

Opioid Agonist Treatment Missed Dose Protocol January, 2019

To All pharmacists providing Opioid Agonist Therapy

(Methadone, Buprenorphine/Naloxone, and Sustained-Release Oral Morphine)

In June 2017, BC physicians involved in treating Opioid Use Disorder adopted treatment guidelines from the BC Centre on Substance Use (BCCSU) “A Guideline for the Clinical Management of Opioid Use Disorder” which replaced the College of Physicians and Surgeons of BC “Methadone and Buprenorphine: Clinical Practice Guidelines for Opioid Use Disorder”. Our missed dose protocols have been updated to reflect the updated guidelines.

We understand the current regulations that restrict pharmacists from automatically adjusting doses; however, we feel the following guideline for missed doses is most sensible in the context of the current overdose crisis. We appreciate your ongoing dedication and compassion in caring for our mutual clients.

Methadone – Missed Doses

ONE to TWO CONSECUTIVE DAYS MISSED – No change in dose is required.

THREE to FOUR CONSECUTIVE DAYS MISSED – Recommend contacting the prescriber for directions. If the prescriber is unavailable, recommend administering 50% of the dose prescribed (reduced to a minimum of 30mg) and referring back to the prescriber for prompt re-assessment. Notify the prescribing office of the change so that a revised prescription reflecting the dose reduction can be directed to the pharmacy.

FIVE or MORE CONSECUTIVE DAYS MISSED – Methadone should be held until the patient has been re-assessed by a prescriber. The remainder of the prescription should be cancelled.

Sample missed dosing schedule from the BCCSU OUD treatment guidelines:

<u>Missed Days (consecutive)</u>	<u>Dose</u>	<u>Suggested Dose Adjustment</u>
1-2	Any dose	Same dose (no change)
	30 mg	Same dose (no change)
3-4	31-60 mg	Restart at 30 mg (lower dose if safety concerns)
	> 60 mg	Restart at 50% of previous dose
5 or more	Any dose	Restart at 5-30 mg (depending on tolerance)

Kelowna Mental Health & Substance Use
2nd Floor, 505 Doyle Ave
Kelowna BC V1Y 0C5
Bus: (250) 212-4589 **Fax:** (250) 868-7791

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Sustained-Release Oral Morphine (SROM) – Missed Doses

ONE DAY MISSED – No change in dose is required.

TWO CONSECUTIVE DAYS MISSED – Recommend contacting the prescriber for directions. If the prescriber is unavailable, recommend reducing the dose by 40% and referring back to the prescriber for prompt re-assessment. Notify the prescribing office of the change so that a revised prescription reflecting the dose reduction can be directed to the pharmacy.

THREE CONSECUTIVE DAYS MISSED – 60% reduction in dose.

FOUR CONSECUTIVE DAYS MISSED – 80% reduction in dose.

FIVE or more CONSECUTIVE DAYS MISSED - SROM should be held until the patient has been re-assessed by a prescriber. The remainder of the prescription should be cancelled.

Sample missed dosing schedule from the BCCSU treatment guidelines:

Number of missed days	Missed dosing schedule	
	Example prescribed dose = 200 mg	Example prescribed dose = 800 mg
1	200 mg	800 mg
2	120 mg (40% reduction)	480 mg (40% reduction)
3	80 mg (60% reduction)	320 mg (60% reduction)
4	40 mg or starting dose (e.g., 60 mg), whichever is higher (80% reduction)	160 mg (80% reduction)
5	Resume at initiation dose (e.g., 60 mg)	Resume at initiation dose (e.g., 60 mg)

Buprenorphine/Naloxone – Missed Doses

ONE to FOUR CONSECUTIVE DAYS MISSED – No change in dose is required.

FIVE or more CONSECUTIVE DAYS MISSED – Hold dose until the patient has been re-assessed by a prescriber. The remainder of the prescription should be cancelled.

*Note: If the patient has missed one or more doses of Buprenorphine/Naloxone and has resumed using illicit opiates, there is a risk of precipitated withdrawal with further Buprenorphine/Naloxone administration. In this circumstance, the dose may be held and the prescriber should be contacted to determine if a dose can be administered safely or if the patient needs to be re-assessed in office.

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Patient Receiving Take-Home Doses

Note: The above protocol also applies to patients receiving take-home doses. There is no need to automatically return the patient to daily-witnessed ingestion of their medication, but please notify the prescribing office of any missed pick-ups so the issue can be addressed.

Please contact the OAT clinic office should you have any questions or concerns about **the protocol** at 250-212-4589. For non-urgent matters pertaining to patient care please contact the prescribing physician's office. For URGENT matters that require immediate resolution, you may contact the OAT providers directly at the numbers listed below.

Kelowna OAT Clinic prescribers:

Insert names and contact numbers here

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