

Two Important New Federal Exemptions Applicable to Opioid Replacement Therapy

The College of Pharmacists of Manitoba (CPhM), the College of Physicians and Surgeons of Manitoba (CPSM), the College of Registered Nurses of Manitoba (CRNM), the College of Registered Psychiatric Nurses of Manitoba (CRPNM), and the College of Licensed Practical Nurses of Manitoba (CLPNM) have been in discussions with Health Canada around changes needed to federal legislation to facilitate access to opioid replacement therapy (ORT) in urban, rural and remote parts of Canada.

Based on input from these discussions and other feedback, two important federal exemptions came into effect on September 5th, 2018. The new exemptions along with helpful supplementary information can be found [here](#).

The new exemptions include “Subsection 56(1) Class Exemption for the Person in Charge of a Hospital and/or a Pharmacist who Supplies Controlled Substances to a Community Health Facility” and “Subsection 56(1) Class Exemption for Nurses providing Health Care at a Community Health Facility”.

Since these exemptions came into effect, the five colleges have had ongoing conversations and correspondence with Health Canada to clarify the intent of the new exemptions and how they will impact current interdisciplinary practice as it relates to opioid replacement therapy.

In a nutshell, these federal exemptions mean the following for Manitoba practitioners, subject to the terms and conditions of the exemptions:

- Persons in charge of a hospital and pharmacists may now supply controlled substances (including methadone and/or buprenorphine) to a community health facility.

This includes individually labelled, patient-specific doses as well as orders for clinic/ward stock.

- All nursing designations in Manitoba (RNs, LPNs and RPNs) may now receive controlled substances (including methadone and/or buprenorphine products) when they are providing health care at a community health facility.
- All nursing designations in Manitoba (RNs, LPNs and RPNs) may now provide and administer controlled substances when providing health care at a community health facility. This includes the witnessed administration of methadone and buprenorphine products used for opioid replacement therapy.
- When clinic stock (including clinic stock of methadone and/or buprenorphine) is ordered by an authorized prescriber at a community health facility, a nurse working at the community health facility and an authorized prescriber or pharmacist must both sign the order for clinic stock. This order may be a separate document accompanied by a valid M3P prescription (duplicate prescription) signed by an authorized prescriber, or the nurse and authorized prescriber may sign the M3P form itself.

Please review the exemptions and supplementary information carefully, noting all terms and conditions that apply to these exemptions.

The CPhM, CPSM, CRNM, CRPNM, and CLPNM are also developing a joint document to address requirements around the prescribing, safety, security and transfer of methadone and buprenorphine-naloxone for opioid replacement therapy to help provide more clarity for health care providers. More information will be provided as it becomes available.