Frequently Asked Questions: Hospital-based exemptions for Designated Narcotic Drugs (DND)

Hospital-based exemptions for prescribing Designated Narcotic Drugs under the Mental Health Services Protection Regulation

The following information is to guide prescribers, operational and medical leaders, and health care providers in the alignment of their clinical practice to current legislation relevant to the treatment of opioid use disorder (OUD) and the prescribing of designated narcotic drugs (DND).

This FAQ is specific to the prescribing of DND in acute care settings and explains the hospital-based exemptions that apply. It does not apply to any person who prescribes, administers, compounds, dispenses, or sells a DND for the purpose of treating a medical condition other than OUD.

Legislation

In October 2022, the Alberta Government introduced Narcotic Transition Services (NTS) through an amendment to the *Mental Health Services Protection Regulation* (MHSPR) and released the Community Protection and Opioid Stewardship (CPOS) Standards. The CPOS Standards and the MHSPR, set the minimum requirements that a licensed NTS provider must comply with in the provision of DND for the treatment of OUD.

Delivered through AHS-licensed Opioid Dependency Programs (ODP), NTS involves the use of DND to help people with severe OUD who have not been able to initiate or stabilize on conventional treatment medications. Services focus on stabilizing, tapering and transitioning patients under expert medical supervision to evidence-based opioid agonist treatment (OAT) medications.

Hospital Based Exemptions

Prescribing and administering DND under the MHSPR is permitted to stabilize a patient suffering from opioid addiction during the patient's admission to a hospital for other indications. For continuity of care, a patient receiving licensed NTS can continue being administered DND if they are an in-patient of an approved hospital, admitted to an emergency department and has been assigned a most responsible practitioner, or detained at a designated facility under the *Mental Health Act*.

For inquiries on the Hospital Based Exemptions, email AMH.PracticeSupports@AHS.ca.

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DND/High Potency Opioid Narcotics

What medications are considered DND?

Under the MHSPR, DND are defined as “any full agonist opioid drug with the exception of methadone or slow-release oral morphine (SROM)”. For the purpose of treating OUD, this means:

- Buprenorphine formulations, methadone or SROM (including M-Eslon) are not DND and considered to be *out-of-scope* medications.

Are High Potency Opioid Narcotics and DND the same?

Yes, DND is also referred to as high-potency opioid narcotics or high-potency opioid medications. These medications are considered to be *in-scope* medications.

Which AHS ODP clinics are licensed to provide NTS?

ODP services licensed to prescribe DND as a component of NTS include:

- Grande Prairie, Northern Addiction Center, 11333 - 106 Street
- Edmonton, 10225 -106 Street
- Red Deer, Wood Building, 4805 - 48 Avenue (second floor)
- Calgary, Sheldon Chumir, #8428, 1213 - 4 Street SW
- Lethbridge, Chinook Regional Hospital, 960 - 19 Street S (interim location)
- Medicine Hat, #1 564 S Railway Street

What DND are prescribed for NTS in licensed AHS ODP clinics?

Hydromorphone is the primary DND prescribed within AHS ODP clinics licensed to provide NTS. Medication administration routes can include oral, intramuscular, or intravenous. A licensed provider shall ensure that DND is not prescribed, administered, dispensed or sold in a formulation that may be taken by a patient out of the facility or other location at which NTS are provided.

- The use of fentanyl for the treatment of OUD requires specific approval from the Provincial Medical Director Addiction and if approved, must be prescribed, administered or dispensed within the location at which NTS is provided.
    - Fentanyl formulations that may be approved exclude transdermal (ie: fentanyl patch) formulations.
- Diacetylmorphine (DAM) may be considered in the future depending on need and availability.

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Exemptions under the Mental Health Services Protection Regulation (MHSPR)

What sections under the MHSPR regulate the prescribing of DND in acute care settings?

All sections under the MHSPR regulate the prescribing of DND. The sections below are particularly relevant to acute care settings and hospital-based exemptions within the MHSPR.

- Section 13: Stabilization to support treatment for other indications.
- Section 14: Treating a medical condition other than OUD.
- Section 16: Continuation of treatment.
- Section 18: Conditions for prescribing, compounding, dispensing, selling, or administering.

How does the definition of NTS impact the prescribing of DND for patients who are not treated with DND in the community and present to an approved hospital in acute withdrawal?

The definition of NTS within Section 13(c) of the MHSPR permits the prescribing of DND to:

- stabilize a patient suffering from acute opioid withdrawal **IF** the patient is admitted to an approved hospital for other indications, and
- support the patient to remain in hospital while receiving care without experiencing unmanageable opioid withdrawal symptoms.

If the patient is suffering from acute opioid withdrawal and is not currently receiving DND from a licensed NTS provider and is **not** admitted to an approved hospital for other indications, then DND cannot be prescribed.

Do hospital-based exemptions in the MHSPR apply to patients in the emergency department (ED)?

The hospital-based exemptions in the MHSPR do not apply until a patient has been formally admitted to an approved hospital. For the purpose of the MHSPR, a patient in the ED is considered to be admitted to an approved hospital when they have been assigned a most responsible practitioner (either emergency department physician or consulting physician) and are at or beyond the assessment phase of the ED Patient Journey Map.

- DND should only be prescribed when the ED patient has been assigned a most responsible practitioner, and that practitioner believes there is a risk to the person's receipt of appropriate treatment if the medication is delayed until the person is admitted as an inpatient.

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What is considered to be "other indications" within the definition of NTS?

"Other indications" means a medical condition, **other than** an OUD, for which the patient is being treated, including primary and/or comorbid addiction and/or psychiatric disorder(s).

- "Other indications" do not include psychosocial diagnoses (V-Codes).

The following question helps guide practitioners on determining "other indications": *But for the opioid use disorder or psychosocial factors, would this patient be admitted to hospital?*

- If *yes*, then this supports that the patient may qualify for treatment for "other indications".

Can a DND continue to be prescribed for a patient once their opioid withdrawal is stabilized?

No. Patients should be transitioned to OAT medication once their opioid withdrawal is stabilized and prior to discharge or referred to a licensed NTS provider for assessment and treatment.

- If a transition to OAT medication is not deemed appropriate, patients should be referred to a licensed NTS provider for assessment of eligibility for NTS.
    - There may be circumstances where referral to a licensed NTS provider, while the patient is an inpatient, may be contemplated.

Does the MHSPR permit the initiation of NTS for the ongoing treatment of OUD during the patient's admission to an approved hospital?

No. The MHSPR and CPOS Standards do not permit the initiation of NTS. Acute care settings are not licensed to provide NTS; the six (6) AHS ODP clinics licensed to provide NTS are currently the only licensed providers of NTS in Alberta.

- Patients initiated on DND for addiction-related reasons in the acute care setting should be transitioned to OAT medications once stabilized.

Can DND be used to treat medical conditions other than an OUD?

Yes. Section 14 allows DND to be used by a prescriber who is authorized by their regulatory college to treat a medical condition **other than** OUD (e.g.: acute/chronic pain).

How do the hospital-based exemptions in the MHSPR apply to patients with comorbid OUD and Chronic Non-Cancer Pain (CNCP) and/or acute pain?

For patients with comorbid OUD and CNCP and/or acute pain, DND may be initiated or maintained **IF** the purpose is to treat the patient's pain condition and not OUD.

- DND for the treatment of pain should not replace but rather be a component of, the comprehensive treatment of comorbid OUD and CNCP and/or acute pain.

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How do the hospital-based exemptions in the MHSPR apply to patients who are currently receiving NTS?

Section 16 ensures the continuity of care for patients who are currently receiving DND from a licensed NTS provider, while they are:

- an inpatient of an approved hospital,
- admitted to an Emergency Department, or
- are lawfully detained at a facility designated under the *Mental Health Act*.

The prescribing of DND for the purpose of maintaining NTS is permitted in accordance with the following conditions:

- the patient is currently receiving DND from a licensed NTS provider and the prescribing of DND is a component of the treatment plan;
- maintaining the patient on DND is in the best interests of the patient; and
- consultation, or making best efforts to consult and completing consultation as soon as possible after the services are provided, with the licensed NTS provider to ensure transitional treatment planning.

What are the MHSPR requirements for prescribing, compounding, dispensing, selling or administering DND?

Section 18 of the MHSPR requires every prescriber of DND to comply with the following conditions:

- the prescriber must be an authorized regulated member and the prescription must include the medical indication.
- no direct dispensation to a patient; administration must be undertaken or supervised by an authorized regulated member.
- administration must occur at an AHS ODP clinic licensed to provide NTS or an approved hospital or facility designated under the Mental Health Act.

Does the MHSPR permit self-administration (intravenous or intramuscular) of DND during the patient's hospital admission?

Section18(c) of the MHSPR permits the administration of DND by an authorized regulated member, or by a patient administering the drug under the in-person supervision of an authorized regulated member.

Unless the patient was receiving NTS from a licensed provider prior to their admission to an approved hospital, supervised self-administration cannot be continued following the patient's stabilization. The continuance of DND must be compliant with Sections 16, 17, 18, and 19 of the MHSPR.

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Compliance with the Mental Health Services Protection Regulation (MHSPR)

Does the prescribing of DND have to adhere to the MHSPR and CPOS Standards?

Yes. As of March 4, 2023, all prescribers of DND must practice in compliance with the MHSPR under the *Mental Health Services Protection Act* (MHSPA) and CPOS Standards.

What are the consequences of not complying with the MHSPR?

The MHSPA includes provisions regarding inspections, investigations, enforcement, and appeals (sections 12 to 21).

- Inspectors, designated by a director under the MHSPA, have broad powers to inspect various premises in order to ensure compliance with the MHSPA and MHSPR (e.g., inspectors can require the production of records).
- Where an inspector has reasonable grounds to believe a person has contravened the MHSPA or MHSPR, the inspector has the power to investigate the matter.
- It is an offence to obstruct an inspection or investigation.

Where an inspector is of the opinion that the MHSPA or MHSPR have been or are being contravened, the inspector may take various steps, including:

- informing a director of the contravention,
- ordering a service provider to take measures specified, and
- ordering the service provider to cease the contravention.

The inspector may seek a court order where the service provider fails to comply with the order. The contravention of the MHSPA or MHSPR may result in a person or corporation receiving an administrative penalty or being found guilty of an offence and facing penalties for the offence (sections 18 and 21). These penalties take the form of fines.

Information and Resources

Support for Prescribers

Prescribers seeking advice on prescribing OAT can contact the OUD Consultation Service.

- North of Red Deer: call RAAPID North at 1-800-282-9911 or 1-780-735-0811
- South of Red Deer: call RAAPID South at 1-800-661-1700 or 403-944-4488

Prescribers seeking advice on DND prescribing and NTS can contact the Virtual Opioid Dependency Program at 1-844-383-7688.

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Practice Support Documents.

For additional information on prescribing practices see:

- CPSA Standards of Practice: Safe Prescribing for Opioid Use Disorder Standards
- CPSA Advice to the Profession: Safe Prescribing for Opioid Use Disorder.
- AHS Hospital Based Exemptions Flowchart
- AHS Hospital Based Exemptions FAQ: Clinical Scenarios.

College of Physicians and Surgeons of Alberta (CPSA) OAT Approval

Prescribers do not require OAT approval to prescribe buprenorphine/naloxone. An OAT approval to prescribe methadone or SROM is not required by in-hospital prescribers.

A regulated member who TEMPORARILY prescribes methadone or Kadian for a patient in an inpatient or correctional facility must:

- prescribe only for the duration of the patient's stay or incarceration, and may prescribe up to the first 120 hours after discharge/release after notifying the patient's community prescriber;
- restrict OAT prescribing to daily, witnessed doses and not provide take home doses for unwitnessed use;
- consult with the patient's current prescriber or appropriate delegate before making any changes to the OAT prescription, or introducing any new medications with the potential to interact with OAT; and
- collaborate with the community prescriber, other regulated health professionals and multidisciplinary team members involved in the patient's care at transitions between treatment settings.

A regulated member may proceed without consulting the current prescriber if patients require urgent or emergent care.

For more information on CPSA OAT approval visit: Opioid Agonist Treatment Program - College of Physicians & Surgeons of Alberta | CPSA.