INTERIM CLINICAL RESOURCE

Interim Clinical Resource: Transition to Witnessed Dosing for Prescribed Alternatives

KEY MESSAGES

The BC Ministry of Health is refreshing the province's prescribed alternatives (PA) policy to require witnessed dosing of PA, in response to increasing reports of diversion of PA. This document is an interim clinical resource to support prescribers, pharmacists, and clients regarding changes to witnessed dosing requirements for PA opioids while written policy amendments are forthcoming. It is anticipated that once the policy is updated, additional clinical resources will be made available. The policy change **does not** apply to opioid agonist treatment, including take-home doses.

Although the announcement applies to all PA, this resource only applies to PA opioid medications. In short, this resource suggests the following interim approach:

- **For all new clients** (i.e., clients who are newly starting any prescribed opioid using the safer alternative [SA] flag[a] on the prescription)
  - Medications must be prescribed as witnessed consumption and be witnessed by a regulated health care provider
- **For all existing clients** (i.e., clients who have an existing prescription for prescribed opioids using the SA flag on the prescription)
  - Prescribers should immediately discuss alternative approaches to unwitnessed PA opioids with clients, which may include **safely** transitioning to witnessed dosing
  - If, in **extraordinary circumstances** and in the best clinical judgement of the prescriber, the client is objectively benefiting from PA opioid medications, and is carefully assessed and documented to have a very low risk of diversion by the prescriber and clinical judgement determines that transitioning away from unwitnessed doses presents a significant risk of destabilization, the care plan may include limited continuation of unwitnessed dosing for some clients during this interim period

a The SA flag is a non-public facing tag written on PA prescriptions to facilitate identification of PA prescriptions for monitoring and evaluation purposes. Prescribers should continue to write "SA" in the Directions for Use field of the BC Controlled Prescription Form when writing prescriptions for PA medications. When entering a prescription, pharmacists should continue to tag the prescription with the "SA" flag in the intervention code field.

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- Objective benefit and very low risk of diversion could be indicated by:
  - Consistent medication adherence and appointment attendance
  - Demonstrable improvements in health (e.g., reduced hospital visits, improved chronic disease management) and social stability (e.g., return to work, stable housing)
  - Regular urine drug tests positive for prescribed PA medication(s) and negative for unregulated substances
  - The BCCSU's 24/7 Line (778-945-7619) is available for discussion if assessment of benefit and risk of diversion is uncertain
- Significant risk of destabilization would be indicated by:
  - High risk of returning to unregulated opioid use and experience related harms, including drug toxicity death

» **For Indigenous Clients**

› Indigenous clients may be disproportionately impacted by this policy change, including higher rates of fatal and non-fatal opioid drug poisonings resulting from the ongoing impacts of colonialism, past negative experiences with health care, historical government policies that have taken away the rights of Indigenous people, and higher rates of rural and remote living

› Follow principles of cultural safety and humility when engaging with Indigenous clients in accordance with the BC Cultural Safety and Humility Standard and the Prescriber's College's practice standards on Indigenous Cultural Safety, Cultural Humility, and Anti-Racism (BC College of Nurses and Midwives, BC College of Physicians and Surgeons)

» Consult the BCCSU's 24/7 Line (778-945-7619) for case-based support

1.0 BACKGROUND

» On February 19, 2025, the Minister of Health announced revisions to the Prescribed Alternatives Program requiring witnessed dosing for all prescribed alternatives (PA):

› "*The Province is revising the Prescribed Alternatives Program to require that the consumption of all prescribed alternatives must be witnessed by health professionals, ensuring they are consumed by their intended recipient. This requirement will be implemented immediately for new patients. The Province will work with clinicians to transition existing patients to witnessed consumption as soon as possible, while ensuring continuity of care.*"

» To support the revised policy, the Ministry of Health asked the BCCSU to rapidly develop a resource to support transitioning clients to witnessed dosing; the BCCSU worked with each of the regional health authorities' addiction medicine leads, First Nations Health Authority (FHNA), people with lived and living experience, and other clinicians with expertise in substance use care to develop this document

- This document is an interim clinical resource, not a standard of care,[b] and aims to provide clarity on how to implement the announced policy direction while an updated written government policy is being developed. The updated government policy may require further adaptation of care plans.
- While the policy change applies to any substance prescribed as a prescribed alternative (including stimulants and benzodiazepines), this interim clinical resource is limited to opioids prescribed as PA only
- This interim clinical resource applies to **any opioid** that would receive the "SA" label when prescribing or filling a prescription
- Opioids prescribed for indications other than PA, including oral and injectable opioid agonist treatment (OAT, iOAT) and for palliative care or pain management are not affected by this change. An "SA flag" should not be used in these indications.
- Clients who meet take-home dosing criteria for OAT and currently receive take-home doses of OAT can continue receiving take-home doses. Clients who receive witnessed OAT dosing will continue to be eligible for take-home doses when considered appropriate by the prescriber. (See the BCCSU's *Guideline for the Clinical Management of Opioid Use Disorder (2023)* for guidance)
- If at any point decision making is unclear when transitioning a client from unwitnessed prescribed alternative doses to witnessed doses or another care plan, clinicians are encouraged to consult the BCCSU's 24/7 Line (778-945-7619) for case-based support

2.0 FOR PRESCRIBERS

Which PA medications does the revised policy apply to?

- Under the revised policy direction, the requirements for witnessed dosing apply to any medication that has received the "SA" flag on the prescription form to indicate the medication is being prescribed as an alternative to the unregulated toxic drug supply. This includes, but is not limited to:
  - Hydromorphone
  - Fentanyl tablets (Fentora)
  - Oxycodone[c]
  - Sustained release oral morphine (M-Eslon)
  - Fentanyl patch
  - Sufentanil

b Note: Standards of care are set by regulatory colleges and the BC provincial government. It is not within the scope of the BCCSU's functions to set standards of care.

c Note: Although the previous provincial policy direction and existing BCCSU guidance do not include oxycodone as PA, provincial data demonstrates a small but relatively consistent proportion of oxycodone prescribed as PA.

New Clients

How should I prescribe PA to new clients?

- All clients new to PA must be prescribed medications as witnessed consumption for each dose, according to the appropriate dosing schedule for the medication selected, including short-acting medications that may require multiple doses per day
  - For guidance on hydromorphone and M-Eslon prescribing, see the *Opioid Use Disorder Practice Update* (*Part 2*)
  - For guidance on fentanyl patch prescribing, see the *Fentanyl Patch Prescribed Safer Supply Protocol*
  - For guidance on fentanyl tablet prescribing, see the Fentanyl Tablet Prescribed Safer Supply Protocols (Maintenance and PRN)[d]
  - For guidance on sufentanil prescribing, see the *Sufentanil Prescribed Safer Supply Protocol*[c]
- There are no exceptions to this policy for new clients, including:
  - New clients who are receiving short-acting opioids as PA during OAT initiation if those prescriptions are written with the "SA" label

Existing Clients

How is an "existing client" defined under this policy?

- For the sake of this clinical resource, "existing client" is defined as having received a PA dispensation in the last 30 days
  - This definition is aligned with the definition of "recently engaged in OAT" used in studies investigating the cascade of care for opioid use disorder in BC[e]
- Prescribers may use clinical discretion to determine if an individual who was previously benefitting from PA should be considered an existing client when exceptional circumstances apply, such as a recent hospitalization or incarceration exceeding 30 days
- Check PharmaNet to determine if a client has received a PA dispensation in the last 30 days
- Note: Doses dispensed outside of BC will not be captured in PharmaNet. For individuals who have received PA outside of BC, the new prescriber should contact the previous prescriber to confirm
- Clients are still considered "existing clients" if they have missed doses in the past 30 days, as long as they have received 1 or more dispensations in the past 30 days

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d Prescribing fentanyl tablet and sufentanil as PA has always required witnessed dosing. This policy change does not affect the protocols for those medications.

e Piske M, Zhou H, Min JE, et al. The cascade of care for opioid use disorder: a retrospective study in British Columbia, Canada. *Addiction. 2020.*

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Are all existing clients required to be transitioned to witnessed dosing immediately?

- Discuss and initiate transition of existing PA clients to witnessed dosing or other care options as soon as possible without compromising the individual's health and safety. See Care Planning, below
- Rapid changes to prescriptions that may result in clients being unable to access PA medications are cautioned against due to the risk of destabilization
  - Transition planning should involve collaborative decision making between the prescriber and client
- In **extraordinary circumstances** and if the client has:
  - Documented objective benefit from receiving unwitnessed doses, AND
  - Risk of diversion is assessed to be very low, AND
  - Clinical judgment determines that transitioning away from unwitnessed doses presents a significant risk of destabilization

  the care plan may include limited continuation of unwitnessed doses to some clients during this interim period
- Assess objective benefit and very low risk of diversion, which could be indicated by:
  - Consistent medication adherence and appointment attendance
  - Improved health (e.g., reduced hospital visits, improved chronic disease management) and social stability (e.g., return to work, stable housing)
  - Regular urine drug tests positive for prescribed PA medication and negative for unregulated substances
    - Urine drug testing scheduling should done be in accordance with the relevant PA Protocols
  - The BCCSU's 24/7 Line (778-945-7619) is available for discussion if assessment of benefit and risk of diversion is uncertain
- A high-risk of destabilization includes, but is not limited to:
  - High risk of returning to unregulated opioid use and experiencing related harms, including drug toxicity death
- Implement strategies that support safety and limit diversion such as:
  - Second prescriber review
  - Daily dispensation (which may include first dose witnessed)
  - More frequent follow up visits (in-person or virtual)
  - As with other medications[f] involve reliable family and friends in dispensing medication (e.g., family member stores medication in a lock box and dispenses the doses), with client consent

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f For example, individuals at high risk of severe alcohol withdrawal complications should receive benzodiazepines in inpatient settings, but if inpatient care is unavailable, outpatient management with support from family and friends may be considered.

Are there care considerations I should be aware of when providing care to Indigenous people?

- Indigenous clients may be disproportionately impacted by this policy change for a number of reasons, including higher rates of fatal and non-fatal opioid drug poisonings resulting from the ongoing impacts of colonialism, past negative experiences with health care, historical government policies that have taken away the rights of Indigenous people, and higher rates of rural and remote living
- Follow principles of cultural safety and humility when engaging with Indigenous clients in accordance with the BC Cultural Safety and Humility Standard

Are there specific care considerations for people living in rural and remote settings?

- Consider travel requirements for witnessed consumption, and consider alternatives to daily trips to pharmacy, including:
  - Working with local health centres or nursing stations to support witnessed dosing
- Transitioning to a care plan that requires less frequent dosing (see "Alternative Options," below)
- In exceptional circumstances, when appropriate (see "Are all existing clients required to be transitioned to witnessed dosing immediately?" above), for individuals taking multiple doses per day, consider a witnessed first dose and take-home dosing for the other doses during this interim period, as individuals may have to travel an hour or more to access their pharmacy

Care Planning

How should I talk about this change with new or existing clients?

- Explain the new policy direction and provide reassurance that you will work together to develop a plan that will support them to stay as safe as possible
- Assess and document:
  - Current use of PA medications and unregulated drugs, including risks (e.g., diversion, drug poisoning), benefits, client preference, and safety
  - Goals regarding the client's substance use and general health
  - Potential impacts of transitioning the client to witnessed dosing (e.g., destabilization including risk of leaving PA program and increasing reliance on toxic unregulated drug supply, loss of employment, travel to pharmacy)
- Explore whether your client is interested in any additional psychosocial, cultural, or treatment and recovery support at this time and make referrals as appropriate
- Provide routine follow up visits during the transition phase to monitor progress and revisit the care plan frequently
- Explain and offer alternative care options to the client (see "What Alternative Care Options are Available?", below)

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What alternative care options are available for new and existing clients?

Initiate new clients or transition existing clients to alternative care options, such as:

- Start OAT or increase their existing OAT dose
- Transition to witnessed PA doses
- Offer referrals to other substance use treatment options (e.g., inpatient treatment), psychosocial supports (e.g., counselling), social supports (e.g., housing), cultural supports (e.g., Elders), and peer supports as appropriate
- Trial fentanyl patch as PA, if available and appropriate
- Taper or discontinue the PA dose
- Provide harm reduction education, supplies, and referrals

How do I transition a new or existing client to OAT?

- For clients who are not currently interested in OAT, employ evidence-based approaches to revisit the option of OAT with clients as appropriate, including:
  - Motivational interviewing
  - Case examples
  - Peer supports
  - Contingency management
- For clients who are interested in OAT, discuss the risks and benefits, including take-home dosing criteria and limitations, of each OAT option to support shared decision-making
  - Detailed guidance on OAT medication selection and treatment initiation is provided in Appendix 3 of the BCCSU's *Guideline for the Clinical Management of Opioid Use Disorder (2023)*
- Clinicians are encouraged to consult the BCCSU's 24/7 Line (778-945-7619) to discuss care plans for clients who may benefit from a co-prescription of a full agonist during OAT titration
- Referral to an iOAT program, where available, may be appropriate for individuals who inject opioids and are eligible and interested

How do I start new clients or transition existing clients to witnessed dosing of PA that are provided in an oral dosage form (e.g., hydromorphone, oxycodone, fentanyl tablets, M-Eslon)

- Consider the individual's preferred route of consumption
- Pharmacies do not currently have the capacity nor infrastructure to witness inhalation, injection, or insufflation. Only oral consumption can be witnessed in pharmacies
- Transition clients to longer-acting PA medications to reduce the number of witnessed doses required per day, if the client is interested

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- Connect with regional substance use services, FHNA teams, or First Nations health service organizations to explore any available options to support witnessed dosing outside of pharmacy-based witnessing. For example, health centre or nursing stations in Indigenous communities, outreach nursing teams, overdose prevention or supervised consumption services, and complex care facilities may be able to support witnessing additional modes of consumption, depending on capacity
- Communicate with local pharmacies or pharmacy managers to determine whether they have capacity to support multiple oral daily witnessed doses, as some pharmacies may lack the resources to provide this service
  - If the client's pharmacy cannot support multiple oral daily witnessed doses, discuss transition to alternative care options
- Plan for pharmacy closures (e.g., weekends, evenings, holidays) and create contingency plans (e.g., utilize alternative witnessing strategies like a nursing station, if available) to support clients in maintaining uninterrupted access to medications
- Clients may miss doses or discontinue PA medication while starting or adjusting to the requirement of multiple daily witnessed doses. Offering long-acting medications (e.g., OAT) in addition to short-acting opioids can help manage withdrawal symptoms and cravings resulting from possible missed PA doses

I have an existing client who has received M-Eslon as OAT following a Kadian shortage. Is this also subject to the PA witnessing requirements?

- Sustained-release oral morphine (M-Eslon) is not considered OAT in BC as it does not have a sufficient body of evidence supporting its safety and efficacy as OAT
- Sustained-release oral morphine prescribed as an alternative to slow-release oral morphine (SROM; brand name Kadian), in the absence of an SROM shortage, must adhere to the updated PA policy
  - In the event of an SROM shortage in which rotation to M-Eslon is recommended, temporary M-Eslon prescriptions for SROM clients do not need to adhere to the PA policy and prescribing should adhere as best as possible to OAT standard practices during this period
- Rotate back to SROM, if twice-daily witnessed dosing of M-Eslon is not feasible and the client is interested (See BCCSU's *OUD Guideline* for guidance on prescribing SROM)
- If the client is not interested in rotating back to SROM, explore other long-acting opioid options with the client (i.e., sublingual or extended-release injectable buprenorphine, methadone, fentanyl patch)

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How do I start a new client or transition an existing client to fentanyl patch?

» Use of the fentanyl patch is only appropriate if the person has a known fentanyl tolerance. It should not be prescribed for a person who was using other non-fentanyl opioids such as lower-potency opioid tablets. Consult the BCCSU's Fentanyl Patch Protocol for detailed guidance.

» Fentanyl patches are administered every 2–3 days. This may make fentanyl patches a favourable, less disruptive alternative for some individuals who find the requirement of multiple daily witnessed doses difficult or unfeasible

» Prior to prescribing fentanyl patches, assess, discuss and offer OAT

» For clients who are not interested in initiating OAT, discuss the characteristics, side-effects, risks, and benefits of transitioning to fentanyl patch, including that fentanyl patch as an alternative to unregulated opioids is off-label due to the lack of sufficient evidence on safety or effectiveness at this time

» Consult the BCCSU's Fentanyl Patch Protocol for detailed guidance on eligibility assessment, prescription, titration, and diversion and/or consult the BCCSU's 24/7 Line (778-945-7619) for support

» Witnessing may include patch application and removal by the client that is observed by the health care provider, or patch application and removal by the health care provider

» All used patches must be counted and safely destroyed by a health care provider following regional health authority or organizational processes

» In exceptional circumstances and where clinical judgment deems appropriate (e.g., rural or remote settings with very low risk of diversion), fentanyl patch exchanges, in which the client removes their fentanyl patch without being observed and returns the intact patch to the health care provider and is then dispensed a new fentanyl patch without being observed, are acceptable

My client is discontinuing PA. How do I taper and discontinue prescribed alternatives?

» Individuals who discontinue PA and are not co-prescribed or transitioned to long-acting medications such as OAT or fentanyl patch are at high risk of returning to unregulated opioid use and experiencing related harms, including drug toxicity death. Discontinuation of PA medication without transition to alternative pharmacological options should be viewed as a last resort

» Discuss and document the risks of medication discontinuation (e.g., drug poisoning if returning to the unregulated supply) with clients and encourage transition to alternative options

» If indicated, increase the OAT dose for clients who have been receiving both OAT and PA as PA is discontinued, in order to address cravings and withdrawal symptoms

- Clients who expressly wish to discontinue PA without transition to OAT or other medication options should be offered a gradual taper in order to manage withdrawal symptoms and cravings and reduce the risk of subsequent drug poisoning
  - Tapering doses of PA for existing clients do not need to be witnessed
  - Remind clients that if PA is tapered and discontinued, the client is considered a new client once more than 30 days without a PA dispensation have passed
  - Clients who report they have not been using their prescribed medication do not need a taper
- Offer non-opioid adjuncts (e.g., clonidine, loperamide, ibuprofen) to alleviate withdrawal symptoms if needed
  - These medications are covered under PharmaCare Plan W (First Nations Health Benefits) for eligible First Nations clients
- Provide information and referrals to other available substance use services and supports, such as harm reduction education and supplies, overdose prevention and supervised consumption services, drug checking, withdrawal management, and treatment and recovery services that are available locally
- Consult the BCCSU's 24/7 Line (778-945-7619) or local or regional addiction medicine supports for client-specific advice on tapering schedules

Prescribing Considerations

Who can witness a PA dose?

- Witnessing must be performed by a regulated health professional, such as a physician, nurse practitioner, nurse,[g] pharmacist, or social worker

Do I continue to use the SA flag on PA prescriptions?

- All medications prescribed as PA should continue to receive the SA flag in the "Directions for Use" box on the prescription form

What if I had previously flagged opioid prescriptions for the sole purpose of pain management with "SA"?

- Only medications prescribed as PA should be flagged with SA on the prescription form
- If opioid medications were prescribed for pain management and not as PA, it should not receive the SA flag

What if I had previously flagged OAT medications as SA?

- Only medications prescribed as PA should be flagged with SA on the prescription form
- If an OAT medication is prescribed for treatment of opioid use disorder, it should not receive the SA flag
- If an OAT medication is prescribed to reduce reliance on the unregulated supply and not as treatment for opioid use disorder, it should receive the SA flag

g Registered nurse (RN), registered psychiatric nurse (RPN), or licensed practical nurse (LPN)

How should I communicate care plans with the pharmacy?

- The ability to provide witnessed dosing of PA medications will depend on individual pharmacies
- Some pharmacies may be able to support clients and provide multiple witnessed doses per day
- Communicate with the pharmacy as you would with any other prescription requiring communication

3.0 FOR PHARMACISTS

How can I support conversations around witnessing PA for new and existing clients?

- Communicate with prescribers about the capacity to support multiple oral daily witnessed doses or fentanyl patch changes, as some pharmacies may lack the resources to provide these services
- Plan for pharmacy closures (e.g., weekends, holidays) and create contingency plans (e.g., temporarily transfer prescription to another pharmacy) with prescribers and clients to support clients in maintaining uninterrupted access to medications
- Explain the new policy direction and provide reassurance that you will work with them and continue the communication with the prescriber to support them to stay as safe as possible
- It is important to understand that this policy change may cause distress for existing clients who have been benefitting from receiving unwitnessed doses of PA medications
  - Recognize that this change may be destabilizing and clients may express a variety of emotions
- If you are unable to provide multiple daily witnessed doses or fentanyl patch changes, explain this and encourage your client to explore other options with their prescriber (see "What alternative care options are available?" above)
- Offer harm reduction education and supplies and enquire whether they are interested in information regarding additional psychosocial supports or consult the BCCSU's 24/7 Line (778-945-7619) for support

How do I dispense medications to new and existing PA clients?

- For new clients:
  - All dispensations must be witnessed
- For existing clients:
  - The "Directions for Use" section of the prescription form should include instructions for witnessing. If, in the clinical judgement of the prescriber, the transition to witnessed consumption may be too destabilizing, the prescriber may choose to continue to prescribe unwitnessed doses for existing clients during this interim period
  - If the prescription does not include instructions for witnessed or non-witnessed doses, contact the prescriber

How do I dispense fentanyl patch to clients?

- Fentanyl patch change instructions must be noted by the prescriber on the prescription form
- If no instructions are written, contact the prescriber
- Consult the BCCSU's Fentanyl Patch Protocol for detailed guidance (see Section 2.2 Pharmacist-led Medication Administration) or consult the BCCSU's 24/7 Line (778-945-7619) for support

How should I communicate with prescribers?

- If you receive a prescription for multiple daily witnessed PA doses per day and are unable to dispense the prescription as written, contact the prescriber as you would with any other prescription requiring communication
- If you have multiple clients receiving PA prescribed by the same prescriber or clinic, it may be helpful to proactively contact the prescriber or clinic to inform them whether you are able to support multiple daily witnessed doses

Do I need to use the "SA" code in PharmaNet?

- Pharmacists should continue to tag prescriptions with the "SA" intervention code when submitting to PharmaNet, if indicated on the prescription

I have additional questions about pharmacy practice that are not answered here.

- If further information is required, please consult the College of Pharmacists of BC

4.0 RESOURCES

Consultation

- 24/7 Addiction Medicine Clinician Support Line 778-945-7619
  - Available to physicians, nurse practitioners, nurses, midwives, and pharmacists who are involved in addiction and substance use care and treatment in BC, 24 hours a day, 7 days a week
- Rapid Access to Consultative Expertise (RACE)
  - Online application where primary care providers (physicians and nurse practitioners) can receive specialist advice

Patient Resources

Service	Region	How to Access	Notes
Opioid Treatment Access Line	Province-wide	Website 1-833-804-8111	People w/ OUD can access care, including receiving prescriptions for OAT
First Nations Virtual Doctor of the Day	Province-wide	Website 1-855-344-3800	Virtual appointments available to all First Nations people and their families living in BC
FNHA Mental Health and Substance Use	Province-wide	Website	
Fraser East Rapid Access Addiction Clinic	Fraser	» Abbotsford ACT Building » Chilliwack General Hospital » Mission Mental Health and Substance Use Centre	
Fraser North Rapid Access Addiction Clinic	Fraser	Mental Health and Substance Use Wellness Centre, Royal Columbian Hospital, New Westminster	
Fraser South Rapid Access Addiction Clinic	Fraser	Creekside Withdrawal Management Centre, Surrey	
Interior Health Virtual Addiction Medicine	Interior	Website	
Island Health Rapid Access Addiction Clinic	Island	Website	
Northern Health Virtual Substance Use Clinic	Northern	Website 1-844-645-7811	
Vancouver Coastal Health Lighthouse Virtual Substance Use Care Clinic	Vancouver Coastal	Website 604-806-8223 1-877-842-8884 (toll-free)	
Providence Health Care Rapid Access Addiction Clinic	Vancouver Coastal	Website 604-806-8867	