenorphine/Naloxone Prescriptions

3.1 Accepting a Prescription

Principle 3.1.1 Buprenorphine/naloxone for maintenance must be dispensed to patients as an approved, commercially available formulation.

Guideline: Buprenorphine/naloxone is currently available in multiple strengths of sublingual formulations. Tablets can be halved and/or combined to achieve target doses.

Principle 3.1.2 Pharmacists and pharmacy technicians (working within their scope) must review the prescription to ensure that the specific needs of the patient can be accommodated by the pharmacy.

Guideline: Each prescription should be reviewed in detail in consultation with the patient to ensure that the patient's specific needs can be accommodated. For example:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a day when the patient will not be able to see a prescriber for a new prescription (e.g., weekends and holidays).
- Review the prescription directions to determine the dosing schedule (daily dispense, take-home doses), including the specific days of the week for each dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.

3.2 Assessment of a Prescription

Principle 3.2.1 Should a patient present a prescription for a mood altering drug, including benzodiazepines and opioids, or if the pharmacist discovers that a mood altering drug is also being prescribed to the patient in their review of the PharmaNet patient record, they must contact both the prescriber of buprenorphine/naloxone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The pharmacist must document the outcome of the consultation(s) with the prescriber(s) and include it with the original prescription. The purpose of the consultation is to ensure the prescriber(s) are aware that the patient is currently on the buprenorphine/naloxone maintenance program.

Guideline: Mood altering drugs, including benzodiazepines and opioids, should not be prescribed to patients on the buprenorphine/naloxone maintenance program. Co-ingestion of buprenorphine/naloxone with alcohol or benzodiazepines is contraindicated, as combined effects can potentially result in fatal respiratory depression.

4.0 Releasing Buprenorphine/Naloxone Prescriptions

4.1 Releasing a Prescription

Principle 4.1.1 A pharmacist must be present to release the buprenorphine/naloxone prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Principle 4.1.2 Prior to releasing a buprenorphine/naloxone prescription the pharmacist must assess the patient to ensure that the patient is not intoxicated, including by centrally-acting sedatives and/or stimulants or in any other acute clinical condition that would increase the risk of an adverse event. If the pharmacist believes that it is not safe for the patient to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and include it with the original prescription.

Guideline: Assess patients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each patient's usual behaviour in order to be able to detect significant deviations.

Principle 4.1.3 Prior to releasing a buprenorphine/naloxone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log. Every part-fill dispensed must be accounted for. The patient/prescription specific log must be included with the original Controlled Prescription Program form. Once complete, it must be filed sequentially by the first prescription or transaction number assigned to the prescription. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

Guideline: The sample *Buprenorphine/Naloxone Part-Fill Accountability Log* (Appendix 1) can be used for this purpose.

Neither the pharmacist nor the patient is permitted to pre-sign for future doses or backdate signing.

College of Pharmacists of British Columbia

Principle 4.1.4 If a prescriber orders the buprenorphine/naloxone for daily dispense, the pharmacist is not required to observe the patient ingesting the dose. If the prescriber's intentions regarding witnessing are unclear, the pharmacist must consult with the prescriber to clarify, and the outcome of this consultation must be documented and included with the original prescription.

Guideline: If the prescription states daily dispense, the patient may ingest the dose without pharmacist observation.

Patients should be given instructions on how to take the dose. For example you may instruct the patient to place and hold the tablet(s) under their tongue until it fully dissolves, this may take up to 10 minutes. The patient should avoid swallowing, talking, eating, drinking, and smoking.

Principle 4.1.5 If a prescriber orders the buprenorphine/naloxone to be dispensed as a 'Daily Witnessed Ingestion' or 'DWI', the pharmacist must directly observe the patient placing the medication under the tongue. If the prescriber's intentions regarding witnessing are unclear, the pharmacist must consult with the prescriber to clarify, and the outcome of this consultation must be documented and included with the original prescription.

Guideline: Patients should be given instructions on how to take the dose. For example you may instruct the patient to place and hold the tablet(s) under their tongue until it fully dissolves - this may take up to 10 minutes. The patient should avoid swallowing, talking, eating, drinking, and smoking.

The patient is not required to remain in the pharmacy once the pharmacist has directly observed the patient placing the medication under the tongue.

Principle 4.1.6 If take home doses (carries) are prescribed, the first dose does not need to be witnessed, unless ordered by the prescriber. The subsequent take-home doses must be dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses, it must be documented on the patient record.

Guideline: The decision to authorize take-home doses can only be made by the prescriber. However, should a pharmacist believe that a patient is or is not ready to manage take-home doses they should discuss their recommendations or concerns with the prescriber.

Compliance packaging (e.g., blister packaging, pouch packs) may be ordered by the prescriber to discourage diversion and allow for better monitoring during medication call-backs. In these cases, the pharmacy must still ensure that the medications are provided in child-resistant packaging.

Patients should be reminded that buprenorphine/naloxone should be stored out of the reach of children, preferably in a locked cupboard or small lock box.

5.0 Responding to Buprenorphine/Naloxone Dosing Issues

5.1 Missed Doses

Principle 5.1.1 Any buprenorphine/naloxone prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered cancelled and must be reversed on PharmaNet **before the end of the business day**.

Guideline: It is imperative that the PharmaNet patient record reflects accurate and current information in terms of consumed and picked-up buprenorphine/naloxone doses as other healthcare practitioners rely on this information in making treatment decisions.

Principle 5.1.2 If a patient misses a dose, they cannot receive the missed dose at a later date.

Principle 5.1.3 The pharmacist must notify the prescriber of any missed doses before the next scheduled release of medication. The notification document must be retained and filed with the prescription consistent with filing retention requirements.

Guideline: The *Pharmacist-Prescriber Communication* form (Appendix 2) can be used for this purpose.

Principle 5.1.4 If a patient misses 6 or more consecutive days, the prescription must be cancelled.

Guideline: The pharmacist should advise the patient to see the prescriber for a new prescription, as dose adjustment and re-stabilization may be required.

For more information, refer to the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder* - Appendix 2: Induction and Dosing Guidelines for Buprenorphine/Naloxone.

5.2 Partial Consumption of Doses

Principle 5.2.1 If a patient declines or is unable to consume their full dose, the pharmacist must respect the patient's choice. The unconsumed portion cannot be given as a take-home dose. The patient's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. All patient documentation including the patient-prescription specific log and PharmaNet record must accurately reflect the actual dose consumed by the patient.

Guideline: The *Pharmacist-Prescriber Communication* form (Appendix 2) can be used for the documentation and communication.

The *Buprenorphine/Naloxone Part-Fill Accountability Log* (Appendix 1) can be used for the Part-Fill Accountability Log.

5.3 Lost or Stolen Doses

Principle 5.3.1 If a patient reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided. The pharmacist must notify and consult with the prescriber. If the prescriber chooses to authorize a replacement dose, a new original Controlled Prescription Program form must be received by the pharmacy.

5.4 Tapering

Principle 5.4.1 If a patient has decided to initiate a self-tapering regimen by decreasing their daily dose consumption, the pharmacist must record the dose consumed on the patient/prescription specific log (refer to Principle 4.1.3), record the actual dose consumed on the patient's PharmaNet record and notify the prescriber.

Guideline: The *Pharmacist-Prescriber Communication* form (Appendix 2) can be used for the purpose of notifying the prescriber.

Appendix 1

Buprenorphine/Naloxone Part-Fill Accountability Log

Patient Name:

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Patient's signature
		Witnessed	Take Home	Total	Address	Time		

Patient Name:

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Patient's signature
		Witnessed	Take Home	Total	Address	Time		

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity				Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity				Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Appendix 2

Pharmacist – Prescriber Communication

Date:_____ Patient Name:_____

To (Prescriber):_____ Patient PHN:_____

Fax: _____ Prescription Form Folio Number:_____

From (Pharmacy):_____ Pharmacy Fax:_____

Pharmacist:_____ Pharmacy Telephone:_____

For Prescriber's Information and Patient Records

- ❑ This patient missed their buprenorphine/naloxone dose on _____(date).
- ❑ This patient did not take their full daily dose today _____ (date) and consumed only ____ mg of the ____ mg prescribed dose.
- ❑ This patient's dose has been held due to _____ (reason and date).
- ❑ This patient lost or had their dose(s) stolen _____(dates).
- ❑ This patient's prescription has been cancelled due to _____(number of missed doses).

Additional Information

You May Attach Controlled Prescription Program Form.

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Appendix 5

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Professional Practice Policy #66

Policy Guide

Methadone Maintenance Treatment (2013)

Forward

Opioid dependence is a health concern with implications for the individual patient as well as the public. Methadone maintenance treatment is recognized internationally as among the most effective treatments for opioid use disorder (OUD). Addiction treatment experts recommend that methadone treatment for OUD be delivered with a maintenance-oriented, rather than abstinence-oriented, philosophy. This approach acknowledges OUD as a chronic disease.

Many studies, conducted over several decades in different countries, have clearly demonstrated that the effective delivery of methadone maintenance treatment reduces non-medical opioid use, other problematic substance use, criminal activity, mortality, injection-related risks and transmission of blood-borne disease. Additional positive results are improvement in physical and mental health, social functioning, quality of living and pregnancy outcomes.

Methadone, a long-acting, orally effective opioid, is used as a substitute for heroin or other narcotics when treating opioid dependence. Methadone eliminates withdrawal from and reduces cravings for, opioids. Methadone does not produce euphoria, and it blocks the euphoric effects of other opioids. When used in the treatment of opioid dependence, a single oral dose of methadone is effective for at least 24 hours. Eventual withdrawal from methadone is not necessarily the goal of the program, although some individuals may work with their physician and pharmacist to decrease their dose and eventually stop using methadone.

Methadone prescribing is controlled by both federal and provincial legislation, as well as administrative procedures and guidelines.

Registered pharmacists are permitted to purchase and dispense methadone without federal exemption. However, the College of Pharmacists of BC (CPBC) *Professional Practice Policy (PPP-66) – Opioid Agonist Treatment* requires that the pharmacy manager and all staff pharmacists employed in a community pharmacy that provides services related to methadone maintenance treatment complete the *CPBC Methadone Maintenance* Treatment (MMT) or the British Columbia Pharmacy Association's (BCPhA) *Opioid Agonist Treatment Compliance and Management Program for Pharmacy* (OAT-CAMPP) training program, and any subsequent updates. You must log into eServices to complete the "*Declaration of Completion and Understanding*" prior to providing methadone maintenance treatment services.

How to Use This Guide

This Policy Guide (the Guide) is a companion to *Professional Practice Policy (PPP-66) –Opioid Agonist Treatment* (Appendix 1). The intention of the *Guide* is to provide pharmacists with further detail and clarity (including practical examples) to assist in the implementation of the policy into practice to ensure consistency in the safe and effective delivery of methadone maintenance treatment services.

As always the expectation is that pharmacists will practice in compliance with their legislative requirements, including the principles outlined in this *Guide*. It is understood however that pharmacy practice is not always 'black and white' and when navigating the 'grey' pharmacists must use sound professional judgment, ensuring that their decisions are made in the best interest of the patient and with appropriate collaboration, notification and most importantly, documentation.

The *Guide* is to be read in conjunction with completion of the mandatory training session. Information regarding the mandatory sessions can be found on the CPBC website at **www. bcpharmacists.org.**

Note:
This document is not intended to cover all possible practice scenarios.

Declaration

After completing the mandatory training program, and subsequently reading this *Guide*, pharmacists must log into eServices to complete the '*Declaration of Completion and Understanding*'.

Acknowledgement

The development of this *Guide* involved a collaborative and consultative process with input and feedback gathered from a volunteer group of dedicated community pharmacists currently engaged, in varying capacities, in the delivery of methadone maintenance treatment services.

The group was comprised of both frontline pharmacists and pharmacy managers and represented a cross-section of practice types (independent to large chain retailers) and practice settings including pharmacies located in Vancouver's Downtown Eastside whose primary focus is on the provision of methadone maintenance treatment.

Feedback was also solicited from other stakeholder groups including; the Ministry of Health Services, the College of Physicians and Surgeons of BC, the BCPhA, the City of Vancouver, patient advocacy groups Vancouver Area Network of Drug Users (VANDU), and the BC Association for People on Methadone (BCAPOM).

The College of Pharmacists of BC would like to sincerely thank each of these individuals and organizations for their invaluable feedback in the creation of this significant resource for pharmacists.

Feedback

Questions and comments about this *Guide* are welcome and can be sent to:
College of Pharmacists of British Columbia Telephone: 604-733-2440 or 800-663-1940

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Vancouver, BC V6J 5C6 E-mail: practicesupport@bcpharmacists.org
Web site: www.bcpharmacists.org

Methadone Maintenance Treatment Policy Guide

In accordance with *Professional Practice Policy (PPP-66) – Opioid Agonist Treatment* (Appendix 1), all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must know and apply the principles and guidelines outlined here in the CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and all subsequent revisions. The responsibility of pharmacy technicians in the dispensing of MMT is consistent with their scope of practice outlined in the *Health Professions Act* (HPA) Bylaws Schedule F Part 1 section 4.

1.0 Administration

1.1 Pharmacy Operating Hours

Principle 1.1.1 ~~Patients must attend the pharmacy unless exceptional circumstances are provided for under *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*~~ The pharmacy hours of service must be consistent with the supervised dosing requirements of your patient.

Guideline: When a pharmacy accepts a patient who requires daily witness ingestion (i.e., 7 days per week) the pharmacy hours of service must accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for methadone maintenance treatment from 'daily witness' to a 'take-home' dose.

1.2 Privacy and Confidentiality – Premise

Principle 1.2.1 All pharmacies offering methadone maintenance treatment must be in compliance with all relevant legislation pertaining to the structure of the licensed premise with particular attention given to ensuring there is sufficient space to accommodate patients waiting for witnessed ingestion and/or take home methadone doses while simultaneously maintaining privacy for pharmacist-patient consultation.

Guideline: It may be appropriate to establish a staggered schedule for regular patients requiring witnessed ingestion to ensure that there is

adequate space within the pharmacy to accommodate patients who are waiting and ensure privacy of pharmacist-patient consultation.

1.3 Security – Premise

Principle 1.3.1 All pharmacies offering methadone maintenance treatment must ensure that their pharmacy is in compliance with all relevant legislation pertaining to pharmacy security requirements including those outlined in *Professional Practice Policy (PPP-74) – Community Pharmacy and Telepharmacy Security*.

2.0 Receiving Methadone Prescriptions

2.1 ~~Methadone Maintenance~~ Controlled Prescription Program Forms – Overview

Principle 2.1.1 Methadone maintenance prescriptions can only be accepted when written using an original approved ~~Methadone Maintenance~~ Controlled Prescription Program form.

Guideline: When accepting a methadone maintenance prescription written on the Methadone Maintenance Controlled Prescription form, a pharmacist must ensure that ~~the Methadone Maintenance Controlled Prescription~~the form is completed by the prescriber as outlined in the *Methadone Maintenance Controlled Prescription Form Guidelines* (Appendix 3).

Principle 2.1.2 The pharmacist must ensure that the patient, as well as themselves, sign the form, in the space indicated on the bottom of the form.

Principle 2.1.3 Faxed ~~Methadone Maintenance~~ Controlled Prescription Program forms are not acceptable unless under extenuating circumstances where the prescriber has determined, following consultation with the pharmacist, that the urgency of the situation warrants it.

Guideline: In such cases the pharmacy, prior to dispensing the medication, must receive, in addition to a fax of ~~the~~ an ~~Methadone Maintenance~~ approved Controlled Prescription Program form, written confirmation (fax acceptable) signed by the prescriber that briefly describes the emergency situation and guarantees the delivery of the original ~~Methadone Maintenance~~ approved Controlled Prescription Program form to the pharmacy the next business day or as soon as possible when the prescriber is not available.

The faxed ~~Methadone Maintenance~~ approved Controlled Prescription Program form and related documentation, as described in Appendix 4, must be attached to the original ~~Methadone Maintenance~~ Controlled Prescription Program form once received.

Note: The *Emergency Fax Controlled Prescription Program Form Documentation* (Appendix 4) can be used for this purpose.

Principle 2.1.4 In an effort to maximize the effectiveness of the methadone maintenance treatment program, the pharmacist may find it beneficial to engage in a specific dialogue with the patient, either when they initiate treatment or at various times throughout treatment, that clearly outlines the expectations of both the patient and the pharmacist.

Guideline: The *Methadone Maintenance Treatment Expectation Form* (Appendix 5) can be used for this purpose.

Principle 2.1.5 In the rare circumstance (disruptive or threatening behavior or verbal or physical abuse) where a pharmacist finds that they must terminate the pharmacist-patient relationship, reasonable notice must be provided to the patient to ensure their continuity of care.

Guideline: It is important to remember that the decision to terminate a pharmacist-patient relationship is a serious one and must be made with due consideration and based on appropriate rationale. It is unethical for a pharmacist to terminate the pharmacist-patient relationship or refuse to treat a patient on morally irrelevant grounds. The pharmacist's decision should be documented and retained in the patient record.

2.2 ~~Methadone Maintenance~~ Controlled Prescription Program Forms – Alterations

Principle 2.2.1 Alterations to the ~~Methadone Maintenance~~approved Controlled Prescription Program form are the exception to the rule and should not be normal practice as they increase the likelihood of errors and drug diversion and put the public at risk. In the rare circumstance when an alteration is necessary to ensure the continuity of care pharmacists must always use due diligence to ensure authenticity and accuracy of the prescription.

Guideline:
Alterations completed at the prescriber's office: Alterations are only permitted on the sections of the form that the prescriber completes provided that the prescriber has initialed the alteration. Alterations are not permitted to the pre-printed sections of the form.

Alterations completed at the pharmacy: Pharmacists do not have independent authority to make any alterations or changes to the approved~~a Methadone Maintenance~~ Controlled Prescription Program form. Any required or requested change(s) must be patient-specific and authorized by the patient's prescriber through direct consultation with the pharmacist. Any prescriber-authorized changes must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication whenever possible and attached and filed with the original prescription.

Note: The *Pharmacist-Prescriber Communication Form* (Appendix 4) can be used for this purpose.

2.3 Out-of-Province Prescriptions

Principle 2.3.1 Pharmacists are permitted to dispense methadone prescriptions from prescribers in provinces other than BC.

Guideline: If there are any doubts regarding the authenticity of the out-of-province prescription, the pharmacist must contact the out-of-province prescriber to confirm the legitimacy of the prescription. When satisfied that the prescription is authentic, the pharmacist can dispense and process the

prescription in the same manner as other prescriptions from out-of-province prescribers.

Note: It's important to realize that not all provinces are required to use Controlled Prescription Program forms.

3.0 Processing (Dispensing) Methadone Prescriptions

3.1 Accepting a Prescription

Principle 3.1.1 Methadone for maintenance must be dispensed to patients in a concentration of 10 mg/ ml.

Guideline: Only commercially available 10 mg/ml oral preparations are permitted for use.

Principle 3.1.2 Positive identification is required for all patients presenting a prescription for the first time, and reasonable steps to positively identify the patient must be taken prior to dispensing any subsequent prescriptions.

Guideline: The CPBC *Professional Practice Policy (PPP-54) – Identifying Patients ~~for PharmaNet Purposes~~and Patient Representatives in Community Pharmacy and Telepharmacy Settings* provides guidance for registrants on taking reasonable steps to confirm the identity of patient. ~~requires the pharmacist to view one piece of "primary identification" or two pieces of "secondary identification" as verification of a positive identification. If a patient cannot provide the required identification,~~ T~~t~~he prescriber may be contacted to assist with verifying the patient's identity, if necessary.~~.~~

Principle 3.1.3 Pharmacists and pharmacy technicians must review the prescription to ensure that it is completed by the prescriber as outlined in the Controlled Prescription Program, ~~as outlined in the *Methadone Maintenance Controlled Prescription Form Guidelines* (Appendix 3)~~ and that the directions for use appropriately meet the specific needs of the patient and can be accommodated by the pharmacy. If the prescription is written using the Methadone Maintenance Controlled Prescription Form, it should be completed by the prescriber as outlined in the *Methadone Maintenance Controlled Prescription Form Guidelines* (Appendix 3).

Guideline: Each prescription must be reviewed in detail in consultation with, and consideration given to the specific needs of, the patient. The following list is a sample only:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a weekend when the patient will not be able to see a prescriber for a new prescription.
- Review the prescription directions to determine the dosing schedule (daily witnessed ingestion, divided dose, take-home doses), including the specific days of the week for each witnessed dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.
- Confirm that stamped or preprinted sticker directions do not conflict with written directions.

Any ambiguous or conflicting information identified must be clarified with the prescriber. Should an alteration or change to the prescription be required, it must be done in compliance with the Principles and Guidelines outlined in section 2.2.

3.2 Assessment of a Prescription

Principle 3.2.1 Pharmacists and pharmacy technicians must correctly identify the product as prescribed ‘for pain’ or ‘for opioid use disorder’ by using the appropriate Drug Identification Number (DIN) or Product Identification Number (PIN) to ensure patient safety and accurate PharmaNet patient records.

Principle 3.2.2 As with all medications a pharmacist **must** review each individual PharmaNet patient record, as stated in *HPA Bylaws* (Schedule F Part 1), and resolve any drug-related problems prior to dispensing any methadone prescription. This step is particularly critical for methadone prescriptions as the automated drug usage evaluation (DUE) built into the PharmaNet system does not include methadone. Pharmacists providing methadone maintenance treatment must therefore ensure they maintain their knowledge with respect to potential drug interactions related to methadone. General information in this regard can be found in Appendix 7.

Guideline: A PharmaNet patient record review must be completed for all prescriptions, including those patients obtaining their prescription on a daily basis or those long-term patients whom the pharmacist may know well.

Principle 3.2.3 Mood altering drugs, including benzodiazepines and narcotics, are not generally prescribed to patients on the methadone maintenance program. Should a patient present a prescription for a mood altering drug or if the pharmacist discovers that a mood altering drug is also being prescribed to the patient in their review of the PharmaNet patient record, they must contact both the prescriber of methadone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The purpose of the consultation is to ensure the prescriber(s) are aware that the patient is currently on the methadone maintenance program.

Guideline: The pharmacist should document the outcome of the consultation(s) with the prescriber(s) and attach it to the original prescription.

Principle 3.2.4 The 'sig field' on the prescription label must include the start and end dates of the original current prescription.

Principle 3.2.5 As required by *HPA Bylaws* Schedule F Part 1 the 'dispensing date' on the prescription label must accurately reflect the actual date dispensed on the PharmaNet system.

3.3 Preparing Methadone Prescriptions

Principle 3.3.1 Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.

Guideline: All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a 'methadone only' label and a 'poison' auxiliary label with the international symbol of the skull and cross bones.

Principle 3.3.2 Reconciliation procedures must be conducted in accordance with *Professional Practice Policy (PPP-65) – Narcotic Counts and Reconciliations*.

Guideline: ~~As per *PPP-65*, the pharmacy manager must ensure that narcotic counts and reconciliations, which include methadone, are completed:~~
~~At a minimum of every 3 months,~~
~~After a change of manager, and~~
~~After a break-in or robbery.~~

Reconciliation means the quantity of methadone on hand must equal the quantity received minus the quantity dispensed over a specific period of time.

3.4 Loss or Theft and Disposal of Methadone

Principle 3.4.1 The *Narcotic Control Regulations* require that pharmacists report the loss or theft of controlled drugs and substances to the Office of Controlled Substances, Health Canada within 10 days of the discovery of the loss or theft. In the event of a loss or theft the pharmacy should also notify the CPBC ~~as soon as possible.~~within 24 hours.

Guideline: The form for reporting loss or theft of narcotics can be found on the CPBC website www.bcpharmcists.org under *Resources.*

Principle 3.4.2 Methadone, like any other narcotic or controlled drug, can only be disposed of with authorization from Health Canada and after being rendered unusable.

Guideline: To receive authorization to dispose of methadone the pharmacist must submit a written *Authorization to Destroy for Expired Narcotic and Controlled Drugs* to the Office of Controlled Substances, Health Canada.

An acceptable method of rendering methadone unusable is to place the product in a leak-proof container or plastic bag and add kitty litter until the mixture is almost solid.

Once the required authorization is received from Health Canada the pharmacist must record the amount of product to be disposed of, having a second healthcare professional sign for the disposal, and place the now rendered unusable product in the pharmacy's medication return container.

3.5 Methadone in Tablet Form for Air Travel

Principle 3.5.1 Hand luggage restrictions governing the transportation of fluids in air travel may be problematic for patients and in certain circumstances may necessitate the prescription of methadone in tablet form. Only commercially available methadone in tablet form may be dispensed. Pharmacists need to be aware that the prescription of methadone in tablet form may result in increased risk for both patients and the public. **Note**: Dispensing of methadone powder by way of sachet, capsule, or other format is never acceptable due to the increased potential for diversion and misuse.

Guideline: Long-term methadone maintenance treatment clearly limits patients' ability to travel because of the need for regular follow-up as well as the restrictions associated with the dispensing of methadone. If patients receiving MMT wish to travel for a period of time that exceeds their regular carry period, the usual standard of care should not be compromised, particularly if the patient is not stable and still requires daily supervised ingestion.

Patients are significantly limited in their ability to transport methadone across international borders but it is possible to arrange for methadone dispensing in some jurisdictions. The CPSBC advises physicians to research

each case to ensure decisions do not compromise patient safety. In some cases, patients may require documentation for the purpose of crossing international borders or to assist in accessing temporary care from a methadone program at their destination. The physician is responsible to provide the required travel documentation.

4.0 Releasing Methadone Prescriptions

4.1 Releasing a Prescription

Principle 4.1.1 A pharmacist must be present and witness the release of a methadone prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Principle 4.1.2 Prior to releasing a methadone prescription the pharmacist must assess the competence of the patient (i.e. ensure that the patient is not currently intoxicated or otherwise mentally impaired) to ensure that it is safe to release the medication to them.

Guideline: Pharmacists must assess patients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each patient's 'normal' behaviour in order to be able to detect significant deviations from normal.

If the pharmacist believes that it is not safe for the patient to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and attach it to the original prescription.

Principle 4.1.3 Prior to releasing a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose).

Guideline: Every part-fill dispensed must be accounted for. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

The pharmacist releasing and the patient receiving the part-fill of the prescription must sign for each witnessed ingestion dose and each take-home dose. **Neither the pharmacist nor the patient is permitted to pre-sign for future doses or backdate signing.**

The patient/prescription specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose) must be attached to the original Controlled Prescription Program form and once complete filed sequentially by the first prescription or transaction number assigned to the prescription.

Principle 4.1.4 As with all prescriptions, prior to releasing a methadone prescription, the pharmacist must counsel the patient on the risks (including common side effects) and benefits of taking their medication as per *HPA Bylaws* Schedule F Part 1 section 12.

Guideline: The most common adverse reactions with methadone include; sweating, constipation, sexual dysfunction, change in menstruation, drowsiness, sleep disturbances, muscle and bone aches, weight changes (usually gain), skin rash, gastrointestinal upset, headaches and edema. Patients will benefit from information about the non-drug approaches, non-prescription products and prescription items that can provide relief from these side effects.

Principle 4.1.5 With respect to witnessed ingestion doses, the pharmacist must directly observe the patient ingesting the medication and be assured that the entire dose has been swallowed.

Guideline: Given the concentrated solution of 10mg/ml, it may be helpful to provide a glass of water to the patient to enable rinsing out of the dispensing container to ensure full dose administration.

Immediately following observing the patient's ingestion of the medication the pharmacist should engage the patient in a short conversation to ensure that the entire dose has been swallowed.

Principle 4.1.6 With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient.

Guideline: Each dose must be dispensed in an individual, appropriately sized, child-resistant container.

Each container must be individually labeled.

If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses it must be documented on the patient record.

Patients should be reminded that methadone should be stored out of the reach of children, preferably in a locked cupboard or small lock box if stored in the refrigerator.

Note: The decision to authorize take-home doses can only be made by the prescriber. However, should a pharmacist believe that a patient is or is not ready to manage take-home doses they should discuss their recommendations or concerns with the prescriber.

Principle 4.1.7 In extraordinary situations, when a patient cannot attend the pharmacy, the patient's representative may pick up and sign for their authorized take-home dose(s) if confirmed in writing by the prescriber.

Guideline: This authorization must be date specific, and the representative and circumstances must be clearly defined. The written and signed authorization from the prescriber (fax acceptable) must be attached to the original approved ~~Methadone Maintenance~~ Controlled Prescription Program form.

Note: Patient representative is defined in *HPA Bylaws*.

~~**Principle 4.1.8** Delivery of methadone is **prohibited** under federal legislation except as provided for in extraordinary circumstances according to *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*~~

~~**Guideline:** The pharmacist must read and understand *Professional Practice Policy (PPP- 71) – Delivery of Methadone Maintenance Treatment.*~~

5.0 Responding to Methadone Dosing Issues

5.1 Divided (Split) Doses

Principle 5.1.1 Only the prescriber, by stating this on the original approved ~~Methadone Maintenance~~ Controlled Prescription Program form, can authorize a divided (split) dose of a prescription. Unless otherwise specified by the prescriber, the first portion of the daily dose must be by witnessed ingestion.

Guideline: The decision to authorize a divided dose can only be made by the prescriber, however, should a pharmacist believe that a patient would benefit from this they should discuss this option with the prescriber.

5.2 Missed Doses

Principle 5.2.1 Any methadone prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered cancelled and must be reversed on PharmaNet before the end of the business day.

Guideline: It is imperative that the PharmaNet patient record reflects accurate and current information in terms of consumed and picked-up methadone doses as other healthcare practitioners rely on this information in making treatment decisions.

Principle 5.2.2 If a patient misses a dose, they cannot receive the missed dose at a later date.

Principle 5.2.3 The pharmacist must notify the prescriber of any missed doses (unless a specified number of missed doses has been indicated by the prescriber) before the next scheduled release of medication.

Guideline: The notification document must be retained and filed with the prescription consistent with filing retention requirements. The *Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

5.3 Partial Consumption of Doses

Principle 5.3.1 If a patient refuses to consume their full dose, the pharmacist must not insist that they ingest the total amount. The unconsumed portion however cannot be given as a take-home dose.

Guideline: The patient's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. *The Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

All patient documentation including the *Methadone Part-Fill Accountability Log* (Appendix 9) and PharmaNet record must accurately reflect the actual dose consumed by the patient.

5.4 Vomited Doses

Principle 5.4.1 If a patient reports that they vomited their dose, a replacement dose cannot be provided without authorization from the patient's prescriber.

Guideline: The pharmacist must contact the prescriber and provide them with information about the incident (time the dose was taken, time of vomiting, and other relevant points). Should the prescriber authorize a replacement dose, it must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication and attached and filed with the original prescription.

5.5 Lost or Stolen Doses

Principle 5.5.1 If a patient reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided without authorization from the patient's prescriber.

Guideline: The pharmacist must contact the prescriber and discuss the situation with them. Should the prescriber determine that the situation warrants it they may authorize the acceptance of a new approved ~~Methadone Maintenance~~ Controlled Prescription Program form by fax (refer to Principle 2.1.3) or the prescriber may advise the pharmacy that they must wait until the patient presents a new original approved ~~Methadone Maintenance~~ Controlled Prescription Program form.

5.6 Tapering

Principle 5.6.1 If a patient has decided to initiate a self-tapering regimen by decreasing their daily dose consumption, the pharmacist must record the dose consumed on the patient/ prescription specific log (refer to Principle 4.1.3), record the actual dose consumed on the patient's PharmaNet record and notify the prescriber.

Guideline: The *Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for the purpose of notifying the prescriber.

5.7 Emergency Dosing

Principle 5.7.1 Emergency dosing is not recommended. If however a pharmacist feels in their professional judgement that an emergency dose is required to ensure continuity of patient treatment the pharmacist may provide an emergency dose. The pharmacist must counsel the patient to obtain a new prescription as soon as possible. This practice is the exception to the rule and not the normal practice, refer to *Professional Practice Policy (PPP-31) – Emergency ~~Prescription Refills~~Supply for Continuity of Care*.

Guideline: Pharmacists need to document, as per *PPP-31*, the attempt to reach the prescriber with information about the situation. The prolonged half-life of methadone ensures that a patient maintains a single dose for at least 36 hours. Although the patient may feel uncomfortable an emergency

dose may not be necessary. Emergency doses may hinder treatment success and health outcomes. It is a patient's responsibility to make sure they have a valid prescription.

6.0 Continuity of Care

6.1 Transfer of Pharmacy

Principle 6.1.1 When a patient chooses to move from one pharmacy to another to receive their methadone prescription it is the responsibility of the new pharmacy to contact the previous pharmacy and prescriber (if applicable) to discuss the exact transfer date and any other pertinent concerns. The previous pharmacy must cooperate fully with the request from the new pharmacy.

Guideline: Communication between the previous and new pharmacy is critical to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses. A review of the patient's PharmaNet patient record can be of assistance in determining the previous pharmacy and prescriber.

6.2 Hospitalization or Incarceration

Principle 6.2.1 When a patient is discharged or released to the community from a hospital or correctional facility it is the responsibility of the community pharmacist receiving the patient to verify the date and amount of the last dose administered.

Guideline: Effective communication sharing among those who provide the patient's methadone maintenance treatment (hospital or correctional facility and pharmacy) is essential to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses.

6.3 Compounding in Exceptional Circumstances

Principle 6.3.1 The only situation that would constitute consideration of exceptional circumstances is when a commercially available 10 mg/ml oral preparation is not available.

Principle 6.3.2 Methadone for maintenance must be at the strength of 10 mg/ml to ensure minimization of errors.

Principle 6.3.3 A compounding log must be established to record when methadone solutions are prepared, how much was prepared, and who prepared the product. The *Compounding Log* (Appendix 8) can be used for this purpose.

Guideline: The compounding log must incorporate the following elements:

- Preparation date,
- Methadone powder and/or liquid concentrate manufacturer's lot number and expiry date,
- Methadone powder and/or liquid concentrate quantity used and quantity prepared,
- Batch number and use-by date assigned by the pharmacy, and
- Preparer's and pharmacist's identification.

A separate compounding log must be maintained for each strength of stock solution

Principle 6.3.4 All concentrated solution containers must be clearly labeled with the drug name, strength, use-by date and appropriate warning labels.

Guideline: If different concentrations are prepared for pain management, they must be easily identifiable with clear labeling. A best practice would be to use different styles of storage container for each concentration or use food grade dyes to differentiate between the different concentrations prepared.

In order to help ensure liquid methadone preparations remain stable for up to 30 days from the date of pharmacy dispensing and to minimize the growth of bacteria, mold and fungus the *American Association for the Treatment of Opioid Dependence* recommends that pharmacists should:

- Use distilled water for the dilution of methadone products,
- Use new, clean, light-resistant containers for dispensing,
- Refrigerate take-home containers as soon as possible and keep refrigerated until used.

Principle 6.3.5 Methadone for maintenance solutions must be made with full-strength Tang™ or similar full-strength beverage crystals with daily doses (witnessed ingestion or take-home). Plain water is never an acceptable vehicle for dispensing to patients in the methadone maintenance treatment program.

Guideline: The beverage crystals are full-strength when made according to the manufacturer's directions found on the product's packaging.

Dispensing as a standard volume (e.g., all doses dispensed as a volume of 100 mL) is not acceptable.

Appendix 1

CPBC Professional Practice Policy PPP-66 – Opioid Agonist Treatment

See the most up-to-date Professional Practice Policy – 66 Opioid Agonist Treatment on the CPBC website: http://library.bcpharmacists.org/6_Resources/6-2_PPP/5003-PGP-PPP66.pdf

~~This policy provides guidance to registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment.~~

~~**Policy statements:**~~

~~Effective January 1, 2019:~~

1. ~~All pharmacy managers, staff pharmacists, and relief pharmacists employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:~~
    a. ~~successfully complete the College of Pharmacists of BC (CPBC) Methadone Maintenance Treatment (MMT) training program (2013), or~~
    b. ~~successfully complete the British Columbia Pharmacy Association (BCPhA) *Opioid Agonist Treatment Compliance and Management Program for Pharmacy* (OAT-CAMPP) training program, and~~
    c. ~~record self-declaration of training completion in eServices.~~
2. ~~All pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:~~
    a. ~~successfully complete the CPBC MMT training program (2013), or~~
    b. ~~successfully complete the online component of the BCPhA OAT-CAMPP training program, and~~
    c. ~~record self-declaration of training completion in eServices.~~
3. ~~Pharmacy managers must:~~
    a. ~~educate all non-pharmacist staff regarding their role in the provision of community pharmacy services related to opioid agonist treatment, and~~
    b. ~~document the completion of the education of individual non-pharmacist staff members on a form signed and dated by the pharmacy manager and the non-pharmacist staff member, and retain the completed forms in the pharmacy's files.~~

~~Effective March 31, 2021:~~

~~The CPBC MMT training program (2013) will not be available beyond March 31, 2021. Registrants will no longer be able to fulfill the College's training requirements by completing that program, and must complete any applicable component(s) of the BCPhA OAT-CAMPP by March 31, 2021. The above-noted Policy Statements 1a and 2a will be repealed and all other requirements will continue to be in effect.~~

~~During the period between January 1, 2019 and March 31, 2021, registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment are strongly encouraged to complete the OAT-CAMPP program as soon as practicable.~~

~~1. BUPRENORPHINE/NALOXONE POLICY STATEMENTS:~~

1. ~~Buprenorphine/naloxone maintenance treatment must only be dispensed as an approved, commercially available formulation.~~
2. ~~The CPBC *Buprenorphine/Naloxone Maintenance Treatment Policy Guide* (2018) is in force.~~
3. ~~All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment must:~~
    a) ~~know and apply the principles and guidelines outlined in the CPBC *Buprenorphine/Naloxone Maintenance Treatment Policy Guide (2018)* and all subsequent revisions,~~
    b) ~~be familiar with the information included in the most recent version of the British Columbia Centre on Substance Use (BCCSU*) A Guideline for the Clinical Management of Opioid Use Disorder*, and~~
    c) ~~be familiar with the information included in the product monographs of approved, commercially available formulations.~~

~~2. Methadone Maintenance Policy statements:~~

1. ~~Methadone maintenance treatment (MMT) must only be dispensed as the commercially available 10mg/ml methadone oral preparation.~~
2. ~~The CPBC *Methadone Maintenance Treatment Policy Guide (2013)* is in force.~~
3. ~~All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must:~~
    a) ~~know and apply the principles and guidelines outlined in the CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and all subsequent revisions,~~
    b) ~~be familiar with the information included in the most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*, and~~
    c) ~~be familiar with the information included in the commercially available 10mg/ml methadone oral preparation product monographs.~~

The Methadone Maintenance Policy Statements must be read in conjunction with *PPP-71 Delivery of Methadone Maintenance Treatment*.

Required References

In addition to the currently required pharmacy reference materials (*PPP-3*), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:

- CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and subsequent revisions.
- The most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder.*
- The most current version of the Centre for Addiction and Mental Health *Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders.*
- Product monographs for the commercially available 10mg/ml methadone oral preparations.

3. SLOW RELEASE ORAL MORPHINE POLICY STATEMENTS:

1. Slow release oral morphine maintenance treatment must only be dispensed in approved, commercially available strengths and formulations.
2. The CPBC *Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018)* is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to slow release oral morphine maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC *Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018)* and all subsequent revisions,
    b) be familiar with the information included in the most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*, and
    c) be familiar with the information included in the product monographs of approved, commercially available strengths and formulations.

Appendix 5

Appendix 2

CPBC Professional Practice Policy PPP-71 – Delivery of ~~Methadone Maintenance~~Opioid Agonist Treatment

See the most up-to-date Professional Practice Policy – 71 Delivery of Opioid Agonist Treatment on the CPBC website: http://library.bcpharmacists.org/6_Resources/6-2_PPP/5003-PGP-PPP71.pdf.

~~POLICY STATEMENT(S):~~

~~Under extraordinary circumstances, if the patient has restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of methadone for maintenance. This practice is the exception to the rule and not normal practice.~~
~~Neither the pharmacy manager nor the staff pharmacist may authorize the provision of home delivery for methadone in the absence of the prescriber's authorization on the prescription.~~

~~Delivery Standards:~~

~~1. Prescribing Physician Authorization of Home Delivery~~

~~a. Should the prescribing physician determine that, due to the patient's immobility, delivery is required; the physician may authorize delivery by signing the declaration on the Methadone Maintenance Program, Controlled Prescription Program form.~~
~~i. If the pharmacist or pharmacy technician has concerns regarding the authenticity of the prescriber's signature they must contact the prescriber for verification.~~
~~ii. Physicians will not authorize delivery unless patient safety is assured and restrictions in mobility have been identified.~~
~~iii. Distance between patient home and pharmacy does not qualify as a restriction in mobility.~~

~~2. Home Delivery Schedule and Location~~

~~If delivery is authorized as noted in section 1 above, the pharmacist must meet the following delivery requirements:~~
~~a. The pharmacist must determine whether home delivery is feasible within the services and resources the pharmacy provides. If the pharmacy does not provide delivery service – it may be appropriate to refer the patient to a pharmacy that can provide the delivery.~~
~~b. If the pharmacy is able to provide home delivery the pharmacist must work with the patient to make appropriate arrangements for delivery. Arrangements must include:~~
~~i. Address for delivery - methadone may only be delivered to a patient's home with a valid street address; delivery to a public location is not permitted.~~
~~ii. Time for delivery.~~
~~iii. Procedure if patient not available at address to receive methadone delivery including communication of appropriate alternate arrangements for the patient to obtain their prescription.~~
~~**Note:** ***It is not acceptable for the pharmacist to deliver the methadone to an alternate person or location or to leave the methadone unattended***.~~

~~3. Secure Transportation and Storage~~

a. The dispensing pharmacist is responsible for securely transporting and appropriately storing methadone.
b. Methadone must be transported directly from the dispensing pharmacy to the patient's home address; methadone may not be stored outside of the pharmacy under any circumstances.

4. Release of Methadone for Maintenance

The pharmacist must be present to:

a. Confirm the identity of the patient.
b. Assess the competence of the patient.
c. Witness the release and ingestion of methadone to the patient, this responsibility cannot be delegated to a pharmacy technician or any other pharmacy support staff.
d. Provide appropriate patient counseling.
e. If carries are provided, the pharmacist must always witness first dose of the take-home prescription; all subsequent doses must be dispensed in child-resistant containers with explicit warning label(s).

5. Documentation

The pharmacist must:

a. At the time of release of a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific part-fill accountability log. Neither party may 'pre-sign' for future doses.
b. Document any and all home deliveries of methadone in the patient's record.
c. Log the home delivery with the address where the delivery was made on the methadone part-fill accountability log.
d. Document any appropriate follow-up plan in the patient's record.
e. File the methadone part-fill accountability log with original methadone prescription form.

BACKGROUND:

Legislation

Federal legislation does not support delivery of narcotics. The Controlled Drugs and Substances Act (CDSA) defines the transport or delivery of narcotics as trafficking, the Narcotic Control Regulations (NCR) limit the transport of narcotics to licensed dealers only.

Controlled Drugs and Substances Act
***"Section 2 - Interpretation, Definitions*[1]**

"traffic" means, in respect of a substance included in any of Schedules I to IV,
(a) to sell, administer, give, transfer, ***transport***, send or ***deliver*** the substance"

Narcotic Control Regulations
***"Section 2 - Interpretation, Definitions*[2]**

"licensed dealer" means the holder of a licence issued under section 9.2.

***Dealers' Licenses and Licensed Dealers*[3]**

8. *(1) Subject to these Regulations, no person* ***except a licensed dealer*** *shall produce, make, assemble, import, export, sell, provide,* ***transport, send or deliver a narcotic****."*

Pharmacists are required to adhere to the CDSA and its regulations as well as the *Health Professions Act*, *Pharmacy Operations and Drug Scheduling Act* and their *Bylaws*. The College of Pharmacists and the College of Physicians and Surgeons recognize that there are extraordinary circumstances where due to temporary or permanent restrictions in mobility patients would require delivery of their methadone for maintenance to ensure best patient health outcomes and continuity of care.

1 http://laws-lois.justice.gc.ca/eng/acts/C-38.8/page-1.html#h-2
2 http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-1.html#docCont
3 http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-3.html#docCont

Appendix 3

Methadone for Maintenance Controlled Prescription Form Guidelines

Methadone prescriptions can only be accepted when written using an original Methadone Maintenance Controlled Prescription form. When accepting a Methadone Maintenance Controlled Prescription form a pharmacist must ensure that the form is completed by the prescriber as outlined in these guidelines.

Methadone Maintenance Controlled Prescription Form (Example; Figure 1):

These duplicate copy prescriptions are pre-printed with the following information; drug name and strength, prescriber's name, address (optional), College ID number and prescription folio number. These prescription forms are used only for prescribing methadone for maintenance.

Top Section of Form:

The prescriber must complete in full, the patient information including; personal health number (PHN), name, address and date of birth. The 'prescribing date' indicates the date that the prescriber saw the patient. The 'Drug Name and Strength' section is preprinted and the prescriber must complete the 'Quantity' section by stating the total quantity of the prescription in numeric and alpha forms.

Under extraordinary circumstances, if the patient has severe restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of Methadone Maintenance Treatment (MMT). This practice is the exception to the rule and not normal practice. Refer to *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*

Note: If no 'start day' is indicated in the 'Directions for Use' section of the form the 'prescribing date' becomes the 'start day'.

Middle Section of Form:
The prescriber must complete the 'Directions for Use' section as follows:

- State the daily dose:
    - the daily dose multiplied by the number of days must equal the total quantity indicated on the prescription, if there is a discrepancy the pharmacist should seek clarification from the prescriber
- Indicate the 'start day' and 'last day':
    - if no 'start day' is indicated, the 'prescribing date' becomes the 'start day'
    - should the 'start day' overlap with, or leave gaps from, an existing prescription the pharmacist should seek clarification from the prescriber
- Indicate any special instructions:
    - may be used to provide special instructions to the pharmacist for example split doses, or special situations for carries.
- Indicate either DWI or CARRIES, if carries are indicated the prescriber must indicate both in numeric and alpha the required number of days per week of witnessed ingestion:
    - if neither of these options are circled the pharmacist is to assume that all doses are DWI
    - if CARRIES has been circled but the specific witnessed ingestion days (ex; Monday and Thursday) have not been noted by the prescriber the pharmacist can determine the days in consultation with the patient. However, the first dose of the prescription and the dose before any carries must be witnessed ingestion. Additionally, the witnessed ingestion doses must be spread evenly throughout the week
    - if CARRIES has been circled but the number of days per week of witnessed ingestion has been left blank the pharmacist must seek clarification from the prescriber

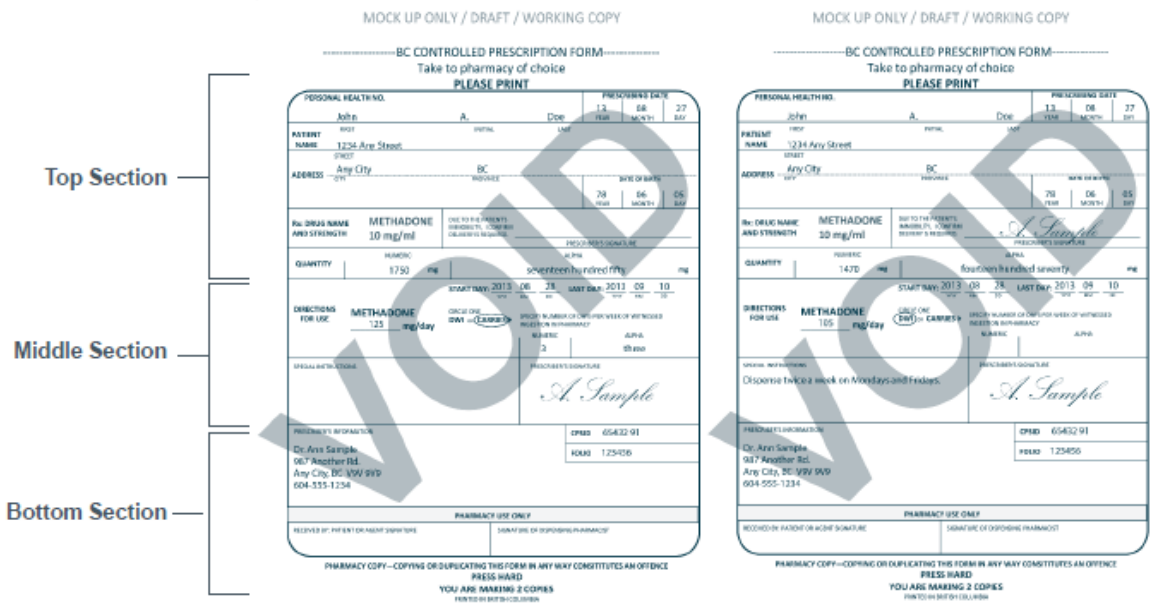
Note: "DWI except when pharmacy closed" is not an acceptable prescription instruction.

- Authorize the prescription by signing their name in the 'prescriber's signature' box

Bottom Section of Form:
As a minimum the prescriber's name, College ID number and prescription folio number will be pre-printed on the form. If the prescribers address is not pre-printed it must be completed by the pharmacist prior to dispensing the prescription. Both the patient and the pharmacist must sign the prescription in the appropriate box.

Note: A patient's representative signature is only acceptable with prior written authorization from the prescriber.

Figure 1: Methadone Maintenance Controlled Prescription Form



Appendix 4

Emergency Fax ~~Methadone Maintenance~~ Controlled Prescription Program Form Documentation

This form is for the use only in the event of an emergency that requires a faxed ~~Methadone Maintenance~~ Controlled Prescription Program form which has been initiated following direct consultation between the patient's pharmacist and prescriber.

It is understood that the pharmacist must obtain written documentation from the prescriber prior to dispensing any medication and as such is requesting that the prescriber complete this form and fax back to the pharmacy along with a fax of the ~~Methadone Maintenance~~ Controlled Prescription Program form as soon as possible.

Prescriber: _____ Patient Name: _____

Pharmacy: _____ Fax Number: _____

Pharmacist: _____ Date: _____

As the prescriber, I request that the above-named pharmacy accept a faxed transmission of the ~~Methadone Maintenance~~ Controlled Prescription Program form for the above-named patient. I understand that the ~~Methadone Maintenance~~ Controlled Prescription Program form must be faxed to and received by the pharmacy prior to the pharmacy dispensing methadone. I guarantee that the original ~~Methadone Maintenance~~ Controlled Prescription Program form will be sent to the pharmacy by the next business day.

Brief description of the emergency situation:

_____

_____

_____

_____

Prescriber's Name: _____

Prescriber's~~s~~CPS ID:

_____

Prescriber's Signature: _____

Signature Date: _____

Affix ~~Methadone Maintenance~~ Controlled Prescription Program form here

This form is for the use only in the event of an emergency that requires a faxed Methadone Maintenance Controlled Prescription form which has been initiated following direct consultation between the patient's pharmacist and prescriber.

It is understood that the pharmacist must obtain written documentation from the prescriber prior to dispensing any medication and as such is requesting that the prescriber complete this form and fax back to the pharmacy along with a fax of the Methadone Maintenance Controlled Prescription form as soon as possible.

Prescriber: _____ Patient Name: _____

Pharmacy: _____ Fax Number: _____

Pharmacist: _____ Date: _____

As the prescriber, I request that the above-named pharmacy accept a faxed transmission of the Methadone Maintenance Controlled Prescription form for the above-named patient. I understand that the Methadone Maintenance Controlled Prescription form must be faxed to and received by the pharmacy prior to the pharmacy dispensing methadone. I guarantee that the original Methadone Maintenance Controlled Prescription form will be sent to the pharmacy by the next business day.

Brief description of the emergency situation: _____

_____

_____

_____

Prescriber's Name: _____

CPSID: _____

Prescriber's Signature: _____

Signature Date: _____

Affix Methadone Maintenance Controlled Prescription form here

Appendix 5

Methadone Maintenance Treatment Expectation Form

As your pharmacists, we believe in the principles of the methadone maintenance treatment program, and the valuable role it can play in improving people's lives and their health. We are committed to being an active member of your healthcare team and understand that the success of the program is dependent on ongoing collaboration and communication between yourself, ourselves and your prescriber.

To help you succeed in the program it is important that we both clearly understand the commitment and expectations of each other.

As your pharmacists, you can expect that we will:

- Treat you professionally and respectfully at all times.
- Make ourselves available to discuss any questions or concerns that you may have regarding the program.
- Provide methadone to you exactly as your prescriber has prescribed it and will ensure that they are made aware of any of the following:
    - Missed dose(s) for any reason (ie; failure to pick up, vomited, lost or stolen)
    - Less than full dose consumed (ie; tolerance, self-initiated tapering)
    - Presenting at the pharmacy while intoxicated
    - Prescribing of contraindicated medications (ie; mood-altering drugs)
- Not dispense your methadone (unless directed by your prescriber) to anyone other than you.
- Respect your choice (unless directed by your prescriber) of the pharmacy you wish to have dispense your medication.

As our patient, we can expect that you will:

- Treat all pharmacy staff and other patients respectfully at all times.
- Do your utmost to adhere to the methadone maintenance treatment program as prescribed to you.
- Discuss any concerns you may have regarding your methadone maintenance treatment with us or your prescriber prior to making any adjustments to treatment independently.
- Ensure that any take-home doses of methadone are stored safely and securely.
- Respect the pharmacy's greater community by refraining from loitering or littering.

Appendix 6

Pharmacist – Prescriber Communication

Date: _____ Patient Name: _____
To (Prescriber): _____ Patient PHN: _____
Fax: _____ Prescription Form Folio Number: _____
From (Pharmacy): _____ Pharmacy Fax: _____
Pharmacist: _____ Pharmacy Telephone: _____

For Prescriber's Information and Patient Records

❑ This patient missed their methadone dose _____ (dates).

❑ This patient did not take their full daily dose _____ (date) and consumed only ____mg of the ____ mg prescribed dose.

For Prescriber's Signature and Return of Form to Pharmacy

❑ We require clarity regarding the 'prescribing date' and/or 'start day' for the attached ~~Methadone Maintenance~~ Controlled Prescription Program form. Please indicate the actual 'prescribing date' (actual date the prescription was written) and dispensing 'start date' or range.

Prescribing Date: _____

Dispensing Start Date or Range: _____

❑ We require clarification and/or a change to the 'Direction for Use' section of the attached ~~Methadone Maintenance~~ Controlled Prescription Program form.

Description of authorized changes:

_____

_____

_____

_____

Prescriber's Name: _____

~~CPSID~~Prescriber ID:

_____

Prescriber's Signature: _____

Signature Date: _____

Affix ~~Methadone Maintenance~~ Controlled Prescription Program form here

College of Pharmacists of British Columbia

Appendix 5

Date: _____ Patient Name: _____

To (Prescriber): _____ Patient PHN: _____

Fax: _____ Prescription Form Folio Number: _____

From (Pharmacy): _____ Pharmacy Fax: _____

Pharmacist: _____ Pharmacy Telephone: _____

For Prescriber's Information and Patient Records

☐ This patient missed their methadone dose _____ (dates).

☐ This patient did not take their full daily dose _____ (date) and consumed only ____ mg of the ____ mg prescribed dose.

For Prescriber's Signature and Return of Form to Pharmacy

☐ We require clarity regarding the 'prescribing date' and/or 'start day' for the attached Methadone Maintenance Controlled Prescription form. Please indicate the actual 'prescribing date' (actual date the prescription was written) and dispensing 'start date' or range.

Prescribing Date: _____

Dispensing Start Date or Range: _____

☐ We require clarification and/or a change to the 'Directions for Use' section of the attached Methadone Maintenance Controlled Prescription form.

Description of authorized changes: _____

_____

_____

_____

_____

Prescriber's Name: _____

CPSID: _____

Prescriber's Signature: _____

Signature Date: _____

Affix Methadone Maintenance Controlled Prescription form here

Appendix 7

Drug Interactions – General Information

Methadone is extensively metabolized by cytochrome CYP3A4 in liver microsomes. Most drug interactions with methadone are associated with drugs that either induce or inhibit these enzymes.

The sequence of administration of the drugs is the key to evaluating the significance of the interaction. When a patient is stabilized on a drug that affects liver metabolism and methadone is introduced, the interaction may not be observed unless the first drug is discontinued. It is only if a patient is stabilized on methadone and an interacting drug is initiated or discontinued that an interaction may occur.

Drugs that may lower plasma levels (ie; increase the metabolism) of methadone include rifampin, barbiturates, phenytoin and carbamazepine. Drugs that may increase plasma levels (ie; decrease the metabolism) of methadone include ciprofloxacin and fluvoxamine.

Medications that might precipitate a withdrawal syndrome for patients on methadone must be avoided. These are mainly opioid antagonists such as pentazocine, butorphanol, nalbuphine, and naltrexone.

Pharmacists should not rely on PharmaNet to warn of a drug interactions for methadone. The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

Appendix 8

Compounding Log

g/ml Stock Solution

Preparation Date	Manufac-turer's Lot Number (Powder)	Manufac-turer's Expiry Date (Powder)	Quantity Used (Powder)	Quantity Prepared (Solution)	Use-By Date (Solution)	Batch Number (Assigned by pharmacy)	Preparer's ID (Initials)	Pharmacist's ID (Initials)

Appendix 9

Methadone Part-Fill Accountability Log

Patient Name:

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Patient's signature
		Witnessed	Take Home	Total	Address	Time		

Patient Name:

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Patient's signature
		Witnessed	Take Home	Total	Address	Time		

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Appendix 10

Methadone Information for Patients

What is methadone?

Methadone is a long-acting narcotic medication. Since the mid-1960s methadone has been used as an effective and legal substitute for heroin and other opiates. Methadone maintenance programs help opiate-dependent individuals stabilize their lives and reduce the harm associated with drug use.

How is methadone taken?

Methadone is prepared in a liquid. Doses are usually taken once a day as the effects of a single dose last for about one day. Your physician will write a prescription specifying your dose and how often you need to come to the pharmacy. Initially methadone is prescribed as a daily witnessed dose. As your treatment progresses you may be eligible for take-home doses.

How does methadone work?

Methadone is part of a long-term maintenance program for opiate or heroin dependent people. Drug cravings are reduced without producing a "high." The goal is to find the dose that will prevent physical withdrawal. The right dose will decrease your drug cravings, and help you to reduce or eliminate heroin use.

How long do I have to stay on methadone?

You should stay on methadone for as long as you experience benefits. Everyone responds differently and methadone can safely be taken for years. If you decide you want to stop taking methadone, you should discuss this with your physician.

Does methadone have side effects?

Methadone is usually tolerated well once the dose is stabilized. Most people experience few, if any, side effects. Please let your pharmacist or physician know if any of these symptoms are bothering you:

- Sweating – This can be due to the methadone itself, or a dose that is too high or too low.
- Constipation – Increasing exercise, fluids and fiber in your diet may decrease this problem.

- Sexual difficulties – This can be either a reduction or an increase in desire.
- Sleepiness or drowsiness – This may be caused by too much methadone. If this occurs consult your doctor to have your dose adjusted. Do not drive a car or participate in activities that require you to be alert when you are drowsy.
- Weight change – An increase in body weight may be due to better health and an improved appetite.

Can methadone interact with other drugs?

Yes. Alcohol and drugs, including prescription, nonprescription, herbal and street drugs, may interfere with the action of methadone in your body. Discuss all medications you are taking with your pharmacist or physician.

Is methadone dangerous?

Methadone is safe to use when it is prescribed and monitored by a physician. It can be very dangerous if used inappropriately. Methadone should never be taken by anybody except the person for whom it is prescribed as overdose and death can occur if the person is not dependent on opiates. Children are especially at risk for overdose and death if they swallow methadone accidentally.

What is my responsibility?

Your responsibility is to drink your methadone dose every day. If you have carries, you must make sure that they are stored safely to prevent possible ingestion by anyone else. If you store your carries in the fridge ensure that they are not accessible. Methadone can be very dangerous if used inappropriately so you must not give or sell your dose to anyone.

Will methadone cure me?

The methadone maintenance program can help you to make positive lifestyle changes. The goal of treatment is to stabilize your body physically and to provide an environment that supports you.

Appendix 5

College of Pharmacists of British Columbia

Professional Practice Policy #66

Policy Guide

Slow Release Oral Morphine (SROM) Maintenance Treatment (2018)

Slow Release Oral Morphine (SROM) Maintenance Treatment Policy Guide

All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to SROM maintenance treatment must know and apply the principles and guidelines outlined here in the College of Pharmacists of BC (CPBC) *Slow Release Oral Morphine (SROM) Maintenance Treatment Policy Guide (2018)* and all subsequent revisions.

1.0 Administration

1.1 Pharmacy Operating Hours

Principle 1.1.1 The pharmacy hours of service must be consistent with the dosing requirements of your patient.

Guideline: When a pharmacy accepts a patient who requires daily witness ingestion or daily dispense (i.e., 7 days per week) the pharmacy hours of service need to accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for SROM maintenance treatment from 'daily witness' to a 'take-home' dose.

1.2 General Guidance for Pharmacy Professionals

Principle 1.2.1 Provide patient education on how to properly take SROM.

Note: See Principle 4.1.4 for detailed administration requirements.

Principle 1.2.2 Advise patients to talk to their prescriber and pharmacist about any continuing withdrawal symptoms, craving, and/or non-medical opioid use.

Principle 1.2.3 Refer colleagues, prescribers, and clinical staff who are unfamiliar with the most recent version of the British Columbia Centre on Substance Use (BCCSU) *A Guideline for the Clinical Management of Opioid Use Disorder*. Recommend completion of online training through the University of British Columbia Faculty of Medicine Continuing Professional Development's Provincial Opioid Addiction Treatment Support Program.

2.0 Receiving SROM Prescriptions

2.1 Controlled Prescription Program Forms – Overview

Principle 2.1.1 SROM prescriptions can only be accepted when written using an original Controlled Prescription Program form. When accepting SROM prescriptions, the pharmacist must ensure that the Controlled Prescription Program Form is completed by the prescriber as outlined in the Controlled Prescription Program.

3.0 Processing (Dispensing) SROM Prescriptions

3.1 Accepting a Prescription

Principle 3.1.1 SROM for maintenance must be dispensed in approved, commercially available strengths and formulations. Capsule contents cannot be split.

Principle 3.1.2 **Guideline:** Only the once-daily, 24-hour formulation of SROM has been studied in clinical trials for the treatment of opioid use disorder. Other formulations of oral morphine, such as twice-daily, 12-hour sustained- or extended-release formulations, have not been empirically studied in this context and are not recommended. Pharmacists and pharmacy technicians (working within their scope) must review the prescription to ensure that the specific needs of the patient can be accommodated by the pharmacy.

Guideline: Each prescription should be reviewed in detail in consultation with the patient, to ensure that the patient's specific needs can be accommodated. For example:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a day when the patient will not be able to see a prescriber for a new prescription (e.g., weekends and holidays).
- Review the prescription directions to determine the dosing schedule (daily witnessed ingestion, take-home doses), including the specific days of the week for each witnessed dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.

3.2 Assessment of a Prescription

Principle 3.2.1 Pharmacists and pharmacy technicians must correctly identify the product as prescribed 'for pain' or 'Opioid Agonist Treatment (OAT)' by using the appropriate Drug Identification Number (DIN) or Product Identification Number (PIN) to ensure patient safety and accurate PharmaNet patient records.

Guideline: Effective June 5, 2017, PharmaCare established PINs for the use of Kadian® SROM as OAT. These PINs are to be used when submitting claims for the various dosing strengths through PharmaNet. Similar to methadone, DINs will be used by pharmacists exclusively for claims for analgesia, and the PINs will be used for claims for OAT.

Prescriptions for Kadian® should specify whether it is designated for analgesia or OAT (i.e., "for OAT" or "for opioid agonist treatment" is to be indicated on the prescription). If there is a question as to whether the prescription is for OAT (i.e., indicated by the dose strength, directions to

"open and sprinkle" capsules for daily witnessed ingestion, or other elements of the prescription), but the prescription lacks the explicit indication "for OAT", the pharmacist should contact the prescriber to confirm the intended use prior to dispensing the medication and properly document any alteration of the prescription.

The claim entered into PharmaNet should match the prescription written by the prescriber. If a claim marked "for OAT" has been entered under the DIN rather than under the PIN for Kadian® for OAT, it must be reversed, following the full standard procedure for reversing a claim entered under the wrong DIN or PIN. Only after a claim has been reversed can it then be re-entered with the correct PIN.

Principle 3.2.2 As with all medications a pharmacist must review each individual PharmaNet patient record, as stated in *HPA Bylaws* (Schedule F Part 1), and resolve any drug-related problems prior to dispensing any SROM prescription. This step is particularly critical for SROM for OAT prescriptions as the automated drug usage evaluation (DUE) built into the PharmaNet system **does not include SROM for OAT**.

Pharmacists providing SROM for OAT maintenance treatment must therefore ensure they maintain their knowledge with respect to potential drug interactions related to SROM.

Guideline: A PharmaNet patient record review should be completed for all prescriptions, including those patients obtaining their prescription on a daily basis or those long-term patients whom the pharmacist may know well.

Principle 3.2.3 Should a patient present a prescription for a mood altering drug, including benzodiazepines and opioids, or if the pharmacist discovers that a mood altering drug is also being prescribed to the patient in their review of the PharmaNet patient record, they must contact both the prescriber of SROM and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The pharmacist must document the outcome of the consultation(s) with the prescriber(s) and include it with the original prescription. The purpose of the consultation is to ensure the prescriber(s) are aware that the patient is currently on the SROM maintenance program.

Guideline: Mood altering drugs, including benzodiazepines and opioids, should not be prescribed to patients on the SROM maintenance program.

Co-ingestion of SROM with alcohol or benzodiazepines is contraindicated, as combined effects can potentially result in fatal respiratory depression.

4.0 Releasing SROM for OAT Prescriptions

4.1 Releasing a Prescription

Principle 4.1.1 A pharmacist must be present to release the SROM prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Principle 4.1.2 Prior to releasing a SROM prescription the pharmacist must assess the patient to ensure that the patient is not intoxicated, including by centrally-acting sedatives and/or stimulants or in any other acute clinical condition that would increase the risk of an adverse event. If the pharmacist believes that it is not safe for the patient to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and include it with the original prescription.

Guideline: Assess patients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each patient's usual behaviour in order to be able to detect significant deviations.

Principle 4.1.3 Prior to releasing a SROM prescription, the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log. Every part-fill dispensed must be accounted for. The patient/prescription specific log must be included with the original Controlled Prescription Program form. Once complete, it must be filed sequentially by the first prescription or transaction number assigned to the prescription. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

Guideline: The sample *SROM Part-Fill Accountability Log* (Appendix 1) can be used for this purpose.

Neither the pharmacist nor the patient is permitted to pre-sign for future doses or backdate signing.

Principle 4.1.4 With respect to witnessed ingestion doses, the pharmacist must directly observe the patient ingesting the medication and be assured that the entire dose has been swallowed.

Guideline: SROM has a high risk of diversion, even when administered as witnessed doses (e.g., intact capsules can be 'cheeked' or 'palmed').

To reduce the risk of diversion, daily witnessed ingestion doses should be prepared by opening the capsule(s) and sprinkling the enclosed pellets for immediate ingestion. The patient should be instructed that pellets must not be chewed or crushed.

Pellets may be sprinkled into a 30 mL medicine cup or small cup followed by at least 30 mL of water to ensure that all pellets have been swallowed.

Immediately following observing the patient's ingestion of the medication, the pharmacist should ensure that the entire dose has been swallowed. This may include: engaging the patient in short conversation, asking the patient if there are pellets remaining in their teeth or gums, offering additional water for rinsing, or inspecting the inside of the patient's mouth.

Important Safety Notice: SROM pellets must be swallowed whole. Crushing, chewing, or dissolving slow-release oral morphine capsules or pellets can cause rapid release and absorption of a potentially fatal dose of morphine sulphate.

Principle 4.1.5 If take home doses (carries) are prescribed, the first dose must be a witnessed ingestion. The subsequent take-home doses must be dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses, it must be documented on the patient record.

Guideline: The decision to authorize take-home doses can only be made by the prescriber. However, should a pharmacist believe that a patient is or is

not ready to manage take-home doses they should discuss their recommendations or concerns with the prescriber.

Note that the majority of prescriptions for SROM will be for daily witnessed ingestion (DWI). In exceptional cases, patients may be transitioned to take-home dosing schedules. If a patient's prescription indicates transition to a take-home dosing schedule for SROM, it is best practice to call and confirm with the prescriber.

Compliance packaging (e.g., blister packaging, pouch packs) may be ordered by the prescriber to discourage diversion and allow for better monitoring during medication call-backs. In these cases, the pharmacy still needs to ensure that the medications are provided in child-resistant packaging.

Patients should be reminded that SROM should be stored out of the reach of children, preferably in a locked cupboard or small lock box.

5.0 Responding to SROM Dosing Issues

5.1 Missed Doses

Principle 5.1.1 Any SROM prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered cancelled and must be reversed on PharmaNet **before the end of the business day**.

Guideline: It is imperative that the PharmaNet patient record reflects accurate and current information in terms of consumed and picked-up SROM doses as other healthcare practitioners rely on this information in making treatment decisions.

Principle 5.1.2 If a patient misses a dose, they cannot receive the missed dose at a later date.

Principle 5.1.3 The pharmacist must notify the prescriber of any missed doses before the next scheduled release of medication. The notification document must be retained and filed with the prescription consistent with filing retention requirements.

Guideline: The *Pharmacist-Prescriber Communication* form (Appendix 2) can be used for this purpose.

Principle 5.1.4 If a patient misses 2 or more consecutive doses, the prescription must be cancelled.

Guideline: The pharmacist should advise the patient to see the prescriber for a new prescription, as dose adjustment and re-stabilization may be required.

For more information, refer to the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder* - Appendix 3: Induction and Dosing Guidelines for Slow Release Oral Morphine.

5.2 Partial Consumption of Doses

Principle 5.2.1 If a patient declines or is unable to consume their full dose, the pharmacist must respect the patient's choice. The unconsumed portion cannot be given as a take-home dose. The patient's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. All patient documentation including the patient-prescription specific log and PharmaNet record must accurately reflect the actual dose consumed by the patient.

Guideline: The *Pharmacist-Prescriber Communication* form (Appendix 2) can be used for the documentation and communication.

The *SROM Part-Fill Accountability Log* (Appendix 1) can be used for the Part-Fill Accountability Log.

5.3 Vomited Doses

Principle 5.3.1 If a patient reports that they vomited their dose, a replacement dose cannot be provided. The pharmacist must notify the prescriber and provide them with information about the incident (time the dose was taken, time of vomiting, and other relevant points). If the prescriber chooses to authorize a replacement dose, a new original Controlled Prescription Program form must be received by the pharmacy.

5.4 Lost or Stolen Doses

Principle 5.4.1 If a patient reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided. The pharmacist must notify and consult with the prescriber. If the prescriber chooses to authorize a replacement dose, a new original Controlled Prescription Program form must be received by the pharmacy.

5.5 Tapering

Principle 5.5.1 If a patient has decided to initiate a self-tapering regimen by decreasing their daily dose consumption, the pharmacist must record the dose consumed on the patient/prescription specific log (refer to Principle 4.1.3), record the actual dose consumed on the patient's PharmaNet record and notify the prescriber.

Guideline: The *Pharmacist-Prescriber Communication* form (Appendix 2) can be used for the purpose of notifying the prescriber.

Appendix 1

SROM Part-Fill Accountability Log

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Patient's signature
		Witnessed	Take Home	Total	Address	Time		

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Patient's signature
		Witnessed	Take Home	Total	Address	Time		

Appendix 2

Pharmacist – Prescriber Communication

Date:_____ Patient Name:_____

To (Prescriber):_____ Patient PHN:_____

Fax: _____ Prescription Form Folio Number:_____

From (Pharmacy):_____ Pharmacy Fax:_____

Pharmacist:_____ Pharmacy Telephone:_____

For Prescriber's Information and Patient Records

- ❑ This patient missed their slow release oral morphine dose on _____(date).
- ❑ This patient did not take their full daily dose today _____ (date) and consumed only ____ mg of the ____ mg prescribed dose.
- ❑ This patient's dose has been held due to _____ (reason and date).
- ❑ This patient lost or had their dose(s) stolen _____(dates).
- ❑ This patient's prescription has been cancelled due to _____(number of missed doses).

Additional Information

You May Attach Controlled Prescription Program Form.

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

7. Legislation Review Committee
c) Amendments to the Controlled Prescription Program Forms

DECISION REQUIRED

Recommended Board Motion:

Approve amendments to the Controlled Prescription Program forms to create a harmonized form, as circulated.

Purpose

To propose amendments to the Controlled Prescription Program forms to create a harmonized form.

Background

Controlled Prescription Program

The Controlled Prescription Program ("CPP") is a duplicate prescription program created to prevent forgeries and reduce inappropriate prescribing of drugs listed in Schedule 1A[1]. Prescriptions for drugs specified in the CPP must be written on a duplicate form specifically developed for this purpose.

Currently, there are two CPP forms in use. A generic CPP form used for the majority of controlled prescriptions (see Appendix 1), and a methadone CPP form which is used to prescribe methadone for maintenance treatment (see Appendix 2).

Controlled Prescription Program Advisory Committee

The Controlled Prescription Program Advisory Committee ("CPPAC") is a multi-organization committee established in August 2018 with members from the Ministry of Health and the health regulators of professions that prescribe or dispense controlled drugs. The purpose of the

[1] In B.C., drugs are scheduled in the DSR as Schedule I, IA, II, III, and IV. The schedules are differentiated as follows:

- Schedule I (Prescription)
- Schedule IA (Prescription - Triplicate/Duplicate Prescription Program)
- Schedule II (Non-Prescription – Retained within the Professional Service Area)
- Schedule III (Non-Prescription – Available for self-selection in the Professional Products Area)
- Schedule IV (Prescription by Pharmacist)

CPPAC is to regularly review and recommend updates to the list of controlled (Schedule 1A) drugs, and provide a forum to share knowledge and coordinate practices around drugs with a high-risk profile.

Discussion

In 2017, the BC Centre on Substance Use released new Provincial Guidelines for the Clinical Management of Opioid Use Disorder, which is the new provincial clinical practice guideline for all clinicians who wish to prescribe oral opioid agonist treatments ("OAT") (i.e., methadone, buprenorphine/naloxone and slow release oral morphine).

Since the release of the new guidelines, prescribers have been using the generic CPP form to prescribe buprenorphine/naloxone and slow release oral morphine for OAT in absence of a generic OAT CPP form. This creates inconsistencies amongst prescriptions for OAT drugs as prescriptions written on the generic CPP form are "void after 5 days"[2] whereas prescriptions for methadone for OAT are not as they include a "start day" and "last day".

In 2018, the CPPAC discussed the need for amendments to the current CPP forms. Also discussed was the idea of potentially only having a harmonized CPP form with a section for OAT. The CPPAC discussed the benefits of having a harmonized CPP form which include:

- A consistent approach to writing prescriptions for all 1A drugs;
- Increased patient access to OAT therapy, as all physicians will have the form (currently only OAT prescribers have the methadone CPP form); and,
- Reduce the administrative burden associated with ordering/printing of two pads for 1A drugs.

In November 2019, the CPPAC developed a harmonized CPP form for the prescribing of all 1A drugs (see Appendix 3). The proposed amendments to *PPP-71 Delivery of Methadone for Maintenance* were considered in the development of this harmonized CPP form. For instance, the harmonized CPP form no longer requires physician authorization for delivery. As specified in proposed amendments to *PPP-71 Delivery of Methadone for Maintenance*, pharmacists may use their professional judgement to determine whether or not to deliver OAT to the patient. Using the new harmonized CPP form, the prescriber may specify that delivery is not permitted.

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[2] *Controlled Prescription Program*, http://library.bcpharmacists.org/6_Resources/6-4_Drug_Distribution/5015-ControlledPrescriptionProgram.pdf
"Void after 5 days" means that the prescription cannot be honoured after midnight of the fifth day following the date of issue. Therefore, a prescription written on January 10th can be accepted for filling or logging on until midnight January 15th.

Next Steps

In accordance with section 19(6)(a) of the *Pharmacy Operations and Drug Scheduling Act* Bylaws, drugs included in the controlled prescription program must not be sold or dispensed unless the registrant has received the prescription on the CPP form approved by both the College of Pharmacists of BC Board and the College of Physicians and Surgeons of British Columbia (CPSBC).

The CPSBC approved the harmonized CPP form in January 2020 (see Appendix 4). As such, if approved by the Board, the new harmonized CPP form will be sent to the Ministry of Health for printing.

To provide time for prescribers and pharmacists to update their practices, as well as phase out the current CPP forms, the CPPAC and Ministry of Health will advise the College of the effective date of this amendment.

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to the CPP form.

Appendix	
1	Generic CPP Form
2	Methadone CPP Form
3	Harmonized CPP Form
4	CPSBC Executive Committee Meeting Minutes

CURRENT CPP FORM

BC CONTROLLED PRESCRIPTION PROGRAM FORM

Take to pharmacy of choice.

PLEASE PRINT

PERSONAL HEALTH NO.

PRESCRIBING DATE — DAY | MONTH | YEAR

PATIENT NAME — FIRST | INITIAL | LAST

ADDRESS — STREET

CITY | PROVINCE

DATE OF BIRTH — DAY | MONTH | YEAR

Rx - DRUG NAME AND STRENGTH

ONLY ONE Rx PER FORM

VOID if altered

NUMERIC | QUANTITY | ALPHA

DIRECTIONS FOR USE

NO REFILLS PERMITTED
VOID AFTER 5 DAYS
UNLESS PRESCRIPTION FOR METHADONE MAINTENANCE

PRESCRIBER'S SIGNATURE

COLLEGE I.D. #

FOLIO

PHARMACY USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE

SIGNATURE OF DISPENSING PHARMACIST

PHARMACY COPY—COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSITITUTES AN OFFENCE

PRESS HARD

YOU ARE MAKING 2 COPIES

PRINTED IN BRITISH COLUMBIA

Appendix 2

CURRENT MMT CPP FORM

BC METHADONE MAINTENANCE TREATMENT CONTROLLED PRESCRIPTION PROGRAM FORM

Take to pharmacy of choice.

PLEASE PRINT

PERSONAL HEALTH NO. | **PRESCRIBING DATE** DAY MONTH YEAR

PATIENT NAME FIRST INITIAL LAST

ADDRESS STREET CITY PROVINCE | **DATE OF BIRTH** DAY MONTH YEAR

Rx: DRUG NAME AND STRENGTH **METHADONE 10 mg/ml**

DUE TO THE PATIENT'S IMMOBILITY, I CONFIRM DELIVERY IS REQUIRED. _____ PRESCRIBER'S SIGNATURE

NUMERIC **QUANTITY** ALPHA

mg **mg**

START DAY:_____ _____ _____ (DD MM YYYY) **LAST DAY:**_____ _____ _____ (DD MM YYYY)

DIRECTIONS FOR USE **METHADONE** _____ **mg/day**

CIRCLE ONE **DWI or CARRIES**

SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY

NUMERIC ALPHA

SPECIAL INSTRUCTIONS

PRESCRIBER'S SIGNATURE

PRESCRIBER'S INFORMATION

CPSID

FOLIO

PHARMACY USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE

SIGNATURE OF DISPENSING PHARMACIST

PHARMACY COPY—COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSITITUTES AN OFFENCE

PRESS HARD

YOU ARE MAKING 2 COPIES

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Appendix 3

----------BC CONTROLLED PRESCRIPTION FORM----------

PERSONAL HEALTH NO.

PRESCRIBING DATE DAY | MONTH | YEAR

PATIENT NAME FIRST (GIVEN) | MIDDLE / INITIAL | LAST (SURNAME)

PATIENT ADDRESS STREET | CITY | PROVINCE

DATE OF BIRTH DAY | MONTH | YEAR

Rx: DRUG NAME AND STRENGTH

ONLY ONE DRUG PER FORM

VOID IF ALTERED

QUANTITY (IN UNITS) NUMERIC | ALPHA

THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT

START DATE: _____ DAY _____ MONTH _____ YEAR

END DATE: _____ DAY _____ MONTH _____ YEAR

TOTAL DAILY DOSE NUMERIC | ALPHA **mg/day**

NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION NUMERIC | ALPHA

☐ **NOT AUTHORIZED FOR DELIVERY**

DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS

NO REFILLS PERMITTED

VOID AFTER 5 DAYS
UNLESS PRESCRIPTION IS FOR OAT

PRESCRIBER'S SIGNATURE

PRESCRIBER'S CONTACT INFORMATION

PRESCRIBER ID

FOLIO

PHARMACY USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE

SIGNATURE OF DISPENSING PHARMACIST

PHARMACY COPY - PRESS HARD YOU ARE MAKING 2 COPIES

PRINTED IN BRITISH COLUMBIA

8.3 Duplicate prescription forms

- *Briefing note for Executive Committee from Dr. Unger, dated January 15, 2020*

The Controlled Prescription Program (CPP) is a duplicate prescription program created to prevent forgeries and reduce inappropriate prescribing of drugs listed in Schedule 1A. Prescriptions for drugs specified in the CPP must be written on a duplicate prescription form specifically developed for this purpose.

Currently, there are two CPP prescription forms in use. A generic CPP prescription form used for the majority of controlled prescriptions and a methadone CPP prescription form which is used to prescribe methadone for maintenance treatment. A copy of both prescription forms were provided to the committee.

The College has a contract with the Ministry of Health to manage the applications/ orders and distribution of these pads for registrants as well as the dental surgeons, and the veterinarians in BC. The BC College of Nursing Professionals manages the applications and distribution to the nurse practitioners and midwives. This College sends out approximately 25,000 pads per year for both methadone and other controlled prescriptions. The budget for this program is approximately $65,000 per year.

The Controlled Prescription Program Advisory Committee (CPPAC) is a multi-organization committee established in August 2017 with members from the Ministry of Health and the health regulators of professions that prescribe or dispense controlled drugs. The purpose of the CPPAC is to regularly review and recommend updates to the list of controlled (Schedule 1A) drugs, and provide a forum to share knowledge and coordinate practices around drugs with a high-risk profile.

In 2017, the BC Centre on Substance Use (BCCSU) released new Provincial Guidelines for the Clinical Management of Opioid Use Disorder. This guideline applies to all clinicians who wish to prescribe oral opioid agonist treatments (OAT) (i.e., methadone, buprenorphine/naloxone and slow release oral morphine).

Since the release of the new guidelines the CPPAC, prescribers have been using the generic CPP prescription form to prescribe buprenorphine/naloxone and slow release oral morphine for OAT in absence of a generic OAT CPP prescription form. This creates inconsistencies amongst prescriptions for OAT drugs as prescriptions written on the generic CPP prescription form are void for five days whereas prescriptions for methadone for OAT are not.

In 2018, the CPPAC discussed the need for amendments to the current CPP prescription forms. Also discussed was the idea of potentially only having one harmonized CPP prescription form with a section for OAT. The CPPAC discussed the benefits of having a harmonized CPP prescription form which include:

- A consistent approach to writing prescriptions for all 1A drugs;
- Increased patient access to OAT therapy, as all physicians will have the form; and,
- Reduce the administrative burden associated with ordering/printing of two pads for 1A drugs.

The last of these has direct bearing on this College as it handles the applications, ordering and distribution of the pads. It will simplify things to have one pad.

The cost of the pads is not insignificant. The cost of creating and maintaining the printing plates is substantial (tens of thousands of dollars), so making a significant overhaul to the form has been carefully considered: extensive consultation has been done with registrants of the nursing, medical, and pharmacists colleges. It is believed the best format to meet all the prescribing needs has been found. A copy of the new form was provided to the Executive Committee. Important modifications have been

made to keep up with the times. For example, the proposed amendments to the Professional Practice Policies (PPPs) of the College of Pharmacists has changed. PPP-71 Delivery of Methadone for Maintenance was considered in the development of this harmonized CPP prescription form, and in keeping with that, the harmonized CPP prescription form no longer requires physician authorization for delivery of OAT. As specified in proposed amendments to PPP-71 Delivery of Methadone for Maintenance, pharmacists may use their professional judgement to determine whether or not to deliver OAT to the patient. Using the new harmonized CPP prescription form, the prescriber may specify that "delivery is not authorized".

Further considerations are the following. If the changes to the form are accepted the ministry must approve them and then begin the process of redesigning the printing plates etc. This may take some months. After that there will have to be a communications strategy akin to the recent changes and rescheduling of codeine containing cough medications: there will be email blasts, articles in the College Connector, and the CPBC newsletter. It is anticipated that there will be some overlap as prescribers use up their old prescription pads and order the new ones. There will likely be a hard date picked after which only the new forms will be accepted. CPPAC is already working on plans to accomplish these.

In accordance with section 19(6)(a) of the *Pharmacy Operations and Drug Scheduling Act* Bylaws, drugs included in the CPP must not be sold or dispensed unless the registrant has received the prescription on the prescription form approved by both the College of Pharmacists of BC Board and the College of Physicians and Surgeons of BC Board. It is anticipated that this changed form will be accepted by the CPBC Board at the end of January. The ministry is anticipating acceptance, and will begin to work on making changes to the printing process as soon as possible.

The options presented to the Executive committee is to accept the new harmonized form as provided, or to reject these changes. The recommendation from the CPP Advisory Committee is to accept these changes and begin the process of harmonizing the CPP forms.

Dr. Unger responded to questions from Executive Committee members.

It was suggested, if possible, to write out "opioid agonist treatments" instead of abbreviated "OAT" on the BC Controlled Prescription Form. Dr. Unger advised that he will provide this suggestion back to the CPP Advisory Committee. He noted that there will be an acronyms list on the back of the form.

The following resolution was MOVED, SECONDED and CARRIED:

RESOLUTION 20-11
RESOLVED that the new harmonized BC Controlled Prescription Form be approved, as presented.

College of Pharmacists of British Columbia

BOARD MEETING
Feburary 14, 2020

7. Legislation Review Committee
d) Amendments to Professional Practice Policy – 68 Cold Chain Management of Biologicals

DECISION REQUIRED

Recommended Board Motions:

Approve amendments to Professional Practice Policy 68 – Cold Chain Management of Biologicals ("PPP-68"), as circulated.

Purpose

To propose amendments to PPP-68, broadening the scope of the policy and renaming it to "*Professional Practice Policy 68 – Cold Chain Management*".

Background

In accordance with its Strategic Plan, the College has been working on modernizing the legislative requirements under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA"), including the policies made under this Act. A key aspect of this initiative is to review and recommend changes to the existing suite of PPPs that fall under PODSA. This involves a comprehensive review of PODSA-related PPPs to identify which ones should:

- Be transitioned to a bylaw to strengthen them,
- Be rescinded or transitioned to a guideline, or
- Remain as policies and reviewed to identify any needed revisions.

Stemming from this work, at the June 2019 and November 2019 Board meetings, the Board approved the repeal of four PPPs and amendments to six PPPs. The amendments to PPP-68 were initially planned for the Board's consideration at their November 2019 Board meeting; however, additional review and consultation was necessary, therefore the recommended amendments are being presented at this meeting of the Board for approval.

Discussion

PPP-68 was originally approved in 2011[1]. At the time, there were concerns regarding the lack of standardization of storage conditions for pharmaceuticals requiring refrigeration, especially with the larger volume of vaccines stored at pharmacies as a result of pharmacists' injection authority. Therefore, the approved PPP-68 adopts the BC Centre for Disease Control ("BCCDC") guidelines on the Cold Chain Management of Biologicals[2] ("BCCDC Vaccine Guideline").

As part of the PODSA Phase Two Modernization Project, an internal Working Group comprised of staff from all College departments reviewed PPP-68 for consistency with existing best practices, current legislation and other CPBC requirements. Currently, the College has no established policies for cold chain management of drugs other than biologicals. As there are drugs other than biologicals that require refrigeration, the Working Group recommended that PPP-68 be broadened to include any drug requiring cold chain management to better align with current pharmacy practices. To broaden PPP-68 to include any drugs requiring refrigeration, it is recommended that the title of PPP-68 be renamed to "Cold Chain Management" and that amendments be made to specify that *all* drugs be maintained in accordance with applicable requirements (e.g., manufacturer's requirement, BCCDC Vaccine Guideline[2], and NAPRA compounding standards[6,7,8]).

<u>Key Requirements for Cold Chain Management of Drugs</u>

The proposed amendments (see Appendix 1) were developed based on:

- Reviews of existing best practices and standards[3,4,5,6,7,8] and policies and positions of other pharmacy regulatory authorities, and
- Consultations with internal and external stakeholders (see Appendix 2 for list of stakeholders consulted).

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[1] CPBC Board Meeting Minutes Nov 18, 2011. http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-Nov18-11.pdf

[2] BCCDC Communicable Disease Control Manual, Chapter 2: Immunization, Appendix E – Management of Biologicals (2015). http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Appendix_E_ManagementBiologicals.pdf

[3] Health Canada, *Guidelines for Temperature Control of Drug Products during Storage and Transportation* (GUI-0069).

[4] Health Canada, *Canadian Immunization Guide* (2018).

[5] Health Canada, *National Vaccine Storage and Handling Guidelines for Immunization Providers* (2015).

6 NAPRA Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations (2016).

[7] NAPRA Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations (2016).

[8] NAPRA Model Standards for Pharmacy Compounding of Non-sterile Preparations (2018).

The key requirements of the amended policy are outlined in the sections below.

Refrigerators and freezers

Currently, the BCCDC Vaccine Guideline[2] provides guidance for refrigerators and freezers specific for vaccine storage. However, some of the recommendations are not applicable to pharmacies or drugs other than vaccines. To address this, a set of principle-based requirements are recommended for refrigerators, freezers, and other storage equipment (collectively defined in the policy as "cold storage equipment"):

- The equipment must be purposed for drug storage only (e.g. storage of food in the same equipment is not permitted);
- The equipment must maintain only one temperature range enclosed by a door with an air-tight seal (e.g. a bar fridge that contains both refrigerator and freezer compartments with only one exterior door is not acceptable as it does not maintain even temperatures). This requirement aligns with minimum requirements from best practices, and a requirement approved by the Board in 2011[1].
- The equipment must maintain a temperature range suitable for the drugs stored in the equipment. Guidance on standard temperature ranges for refrigerators and freezers is provided in the policy amendments, but is not listed as a required temperature range in recognition that some drugs may require storage temperatures outside of these ranges.
- Cold storage equipment must be equipped with a digital thermometer or digital temperature monitoring system. This requirement aligns with the requirement approved by the Board in 2011[1] that each pharmacy must have a traceable memory thermometer, which can only be achieved by a digital device.

Temperature recording and monitoring

Recording and monitoring temperatures of cold storage equipment are two key requirements in existing practice standards. Currently, the BCCDC Vaccine Guideline[2] requires the temperatures be manually recorded and monitored twice each working day, regardless if the temperature is recorded automatically and/or monitored by an alarm. In recognition of modern technology, the proposed policy permits temperatures to be recorded and monitored either manually, or recorded automatically if an alarm is in place to alert staff of temperature excursions.

Feedback received from consultations questioned the need for temperature recording if a temperature excursion alarm is in place. However, no existing best practices or policies in other jurisdictions waive the temperature recording requirement if an alarm is in place.

The purpose of the temperature record is to provide evidence that a drug is being stored within the required temperature range for public safety, and more importantly, to inform actions to be taken when the equipment fails to maintain the required temperature range (i.e., temperature excursion or "cold chain incident"). As the Alberta College of Pharmacy explained on their website:

> *"Even if your pharmacy refrigeration system is tied in to your alarm system, pharmacy refrigerator temperature must be monitored and recorded consistently. Otherwise, you will have no way of knowing for how long temperatures may have been out of range. This information can impact whether you will be allowed to keep temperature-sensitive stock or be forced to discard it.[9]"*

Record retention

In alignment with the record retention period set out in PODSA Bylaws and existing requirements in the BCCDC Vaccine Guideline[2], temperature records, equipment maintenance records, and documentation on actions taken for drugs experiencing a temperature excursion must be easily retrievable and retained for 3 years. Comparing to other provinces, six out of eight provinces require the same or longer retention period for the above documentation; two other provinces require two years which aligns with their general record retention periods.

Pharmacy specific policies and procedures and staff training

Currently, the BCCDC Vaccine Guideline[2] provides specific policies and procedures that may not be applicable to pharmacy practices. To provide more flexibility, the proposed policy requires the pharmacy manager to establish policies and procedures specific to the pharmacy's practices. In addition, the pharmacy manager must ensure staff are trained on these policies and procedures in accordance with PODSA Bylaws.

Next Steps

The Board has the authority to approve and amend PPPs. As such, if approved by the Board, the amendments to *PPP-68 Cold Chain Management* will be in effect immediately.
Key next steps would include:

- Communicating the amendments to the public and registrants; and
- Updating the College website with the amended policy.

[9] Alberta College of Pharmacy, "Temperature monitoring tied to your alarm system?" https://abpharmacy.ca/articles/temperature-monitoring-tied-your-alarm-system

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to *PPP-68 Cold Chain Management of Biologicals* as circulated and rename the policy to "Professional Practice Policy 68 Cold Chain Management", effective immediately.

Appendix	
1	Amendments to PPP-68 Cold Chain Management (Track Changes and Clean)
2	A List of Consulted Stakeholders

Appendix 1

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-68**
POLICY FOCUS: **Cold Chain Management ~~of Biologicals~~**

This policy sets out requirements for pharmacy managers on cold chain management and their responsibilities under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws sections 18(2)(c)(ii), 18(2)(e), 18(2)(l), 18(2)(v), 18(2)(ee)(i), 23.1(1), 24(1), 25(2)(g), and 29(1)(a-c).

DEFINITIONS:

In this policy,

"**drug**" means a drug that requires cold chain management according to the required storage temperature range;

"**cold chain management**" means the processes used to maintain a drug within the required storage temperature range, starting at the manufacturer and ending with release of the drug to the patient, which includes transporting, handling and storage of the drug;

"**temperature excursion**" means an event in which a drug is exposed to a temperature outside of the required storage temperature range; and

"**cold storage equipment**" means the equipment (i.e., refrigerator or freezer) used to maintain a drug within the required storage temperature range. The recommended temperature range ~~of~~for a refrigerator is between +2°C to +8°C and for a freezer is between -25 °C to -10 °C.

POLICY STATEMENTS:

For a drug that requires cold chain management, the pharmacy manager must ensure the following:

1. the drug is maintained in accordance with the manufacturer's requirements and any other applicable requirements;
2. the pharmacy is equipped with cold storage equipment that
    a. must be purposed for drugs only,
    b. must maintain only one temperature range enclosed by a door with an air-tight seal (a standard "bar" fridge (combination fridge/freezer with one exterior door) is not acceptable as it does not maintain even temperatures), and
    c. is equipped with a digital thermometer or temperature monitoring system;
3. temperatures of the cold storage equipment are monitored and recorded
    a. manually at least twice each working day, preferably at opening and closing of the pharmacy, documenting the current temperature, and the minimum and maximum temperatures reached since the last temperature recording, or
    b. automatically with a temperature monitoring system that
        i. records temperatures at a frequency that can determine current temperatures, and minimum and maximum temperatures reached at least twice a day, and
        ii. monitors and notifies pharmacy staff when a temperature excursion occurs;
4. establish written policies and procedures that include processes
    a. to ensure proper cold chain management,
    b. to record temperatures of the cold storage equipment in accordance with section 3,
    c. to determine and document actions taken when a temperature excursion occurs, and
    d. for regular maintenance that ensures functionality of cold storage equipment and documenting those processes;
5. all pharmacy staff are trained on the policies and procedures necessary to maintain cold chain management; and
6. the following documentation must be retained and easily retrievable for at least three years
    a. the temperature records of the cold storage equipment required by section 3, and
    b. the documentation resulting from
        i. actions taken when a temperature excursion occurs, and

ii. regular maintenance that ensures functionality of the cold chain equipment.

~~**POLICY STATEMENT(S):**~~

~~The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. Refer to BCCDC's Communicable Disease Control Immunization Program: Section VI – Management of Biologicals.~~

~~http://www.bccdc.ca/resource-gallery/Documents/Guidelines and Forms/Guidelines and Manuals/Epid/CD Manual/Chapter 2 - Imms/Appendix_E_ManagementBiologicals.pdf~~

~~**BACKGROUND:**~~

~~"Cold chain" refers to the process used to maintain optimal temperature conditions during the transport, storage and handling of vaccines and other refrigerated pharmaceuticals, starting at the manufacturer and ending with the administration of the product to the client.~~

~~Vaccines are sensitive biological products; protection of vaccine potency and stability is important.~~

~~The recommended temperature for vaccine storage is, at all times, +2ºC to +8ºC.~~

~~Biologicals may be inactivated by exposure to excess light or heat or freezing, depending on the nature of the product, the temperature reached and the duration of exposure. Freezing will reduce the potency of inactivated vaccines and exposure to heat and light can compromise the stability of live-virus vaccines~~**~~. Any loss of vaccine potency is permanent and irreversible. Damage from successive exposures to adverse conditions is cumulative~~**~~.~~ ~~It is important to know the correct storage conditions for each biological product and to ensure that each is kept under the recommended conditions.~~

~~When the temperature is in the 0°C to 2°C range, adjust the refrigerator temperature and restore the temperature to within the +2°C to +8°C range~~ **~~immediately~~**~~.~~

~~All biological products freeze at temperatures below 0°C; products that have been exposed to temperatures below 0°C should not be used. Consult with BCCDC Vaccine and Pharmacy Services, as there may be specific exceptions to this (e.g., lyophilized products.)~~

~~**Committee endorsement:**~~
~~The B.C. Centre for Disease Control guidelines were endorsed by the following College committees: Community Pharmacy Practice Committee, Residential Care Committee and the Hospital Pharmacy Committee.~~

Appendix 1

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-68**
POLICY FOCUS: **Cold Chain Management**

This policy sets out requirements for pharmacy managers on cold chain management and their responsibilities under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws sections 18(2)(c)(ii), 18(2)(e), 18(2)(l), 18(2)(v), 18(2)(ee)(i), 23.1(1), 24(1), 25(2)(g), and 29(1)(a-c).

DEFINITIONS:

In this policy,

"**drug**" means a drug that requires cold chain management according to the required storage temperature range;

"**cold chain management**" means the processes used to maintain a drug within the required storage temperature range, starting at the manufacturer and ending with release of the drug to the patient, which includes transporting, handling and storage of the drug;

"**temperature excursion**" means an event in which a drug is exposed to a temperature outside of the required storage temperature range; and

"**cold storage equipment**" means the equipment (i.e., refrigerator or freezer) used to maintain a drug within the required storage temperature range. The recommended temperature range for a refrigerator is between +2°C to +8ºC and for a freezer is between -25 ºC to -10 ºC.

POLICY STATEMENTS:

For a drug that requires cold chain management, the pharmacy manager must ensure the following:

1. the drug is maintained in accordance with the manufacturer's requirements and any other applicable requirements;
2. the pharmacy is equipped with cold storage equipment that
    a. must be purposed for drugs only,
    b. must maintain only one temperature range enclosed by a door with an air-tight seal (a standard "bar" fridge (combination fridge/freezer with one exterior door) is not acceptable as it does not maintain even temperatures), and
    c. is equipped with a digital thermometer or temperature monitoring system;
3. temperatures of the cold storage equipment are monitored and recorded
    a. manually at least twice each working day, preferably at opening and closing of the pharmacy, documenting the current temperature, and the minimum and maximum temperatures reached since the last temperature recording, or
    b. automatically with a temperature monitoring system that
        i. records temperatures at a frequency that can determine current temperatures, and minimum and maximum temperatures reached at least twice a day, and
        ii. monitors and notifies pharmacy staff when a temperature excursion occurs;
4. establish written policies and procedures that include processes
    a. to ensure proper cold chain management,
    b. to record temperatures of the cold storage equipment in accordance with section 3,
    c. to determine and document actions taken when a temperature excursion occurs, and
    d. for regular maintenance that ensures functionality of cold storage equipment and documenting those processes;
5. all pharmacy staff are trained on the policies and procedures necessary to maintain cold chain management; and
6. the following documentation must be retained and easily retrievable for at least three years
    a. the temperature records of the cold storage equipment required by section 3, and
    b. the documentation resulting from
        i. actions taken when a temperature excursion occurs, and

ii. regular maintenance that ensures functionality of the cold chain equipment.

Appendix 2: List of Stakeholders Consulted on the *PPP-68 Cold Chain Management of Biologicals* Amendments

The following stakeholders were invited to provide feedback on draft policy amendments:

- BC Centre for Disease Control
- CPBC Pharmacy Advisory Group
- Burnaby Hospital Pharmacy
- Chilliwack General Hospital Pharmacy
- Delta Hospital Pharmacy
- Holy Family Hospital Pharmacy
- Langley Memorial Hospital Pharmacy
- Pharmacy Drug Distribution Centre
- St. Paul's Hospital – Ambulatory
- Surrey Memorial Hospital Pharmacy
- Providence Health
- Interior Health

Feedback was received from the following stakeholders:

- BC Centre for Disease Control
- CPBC Pharmacy Advisory Group
- Chilliwack General Hospital Pharmacy
- Langley Memorial Hospital Pharmacy
- Delta Hospital Pharmacy
- St. Paul's Hospital – Ambulatory
- Surrey Memorial Hospital Pharmacy
- Providence Health & Lower Mainland Pharmacy

College of Pharmacists of British Columbia

7. Legislation Review Committee

Justin Thind

Chair of Legislation Review Committee

College of Pharmacists of British Columbia

7 a) Committee Updates

January 21, 2020 Meeting

- Amendments to *Professional Practice Policy 71 Delivery of Methadone for Maintenance.*
- Amendments to the Controlled Prescription Program Forms.
- Amendments to *Professional Practice Policy 68: Cold Chain Management of Biologicals.*

College of Pharmacists of British Columbia

Committee Updates, continued

Key Upcoming Committee Work

- Amendments to the *Health Professions Act* (HPA) Standards of Practice, Part 4 - Drug Administration by Injection and Intranasal Route.
- Amendments to the HPA Standards of Practice, Part 1 – Community Pharmacy and Part 2 – Hospital Pharmacy for verbal order prescription authorizations from hospital to community pharmacies.
- Amendments to the Fee Schedules under the HPA and *Pharmacy Operations and Drug Scheduling Act* to actualize the 2020/2021 Budget.

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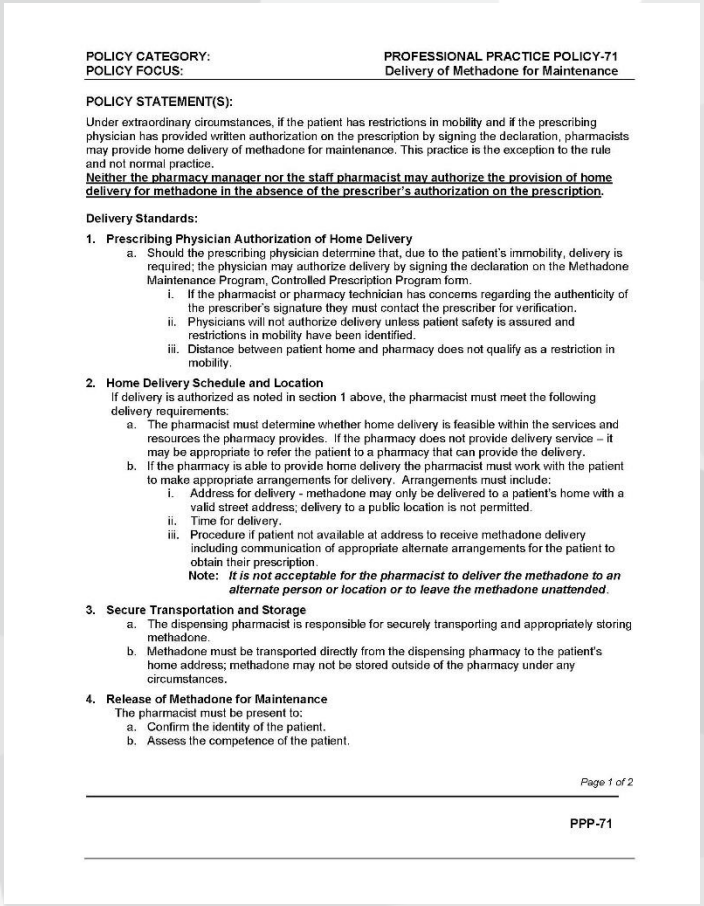
7 b) Amendments to Professional Practice Policy 71 – Delivery of Methadone for Maintenance

College of Pharmacists of British Columbia

Background



POLICY CATEGORY: PROFESSIONAL PRACTICE POLICY-71
POLICY FOCUS: Delivery of Methadone for Maintenance

POLICY STATEMENT(S):

Under extraordinary circumstances, if the patient has restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of methadone for maintenance. This practice is the exception to the rule and not normal practice.
Neither the pharmacy manager nor the staff pharmacist may authorize the provision of home delivery for methadone in the absence of the prescriber's authorization on the prescription.

Delivery Standards:

1. **Prescribing Physician Authorization of Home Delivery**
   a. Should the prescribing physician determine that, due to the patient's immobility, delivery is required; the physician may authorize delivery by signing the declaration on the Methadone Maintenance Program, Controlled Prescription Program form.
      i. If the pharmacist or pharmacy technician has concerns regarding the authenticity of the prescriber's signature they must contact the prescriber for verification.
      ii. Physicians will not authorize delivery unless patient safety is assured and restrictions in mobility have been identified.
      iii. Distance between patient home and pharmacy does not qualify as a restriction in mobility.

2. **Home Delivery Schedule and Location**
   If delivery is authorized as noted in section 1 above, the pharmacist must meet the following delivery requirements:
   a. The pharmacist must determine whether home delivery is feasible within the services and resources the pharmacy provides. If the pharmacy does not provide delivery service – it may be appropriate to refer the patient to a pharmacy that can provide the delivery.
   b. If the pharmacy is able to provide home delivery the pharmacist must work with the patient to make appropriate arrangements for delivery. Arrangements must include:
      i. Address for delivery - methadone may only be delivered to a patient's home with a valid street address; delivery to a public location is not permitted.
      ii. Time for delivery.
      iii. Procedure if patient not available at address to receive methadone delivery including communication of appropriate alternate arrangements for the patient to obtain their prescription.
      Note: ***It is not acceptable for the pharmacist to deliver the methadone to an alternate person or location or to leave the methadone unattended.***

3. **Secure Transportation and Storage**
   a. The dispensing pharmacist is responsible for securely transporting and appropriately storing methadone.
   b. Methadone must be transported directly from the dispensing pharmacy to the patient's home address; methadone may not be stored outside of the pharmacy under any circumstances.

4. **Release of Methadone for Maintenance**
   The pharmacist must be present to:
   a. Confirm the identity of the patient.
   b. Assess the competence of the patient.

Page 1 of 2

PPP-71

- Developed in 2013, *Professional Practice Policy 71 Delivery of Methadone for Maintenance* ("PPP-71") currently permits pharmacists working in community pharmacies to deliver methadone for maintenance to a patient's home only if the physician authorizes the delivery due to the patient's immobility.

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Background, continued

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MENU

Home > Departments and agencies > Health Canada > Health Concerns > Controlled Substances and Precursor Chemicals > Policy and Regulations > Policy Documents

Transportation of Controlled Substances in Canada

Background

As health professionals look for the best way to meet the needs of their patients, there are more models being conceived. In order to provide guidance on the establishment of these new models, Health Canada has developed the following policy position on providing medications that are regulated under the Narcotic Control Regulations (NCR), Part G of the Food and Drug Regulations (FDR), and the Benzodiazepine and Other Targeted Substances Regulations (BOTSR) to patients.

Scope

The following applies to patient specific medications (narcotics, controlled drugs, and targeted substances) provided to patients in the community, at locations including community based clinics, health centres or supervised consumption sites. As noted above, the following represents Health Canada's policy position. It does not constitute legal advice as to the scope of the Controlled Drugs and Substances Act (CDSA) and its regulations.

For the purposes of this document, the term practitioner refers medical doctors, veterinarians, dentists, and in some cases, nurse practitioners, podiatrists and midwives [1].

- In 2018, Health Canada released a policy position on the transportation of controlled substances, clarifying their position that pharmacists can transport controlled substances to a patient with a prescription.
- Additionally, since PPP-71 was developed, the College has implemented policies for dispensing of buprenorphine/naloxone and slow release oral morphine, in addition to methadone.

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Consultation

- Internal and external stakeholders were consulted in developing amendments to this policy.
- The following groups reviewed and provided input on the new policy requirements:
  - College of Physicians and Surgeons of BC
  - British Columbia College of Nursing Professionals
  - College of Pharmacists of BC Pharmacy Advisory Committee
  - Patient representatives
  - Nurses and Nurse Practitioners of BC
  - First Nations Health Authority
  - Neighborhood Pharmacy
  - Lower Mainland Pharmacy Services
  - British Columbia Centre for Substance Use
  - Doctors of British Columbia
  - BC Pharmacy Association
- Positive feedback was received, along with feedback requesting minor changes.

College of Pharmacists of British Columbia

Key Proposed Amendments

	Brief Description of Amendment	Rationale
1	Policy broadened to include methadone, buprenorphine/naloxone and slow release oral morphine	• Policy Guides for providing pharmacy services related to buprenorphine/naloxone and slow release oral morphine were implemented in 2018. • To align with this amendment, the title will be changed to "*PPP-71 Delivery of Opioid Agonist Treatment".*
2	Delivery location no longer restricted to a patients home, and delivery is now permitted at a location that is safe, private, maintains confidentiality and has a verifiable address	• Other pharmacy regulatory authorities do not restrict delivery to a patient's home address. • Removal of restriction supported by stakeholders. • Replaced with principle-based criteria that delivery location must meet, allowing for increased delivery flexibility.
3	Reason for delivery no longer restricted to immobility, and pharmacist may deliver if delivery is safe, appropriate, and in patient's best interest	• In light of Health Canada's policy position, current restrictions were re-examined in consultation with stakeholders. • Removal of immobility restriction widely supported by stakeholders.

College of Pharmacists of British Columbia

Key Proposed Amendments

	Brief Description	Rationale
4	Delivery no longer requires physician authorization, and a pharmacist may use professional judgement to decide to deliver OAT	• Delivery of controlled substances by a pharmacist to a patient is no longer considered an exception to the rule according to Health Canada's policy position. • With proposal to remove immobility requirement, there is an unclear need to retain physician authorization for delivery. • Pharmacist will be required to notify physicians of initiation or cessation of delivery, to keep circle of care informed. • If prescriber indicates delivery is not permitted, the pharmacist must not deliver.
5	New safety provisions included	• New requirement for written policies and procedures to ensure safety of patient and pharmacist, and ensure security of the drug during delivery. • The pharmacist will be performing patient assessment and witnessed ingestion at the patients location, outside of the traditional pharmacy setting. • Pharmacists will be transporting controlled substances, and security measures should be put in place.

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Additional Proposed Amendments and Clarifications

- Strengthened recommendation for pharmacist to refer patient to another pharmacy if providing delivery service is not feasible within the services and resources the pharmacy provides.
- Clarification that only the pharmacist may deliver OAT to a patient, as the pharmacist is required to assess a patient prior to releasing an OAT drug.
- Because delivery models involving other health care providers are outside the scope of this policy, the propose amendments clarify that this policy applies only to pharmacists delivering OAT directly to a patient, as outlined in the Health Canada policy position.

College of Pharmacists of British Columbia

Additional Considerations

- Consideration was given to requiring documentation in PharmaNet that the OAT drug was delivered, which included:
  - Requiring documentation in the “sig field”, however this field is limited in the number of characters it can display; and
  - Using Product Identification Numbers (PINS), as is the current practice for methadone deliveries, but none exist for buprenorphine/naloxone or slow release oral morphine.
- As the policy amendments already require documentation of each delivery in the patient record, and this information could then be accessed by calling the patient’s pharmacy directly, no additional requirements for documenting delivery of OAT in PharmaNet are proposed.
- Discussions on developing delivery PINS for buprenorphine/naloxone and slow release oral morphine will be further pursued with the Ministry of Health.

College of Pharmacists of British Columbia

Consequential Amendments

- Due to proposed changes to PPP-71 and to the Controlled Prescription Program forms, consequential amendments to *PPP-66 Opioid Agonist Treatment* (“PPP-66”) and its associated Policy Guides are required.
- Additional consequential amendments to PPP-66 and its Policy Guides are also required due to changes stemming from recent PPP changes as part of the *Pharmacy Operations and Drug Scheduling Act* Modernization Phase Two Bylaw amendments.

College of Pharmacists of British Columbia

Next Steps

- Communicate and implement new policy requirements for April 1, 2020 effective date.
- Update the College website with the amended policy.

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

7 b) Amendments to Professional Practice Policy 71 – Delivery of Methadone for Maintenance

MOTION 1:

Approve amendments to Professional Practice Policy 71 (“PPP-71”) – Delivery of Methadone for Maintenance, as circulated, to be effective April 1, 2020.

College of Pharmacists of British Columbia

7 b) Amendments to Professional Practice Policy 71 – Delivery of Methadone for Maintenance

MOTION 2:

Approve consequential amendments to the following Professional Practice Policy ("PPP") and associated Policy Guides as circulated, to be effective April 1, 2020:

a. PPP-66 Opioid Agonist Treatment
b. PPP-66 Policy Guide Buprenorphine/Naloxone Maintenance Treatment
c. PPP-66 Policy Guide Methadone Maintenance Treatment
d. PPP-66 Policy Guide Slow Release Oral Morphine Maintenance Treatment

College of Pharmacists of British Columbia

7 c) Amendments to the Controlled Prescription Program Forms

College of Pharmacists of British Columbia

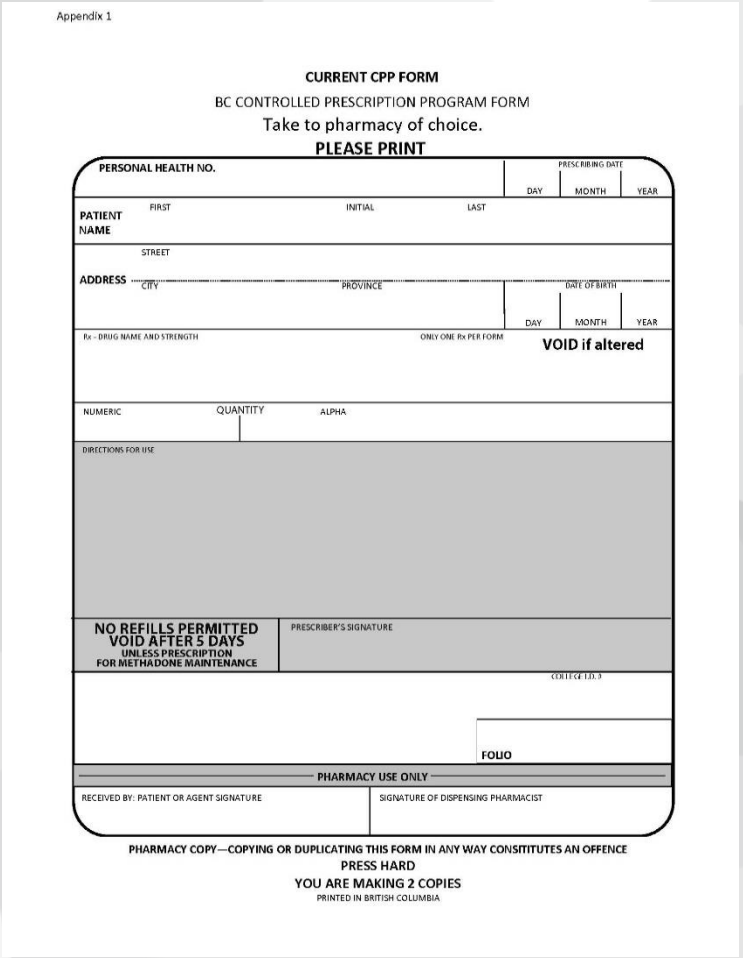
Background – Controlled Prescription Program ("CPP")

CPP

- Duplicate prescription program created to prevent forgeries and reduce inappropriate prescribing of drugs listed in Schedule 1A .
- Prescriptions for drugs specified in the CPP must be written on a duplicate form specifically developed for this purpose.

College of Pharmacists of British Columbia

Background – Current CPP Forms



Appendix 1

CURRENT CPP FORM

BC CONTROLLED PRESCRIPTION PROGRAM FORM

Take to pharmacy of choice.

PLEASE PRINT

PERSONAL HEALTH NO. | PRESCRIBING DATE DAY MONTH YEAR

PATIENT NAME FIRST INITIAL LAST

ADDRESS STREET CITY PROVINCE | DATE OF BIRTH DAY MONTH YEAR

Rx - DRUG NAME AND STRENGTH | ONLY ONE Rx PER FORM | VOID if altered

NUMERIC QUANTITY ALPHA

DIRECTIONS FOR USE

NO REFILLS PERMITTED
VOID AFTER 5 DAYS
UNLESS PRESCRIPTION
FOR METHADONE MAINTENANCE

PRESCRIBER'S SIGNATURE

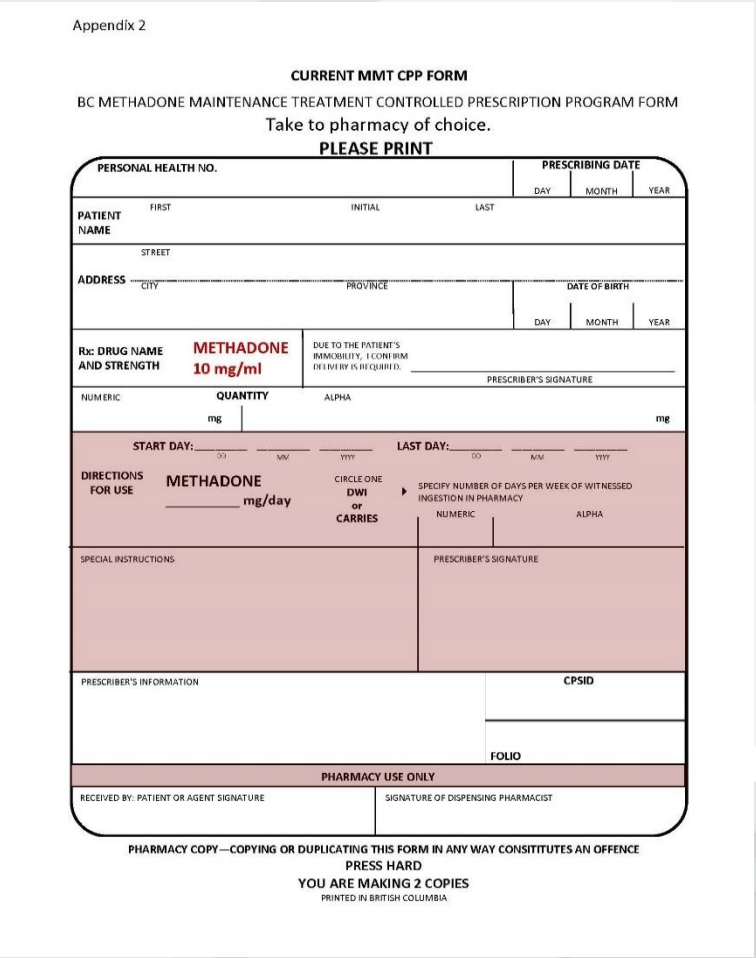
COLLEGE I.D. #

FOLIO

PHARMACY USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE | SIGNATURE OF DISPENSING PHARMACIST

PHARMACY COPY—COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSITITUTES AN OFFENCE
PRESS HARD
YOU ARE MAKING 2 COPIES
PRINTED IN BRITISH COLUMBIA



Appendix 2

CURRENT MMT CPP FORM

BC METHADONE MAINTENANCE TREATMENT CONTROLLED PRESCRIPTION PROGRAM FORM

Take to pharmacy of choice.

PLEASE PRINT

PERSONAL HEALTH NO. | PRESCRIBING DATE DAY MONTH YEAR

PATIENT NAME FIRST INITIAL LAST

ADDRESS STREET CITY PROVINCE | DATE OF BIRTH DAY MONTH YEAR

Rx: DRUG NAME AND STRENGTH: METHADONE 10 mg/ml

DUE TO THE PATIENT'S IMMOBILITY, I CONFIRM DELIVERY IS REQUIRED. PRESCRIBER'S SIGNATURE

NUMERIC QUANTITY mg ALPHA mg

START DAY: DD MM YYYY | LAST DAY: DD MM YYYY

DIRECTIONS FOR USE: METHADONE _____ mg/day

CIRCLE ONE DWI or CARRIES

SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY NUMERIC ALPHA

SPECIAL INSTRUCTIONS | PRESCRIBER'S SIGNATURE

PRESCRIBER'S INFORMATION | CPSID

FOLIO

PHARMACY USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE | SIGNATURE OF DISPENSING PHARMACIST

PHARMACY COPY—COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSITITUTES AN OFFENCE
PRESS HARD
YOU ARE MAKING 2 COPIES
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Background – CPP, continued

CPPAC

- The Controlled Prescription Program Advisory Committee ("CPPAC") is a multi-organization committee that regularly reviews and recommends updates to Schedule 1A drugs.
- The CPPAC also provides a forum to share knowledge and best practices for drugs with a high-risk profile.
- Consists of representatives from BC's health professional regulatory colleges whose registrants prescribe or dispense Schedule 1A drugs, and the Ministry of Health. Includes:
  - College of Pharmacists of BC
  - BC College of Nursing Professionals
  - College of Dental Surgeons of BC
  - College of Midwives of BC
  - College of Physicians & Surgeons of BC
  - College of Veterinarians of BC
  - Ministry of Health (PharmaCare Program)

College of Pharmacists of British Columbia

BCCNP British Columbia College of Nursing Professionals

CDSBC College of Dental Surgeons of British Columbia

College of Midwives of British Columbia

College of Physicians & Surgeons of British Columbia

College of Veterinarians of British Columbia

College of Pharmacists of British Columbia

Background – Opioid Agonist Treatment ("OAT")

- In 2017, the BC Centre on Substance Use released, "*A Guideline for the Clinical Management of Opioid Use Disorder*".
- The new guideline is for all clinicians who prescribe OAT drugs (i.e., methadone, slow release oral morphine and buprenorphine/naloxone) for treatment of patients with opioid use disorder.
- Since the release of this guideline, prescribers have been using the generic CPP form to prescribe buprenorphine/naloxone and slow release oral morphine for OAT in absence of a generic OAT CPP form.
- This has led to inconsistencies between prescriptions for OAT drugs.

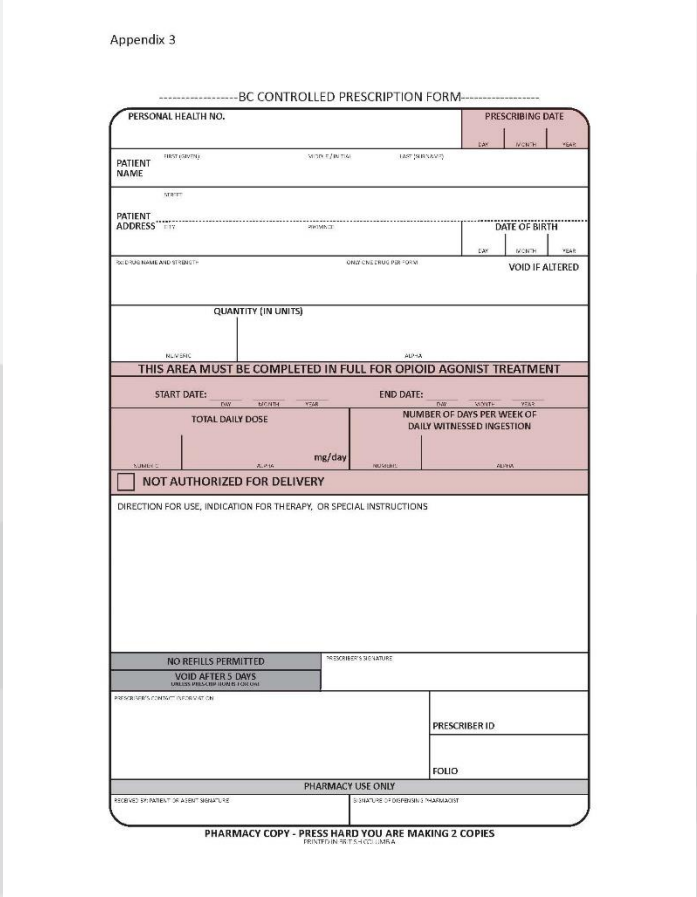
College of Pharmacists of British Columbia

CPPAC Recommendation – Harmonized CPP Form

- In 2018, the CPPAC discussed the need for amendments to the current CPP forms, including the benefits of having only one CPP form which would include a section for prescribing OAT drugs.
- The benefits of one harmonized form discussed by the CPPAC include:
  - A consistent approach to writing prescriptions for all 1A drugs;
  - Increased patient access to OAT therapy, as all physicians will have the form (currently only OAT prescribers have the methadone CPP form); and,
  - Reduced administrative burden associated with ordering/printing of two pads for 1A drugs.
- In November 2019, the CPPAC developed a harmonized CPP form and recommend its approval.

College of Pharmacists of British Columbia

CPPAC Recommendation – Harmonized CPP Form, continued



Appendix 3

----------BC CONTROLLED PRESCRIPTION FORM----------

PERSONAL HEALTH NO.

PRESCRIBING DATE

DAY MONTH YEAR

PATIENT NAME

PATIENT ADDRESS

DATE OF BIRTH

DAY MONTH YEAR

VOID IF ALTERED

QUANTITY (IN UNITS)

NUMERIC ALPHA

THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT

START DATE: DAY MONTH YEAR

END DATE: DAY MONTH YEAR

TOTAL DAILY DOSE

NUMERIC ALPHA

mg/day

NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION

NUMERIC ALPHA

☐ NOT AUTHORIZED FOR DELIVERY

DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS

NO REFILLS PERMITTED

VOID AFTER 5 DAYS

PRESCRIBER'S SIGNATURE

PRESCRIBER ID

FOLIO

PHARMACY USE ONLY

RECEIVED BY PATIENT OR AGENT SIGNATURE

SIGNATURE OF DISPENSING PHARMACIST

PHARMACY COPY - PRESS HARD YOU ARE MAKING 2 COPIES

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Approval for CPP Form & Next Steps

- To operationalize the CPPAC recommendation, in accordance with the *Pharmacy Operations and Drug Scheduling Act* Bylaws, the harmonized CPP form requires approval by both the College of Pharmacists of BC ("CPBC") Board and the College of Physicians and Surgeons of British Columbia ("CPSBC").
- The CPSBC approved the new harmonized form in January 2020.
- If approved by the CPBC Board, the new harmonized form will be sent to the Ministry of Health for printing.
- To provide time for prescribers and pharmacists to update their practices, as well as phase out the current CPP forms, the CPPAC and Ministry of Health will advise the College of the effective date of the new harmonized form.
- The effective date will be communicated to all prescribers and pharmacists.

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

7 c) Amendments to the Controlled Prescription Program Forms

Motion:

Approve amendments to the Controlled Prescription Program forms to create a harmonized form, as circulated.

College of Pharmacists of British Columbia

7 d) Amendments to Professional Practice Policy – 68 Cold Chain Management of Biologicals

College of Pharmacists of British Columbia

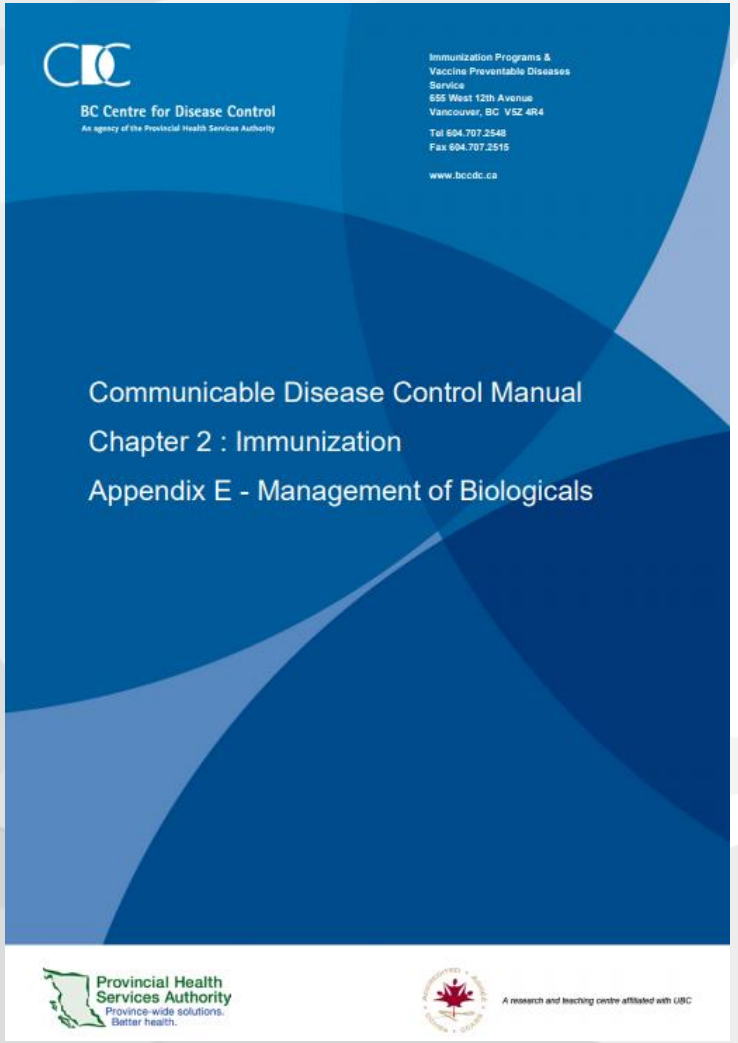
Background

- In accordance with the Strategic Plan, the College has been working on modernizing legislative requirements under PODSA. One of these projects was a review of Professional Practice Policies (PPPs) to identify which ones should:
  - Be transitioned to bylaw or standards of practice, to strengthen them;
  - Be rescinded or transitioned to a guideline; and
  - Remain as policies and reviewed to identify any needed revisions.
- At the June and November 2019 Board meetings, the Board approved amendments to six PPPs and the repeal of four PPPs.
- The proposed amendments to *PPP-68 Cold Chain Management of Biologicals* are part of the PODSA Modernization Project and will be presented today.

College of Pharmacists of British Columbia

PPP-68 Current Status

- *PPP-68 Cold Chain Management of Biologicals* was originally approved in 2011 in response to concerns regarding the lack of standardization of storage conditions for pharmaceuticals requiring refrigeration, especially with larger volumes of vaccines stored in pharmacies.
- At that time, the BC Centre for Disease Control's (BCCDC) Guideline on *Management of Biologicals* was adopted in PPP-68.



College of Pharmacists of British Columbia

Policy Development and Consultation Process

Research and Analysis of Existing Best Practices

Key principles derived from existing best practices, standards, policies and positions from Health Canada, NAPRA, and other pharmacy regulatory authorities.

Draft Amendments to Policy

- **Broadened** policy to include any drug requiring refrigeration; and,
- Amended policy to include principle based requirements for cold chain management of drugs which are **tailored to pharmacy practice**.

Stakeholder Consultations on Draft Amendments to Policy

- BCCDC
- Pharmacy Advisory Committee
- Hospital stakeholders
  - Burnaby Hospital Pharmacy
  - Chilliwack General Hospital Pharmacy
  - Delta Hospital Pharmacy
  - Holy Family Hospital Pharmacy
  - Langley Memorial Hospital Pharmacy
  - Pharmacy Drug Distribution Centre
  - St. Paul's Hospital – Ambulatory Pharmacy
  - Surrey Memorial Hospital Pharmacy
  - Providence Health Pharmacy
  - Interior Health Pharmacy

Final Proposed Policy Amendments

College of Pharmacists of British Columbia

Key Proposed Amendments

s.	Theme	Recommended Amendments
1	Broadening policy to include all drugs requiring cold chain	• For any drug that requires cold chain management, require the drug to be maintained in accordance with the manufacturer's requirements and any other applicable requirements (e.g., BCCDC's Vaccine Guideline, NAPRA compounding standards). • To align with this amendment, the title will be changed to "*PPP-68 Cold Chain Management*."
2	Cold storage equipment	• Define the term "cold storage equipment" to include equipment (i.e., refrigerator or freezer) used to maintain a drug within the required storage temperature range. • Include principle-based requirements aligned with existing best practices for cold storage equipment.

College of Pharmacists of British Columbia

Key Proposed Amendments

s.	Theme	Recommended Amendments
3	Temperature recording and monitoring	• The current policy requires temperatures to be manually recorded and monitored twice each working day, regardless if the temperature is recorded automatically and/or monitored by an alarm. • Recognizing advancements in technology, allow automated recording if an alarm system is in place to notify staff of temperature excursions. • The proposed requirements for monitoring and recording temperatures are: a) <u>manually</u> at least twice each working day, preferably at opening and closing of the pharmacy, documenting the current temperature, and the minimum and maximum temperatures reached since the last temperature recording, **or** b) <u>automatically</u> with a temperature monitoring system that i. records temperatures at a frequency that can determine current temperatures, and minimum and maximum temperatures reached at least twice a day, and ii. monitors and notifies pharmacy staff when a temperature excursion occurs

College of Pharmacists of British Columbia

Key Proposed Amendments

s.	Theme	Recommended Amendments
4	Policies & procedures	• The currently policy includes policies and procedures that may not be applicable to pharmacy practices. • To provide more flexibility, require pharmacy managers to establish policies and procedures specific to the pharmacy's practices.
5	Staff training	• To align with existing PODSA Bylaws, require pharmacy managers to ensure staff are trained on established policies and procedures.
6	Records retention	• To align with existing PODSA Bylaws on records retention, require that cold chain management records are retained and retrievable for at least three years.

College of Pharmacists of British Columbia

Next Steps

- Communicate and implement new policy requirements, effective immediately.
- Update the College website with the amended policy.

College of Pharmacists of British Columbia

7 d) Amendments to Professional Practice Policy – 68 Cold Chain Management of Biologicals

Motion:

Approve amendments to Professional Practice Policy 68 Cold Chain Management of Biologicals ("PPP-68"), as circulated.