



CPHM Companion Document to the CPSM Standards of Practice for Prescribing Opioids and Benzodiazepines and Z-Drugs

Introduction

The College of Physicians and Surgeons of Manitoba (CPSM) [Standard of Practice for Prescribing Opioids](#) and the [Standard of Practice for Prescribing Benzodiazepines and Z-Drugs](#) came into effect on September 30, 2018, and November 1, 2020, respectively. The CPSM Opioid Standard excludes the treatment of active cancer pain, palliative care, end-of-life care, opioid replacement therapy, and opioid use disorder. The CPSM Benzodiazepine and Z-drugs Standard does not apply to the use of these drugs in the treatment of cancer, palliative and end-of-life patients, seizure disorders, bipolar spectrum disorders, psychotic disorders, and acute alcohol withdrawal.

Ensuring Patient Safety

Pharmacy professionals are responsible for and expected to deliver safe pharmacy care, in a patient centred manner. This includes ensuring patient safety is upheld as a core principle in all aspects of care.

In accordance with Section 83 of the Manitoba Pharmaceutical Regulation, pharmacists are accountable for practicing in a manner that ensures patient safety in the following areas:

Ensuring patient safety

83 Subject to any practice directions, a member must review each prescription and the patient's record and take appropriate action, if necessary, with respect to

- (a) appropriateness of drug therapy;
- (b) drug interactions;
- (c) allergies, adverse drug reactions and intolerances;
- (d) therapeutic duplication;
- (e) correct dosage, route, frequency and duration of administration and dosage form;
- (f) contraindicated drugs;
- (g) any other error in the prescription or potential drug therapy problem not mentioned in clauses (a) to (f);
- (h) a drug prescribed by a practitioner outside his or her authorized scope of practice; or
- (i) a drug that has not been prescribed consistent with standards of care and patient safety.

Although the [Standard of Practice for Prescribing Opioids](#) and the [Standard of Practice for Prescribing Benzodiazepines and Z-Drugs](#) are CPSM Standards, pharmacy staff must be familiar with the Standards and resources in their entirety and must adhere to these principles when dispensing these medications to ensure patient safety.

Medical evidence of the risk to benefit ratio of prescribing opioids and benzodiazepines and/or Z-drugs has altered over time, so prescribing and dispensing of these medications must be in accordance with current medical knowledge and sound professional judgement.

Continuing to prescribe and dispense opioids, benzodiazepines and/or Z-drugs, solely on the basis that they have been prescribed/dispensed that way previously is not acceptable.

Dispensing Intervals and Refills

As of September 30, 2018, patients can only receive prescriptions written for a maximum of up to three months, with dispensing to be authorized for no more than a one-month supply of any opioid. Pharmacists must ensure that the dose and duration of opioid prescriptions for patients who are being treated for acute or post-operative pain/analgesia are also appropriate. A dispensing interval must be noted on the prescription, and refills are not permitted.

As of November 1, 2020, prescriptions for benzodiazepines and/or Z-drugs can only be written for a maximum of three months, with dispensing to be authorized for no more than a one-month supply, unless it is for *infrequent* use. A dispensing interval must be noted on the prescription.

CPSM has confirmed the intent of the *infrequent use* exception is to permit patients who use VERY SMALL quantities of benzodiazepines or Z-drugs for flying or other rare occurrences, such as having a CT scan, to fill a SMALL supply of these medications for use over a longer period of time. Simply writing PRN on a prescription for a large quantity of these medications does not constitute *infrequent use* as intended by the Standard.

Patients already receiving these medications may need to be referred back to the prescriber for follow up if the directions for use or quantities to be filled need adjusting to accurately reflect how the patient is using the medication.

Dispensing Intervals for Remote Communities or Travelling

On an exceptional basis, prescriptions for opioids or benzodiazepines and/or Z-drugs may be authorized for a dispensing interval of up to three months for patients in remote communities or for travel, if the patient has been on a stable, long-term prescription. The exception must be noted on the prescription. This limit also applies to those patients who may leave the country

for longer than three months at a time (including “snowbirds”) – a maximum of three months’ supply of opioids, benzodiazepines or Z-drugs may be prescribed and dispensed at one time.

Patients should be reassessed before prescriptions for benzodiazepines and/or Z-drugs are refilled or before a new prescription for an opioid is issued. Long term use of opioids, benzodiazepines and/or Z-drugs must be supported by current clinical evidence.

Benzodiazepines, Z-Drugs and Opioids

Only in exceptional circumstances can multiple benzodiazepines and/or Z-drugs, or opioids and benzodiazepines/Z-drugs be prescribed together. A past patient history of receiving medication prescribed in this way is not an exceptional circumstance. If prescribers have not noted the exceptional circumstances on the prescription, the pharmacist must contact the prescriber to prevent delays in the patient receiving their medication.

Pharmacists should document, in the minimum required detail necessary, the individualized nature of the exceptional circumstance in the patient’s confidential record/profile and be confident in justifying the ongoing combination of benzodiazepines/Z-Drugs and/or opioids for their patient.

Prescriptions from Out-of-province Prescribers

Prescribers who are not licensed by CPSM are not bound by CPSM Standards and legislation. Pharmacists who receive a prescription for opioids, benzodiazepines and/or Z-drugs that do not meet the CPSM Standards must contact the prescriber to communicate that Standards are in effect in Manitoba that pharmacists are expected to adhere to and encourage the same standard of care for all patients to ensure safer prescribing. Pharmacists must contact the prescriber to discuss the patient’s care, while ensuring the patient receives their medication in a timely manner.

Ultimately it will require professional judgement, collaboration and understanding from all parties as to how these prescriptions are dispensed. Pharmacists must document these conversations and must ensure patient safety when dispensing any medication.

Collaboration

Prescribers and pharmacists must work collaboratively and respectfully in providing safe and effective patient care. Both the pharmacist and prescriber must educate patients on the rationale for, and importance of the new CPSM Standards. Helpful information in this regard can be found in the contextual information and resources published along with the Standards. These resources are available on CPSM’s webpage or by contacting CPSM directly. Pharmacists

and prescribers must communicate with patients about how the Standards will affect the dispensing of their opioid, benzodiazepine and/or Z-drug medications.

This is especially true when existing patients are affected by the new rules. Prescribers and pharmacists may need to discuss tapers as appropriate. Prescriptions may need to be altered or replaced and/or dispensing intervals adjusted, to meet the new Standard. Documentation of these conversations with prescribers and patients is key.

Pharmacy managers may wish to discuss strategy with their team members to ensure a consistent approach to these standards amongst all staff members.

CPSM has created a [Frequently Asked Questions Document](#) around the Standard of Practice for Prescribing Benzodiazepines & Z-Drugs to help patients understand the Standard's recommendations. Specifically, the FAQs address common questions about:

- The risks and harms associated with benzodiazepines and Z-drugs;
- Reasons to attempt a taper and common experiences with tapering; and
- The new limitations around prescriptions and dispensing.

While this FAQ document is patient-focused, prescribers and pharmacists may find it beneficial to review as it can be a resource for patient care.

Useful Resources for Clinical Use

In addition to the resources included in the CPSM documents, the following may also be helpful:

- 1) [Pharmacists Toolkit: Benzodiazepine Tapering](#) is a concise 13-page toolkit developed by the College of Psychiatric & Neurologic Pharmacists (CPNP) in the US for use by pharmacists.
- 2) [CADTH Evidence Bundle for Opioids](#) is a collection of CADTH's best evidence related to opioids around pain treatment; misuse/abuse, overdose and harms; opioid use disorder/addiction treatment and alternatives to opioids.
- 3) [Pharmacist's Virtual Communication Toolkit: Engaging in Effective Conversations About Opioids](#) is designed to provide pharmacists with communication tips and strategies for engaging in effective conversations with patients about opioids, as well as links to other resources and references to help them become more comfortable engaging with patients regarding opioids.

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