



The new BC Centre on Substance Use/BC Ministry of Health Guideline for the Clinical Management of Opioid Use Disorder recommends that opioid agonist treatment with slow-release oral morphine—prescribed as once-daily witnessed doses—can be considered for patients who have not benefited from treatment with first- and second-line treatment options (i.e., buprenorphine/naloxone and methadone).

Slow-release oral morphine (24-hour formulation, brand name Kadian®)\* is approved in Canada for pain management, and there is a growing evidence base for its use in the treatment of opioid use disorder in patients who have not benefited from methadone or buprenorphine/naloxone.

- Although approved for clinical use in several European countries, in Canada, the use of slow-release oral morphine to treat patients with opioid use disorder is considered **off-label**, and requires careful review of risks and benefits, fully informed consent of the patient, and rigorous clinical documentation.
- When prescribing slow-release oral morphine for the treatment of opioid use disorder, careful assessment and monitoring is essential to optimize patient safety. Special care and precaution must be taken during dose induction and titration phases, and when managing missed doses.
- The Guideline recommends that in most cases, slow-release oral morphine should be prescribed as daily witnessed doses. Include specific instructions for pharmacy staff to open the capsule and sprinkle pellets into a medicine cup or onto soft food (applesauce, jam) for witnessed ingestion on every dispensation of the medication. Prescribers are encouraged to call and review these instructions for witnessed ingestion with the dispensing pharmacy.
- **Important Safety Notice: Pellets must be swallowed whole.** Crushing, chewing, or dissolving slow-release oral morphine pellets can cause rapid release and absorption of a potentially fatal dose of morphine sulphate.
- Refer to [Guideline Appendix 3 \(p. 49-52\)](#) for information on eligibility, pharmacology, administration, assessment and monitoring, induction and sample dosing schedules, missed doses, and stabilization. Refer to [Guideline Appendix 4 \(p. 55-56\)](#) for take-home dosing recommendations and strategies to reduce diversion.

- Online Resources for Clinicians**
- [Provincial Guideline for Clinical Management of Opioid Use Disorder](#)  
Provincial guideline for BC as of June 5, 2017
  - [Provincial Opioid Addiction Treatment Program](#)  
Slow-release oral morphine Module (available early July 2017)

**Rapid Access to Consultative Expertise (RACE) Line**

- The RACE line allows primary care practitioners to rapidly connect with and receive treatment advice from a specialist, often eliminating the need for a face-to-face specialist or emergency department referral. To connect with an Addiction Medicine specialist, call the RACE line (604.682.2344) or download the RACE app at [www.raceconnect.ca/race-app](http://www.raceconnect.ca/race-app)
- Primary care physicians may be eligible to receive CME “Linking Learning to Practice” credit for using RACE in patient care.
- Visit [www.raceconnect.ca](http://www.raceconnect.ca) for more information on how to implement RACE in your practice.

*\*Only the once-daily, 24-hour formulation of slow-release oral morphine 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 (brand name M-Eslon®), have not been empirically studied in this context and are not recommended for treatment of opioid use disorder.*

**FOR NEW PRESCRIBERS**

*New prescribers can consult with an experienced addiction medicine clinician or the Rapid Access to Consultative Expertise (RACE) line. Please see column at right for Resources and RACE line contact information. MSP billing codes are on the back of this bulletin.*



## Summary of Research Findings

- Clinical trials have found that slow-release oral morphine is as effective as methadone in reducing non-medical opioid use and retaining individuals in treatment, and superior to methadone in terms of overall treatment satisfaction and improvements in dysthymic symptoms
- For patients who are intolerant to or not responding well to methadone, research shows that the transition to slow-release oral morphine is well-tolerated and relatively easy, results in reduced withdrawal symptoms and cravings, and may lead to physical and psychological improvements
- Unlike methadone, slow-release oral morphine does not prolong the QTc interval, and may have **safety advantages** for treatment of patients with pre-existing or emergent cardiovascular risks (e.g., cardiac arrhythmia, Torsades de Pointes) or who are taking other medications known to prolong QTc (e.g., antipsychotics, antidepressants, antimicrobials)

## Recommended Education and Training Requirements for Prescribers

- The Guideline recommends that clinicians who wish to prescribe slow-release oral morphine for the treatment of opioid use disorder should hold a valid federal Section 56 Exemption from the *Controlled Drugs and Substances Act* to prescribe methadone, and/or have consulted with an addiction medicine specialist with experience prescribing slow-release oral morphine for the treatment of opioid use disorder.
- **Regardless of methadone exemption status, any care provider who does not have experience prescribing slow-release oral morphine for OUD should seek specialist consultation prior to initiating treatment.** This includes consultation with the Rapid Access to Consultative Expertise (RACE) line. See reverse for information on RACE.
- It is strongly recommended that all clinician prescribers complete the online slow-release oral morphine module of the Provincial Opioid Addiction Treatment Support Program, available online early July 2017.

## Writing Prescriptions for Slow-Release Oral Morphine for Opioid Agonist Treatment

- Prescriptions for slow-release oral morphine for treatment of opioid use disorder must be written on standard duplicate BC Controlled Prescription Forms. Additional guidance for writing slow-release oral morphine prescriptions is available on the [BCCSU website](#) and in [Guideline Appendix 3](#).
- As part of the CPSBC prescription monitoring process, starting June 5, 2017, there will be a new Product Identification Number (PIN) to be used by pharmacists to enter claims for each of the various dosing strengths of Kadian® slow-release oral morphine when used as opioid agonist treatment. Similar to methadone, the current Drug Identification Numbers (DINs) will be used by pharmacists for claims for analgesia, and the new PINs will be used for claims for Kadian® for OAT. For this reason, prescribers **must designate the indication of opioid agonist treatment or “OAT” on every prescription.**

## MSC Payment Schedule Information

*Billing codes for opioid agonist treatment are inclusive of treatment with slow-release oral morphine:*

T00039 Oral opioid agonist treatment .....	\$23.19/week
P15039 GP Point of Care (POC) testing for opioid agonist treatment.....	\$12.53/biweekly

*For full description of services covered under these fee items, including billing restrictions and the maximum number of billings per patient per year, please refer to the [Medical Services Commission Payment Schedule website](#).*

## BC PharmaCare and Non-Insured Health Benefits Plan Coverage for slow-release oral morphine

Kadian® slow-release oral morphine may be eligible for full coverage through BC PharmaCare [Under Plan C (Income Assistance), Plan G (Psychiatric Medications), and Fair PharmaCare plans] for use as OAT. Kadian® is also a regular benefit under most PharmaCare Drug Plans for use as analgesia.

Kadian® slow-release oral morphine is eligible for coverage under Health Canada’s Non-Insured Health Benefits (NIHB) Program as a limited use medication for the treatment of opioid use disorder, up to a maximum dose of 400mg/day. The NIHB will consider full coverage for daily doses exceeding 400mg if the prescribing clinician submits a clear clinical rationale that a higher dose is necessary to adequately treat the patient.

## Urine Drug Testing

Non-quantitative point-of-care (POC) urine drug tests cannot be used to rule out ongoing use of heroin or some prescription opioids (i.e., morphine) in patients treated with slow-release oral morphine.

Lifelabs® and other local or hospital laboratories may be able to perform mass spectrometry urine drug testing that can be used to distinguish between heroin, acetaminophen with codeine (Tylenol® #3) and prescribed slow-release oral morphine.

For more information on urine drug testing, see [Guideline Appendix 3](#).

