BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

CLINICAL BULLETIN

Updated Prescribed Alternatives Policy — Implications for Clinical Practice

December 2025

LAND ACKNOWLEDGEMENT

The BC Centre on Substance Use acknowledges with respect and gratitude that the land on which it is situated is the unceded, traditional territories of the xʷməθkwəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlílw̓ətaɬ (Tsleil-Waututh) Nations. Although the physical offices of the BCCSU are on the lands of xʷməθkwəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlílw̓ətaɬ (Tsleil-Waututh), the collective work of our staff, trainees, faculty, and partners has provincial reach, including the over 200 unique First Nations communities in BC. We also acknowledge the disproportionate and unjust impacts of the toxic drug crisis on First Nations, Métis, and Inuit people in BC.

Note: The provincial policy linked in this document sets out a provincial policy for prescribed alternatives. As with all clinical care, individual prescribing is the responsibility of the prescriber in accordance with the applicable regulations set forth by the College of Physicians and Surgeons of BC or the BC College of Nurses and Midwives.

Neither the government policy nor this document (BCCSU Bulletin) constitutes a standard of care or practice standard from the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, or the BC College of Nurses and Midwives. Please refer to your regulatory college for standards applicable to the prescribing of prescribed alternatives.

1.0 BACKGROUND

Following its February 2025 announcement of revisions to BC's Prescribed Alternatives Program to require witnessed dosing for all prescribed alternatives (PA), the BC Ministry of Health has released an updated policy direction, *Access to Prescribed Alternatives in British Columbia*, which:

> *Provides a structured framework to support health authorities, clinics, and clinicians across BC in planning and delivering PA-related services that are consistent, safe for individuals accessing the services and public.*

The policy includes directives on:

- Classes of medication the policy applies to
- Eligibility criteria for PA
- Witnessing requirements
- Specific exceptional circumstances in which an exemption to witnessing may be appropriate
- Implementation timeline (when all patients are expected to be fully transitioned to the witnessed model of PA [including fully witnessed dosing and/or exemptions to witnessed dosing])
- Who can prescribe PA medications
- The use of intervention codes for prescribers and dispensing pharmacists
- Evaluation and monitoring
- Additional supports
- Health authority program requirements
- Care approach
- Culturally safe care
- Compliance and oversight: Roles and responsibilities, policy monitoring and evaluation, and compliance mechanisms

Consult the updated policy direction for information on the above matters.

This bulletin was developed, at the Ministry of Health's direction, to support the interpretation of the policy by prescribers and pharmacists by answering clinical questions not directly answered in the policy.

This bulletin was reviewed by physicians, pharmacists, registered nurses, and people with lived and living experience, who provided feedback on the clinical questions and answers provided in this bulletin that are not directly answered by the policy itself.

2.0 FOR PRESCRIBERS

Witnessed Dosing Requirements

Are all doses required to be witnessed under this policy for individuals who do not meet exemption criteria?

Under this policy, the full dose must be witnessed, unless the individual meets the exemption criteria outlined in the policy. A partial dose cannot be carried following the witnessing of a partial dose.

Do doses have to be witnessed in a pharmacy?

Doses of PA must be witnessed in person by a health professional. They may be witnessed in a variety of care settings, including PA programs, clinics, and community pharmacies.

Are there specific care considerations for people living in rural and remote settings who do not meet the exemption criteria outlined in the policy?

- For those who do not meet exemption criteria, consider the following:
  - Transitioning to a care plan that requires less frequent dosing (see "What care options are available for individuals currently receiving unwitnessed PA doses who do not meet eligibility criteria?," below)
  - Utilizing flexible approaches to accommodate witnessed consumption for individuals who do not have or cannot access a pharmacy in their community (for example, if they have been banned), such as working with local community-based services to support witnessed dosing

Care Planning

How should I talk about this policy change with patients?

- Explain the updated policy direction to the individual and provide reassurance that you will work together to develop a plan that will support them to stay as safe as possible
- For individuals currently receiving unwitnessed PA doses, assess and document:
  - Current use of PA medications and unregulated drugs, including risks (e.g., diversion, drug poisoning), benefits, patient preference, and safety
  - Goals regarding the individual's substance use and general health
  - Whether they meet exemption criteria (see Policy)
- Explore whether your patient is interested in any additional psychosocial, cultural, or treatment and recovery support at this time and make referrals as appropriate
- For individuals currently receiving unwitnessed PA doses who do not meet exemption criteria, explain and offer alternative care options to the individual (see "What care options are available for individuals currently receiving unwitnessed PA doses who do not meet eligibility criteria?," below)

The policy states that patients who have achieved clinical stability and meet certain requirements may be eligible for unwitnessed dosing. How is clinical stability assessed?

- Indications of clinical stability may include[a]:
  - Appropriate urine drug testing results (i.e., positive for prescribed PA medication)
  - Absence of unstable psychiatric comorbidities (e.g., psychosis, suicidality)
  - Absence of severe behavioural issues at the clinic
  - Absence of severe sedation
  - Absence of high-risk or uncontrolled substance use patterns that cause frequent drug poisonings, blackouts, or hospitalizations
  - Ability to safely store medication
  - Ability to keep appointments and manage medication
- In addition to clinical stability and the eligibility requirements outlined in the policy, evidence of benefit should inform clinical decision-making regarding take-home doses

a Note: These criteria are based on criteria included in the *Guideline for the Clinical Management of Opioid Use Disorder (2023)* for eligibility for take-home doses of opioid agonist treatment (OAT). Given the lack of PA-specific evidence and expert consensus, it may be appropriate to look to defined best practices for OAT to guide care, when appropriate.

What care options are available for individuals currently receiving unwitnessed PA doses who do not meet the exemption criteria outlined in the policy?

- Transition existing patients to alternative care options, such as:
  - Start OAT or increase 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 (see the BCCSU's Fentanyl Patch Protocol)
- Taper or discontinue the PA dose
- Provide harm reduction education, supplies, and referrals

How do I transition an existing patient to OAT?

- For individuals who are not currently interested in OAT, employ evidence-based approaches to revisit the option of OAT with them as appropriate, including:
  - Motivational interviewing
  - Case examples
  - Peer supports
  - Contingency management
- For individuals 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)*
- For individuals who may benefit from a co-prescription of a full agonist during OAT titration
  - See the Policy for information on witnessing requirements
  - Consider consulting the BCCSU's 24/7 Line (778-945-7619) to discuss care plans
- Referral to an injectable OAT program, where available, may be appropriate for individuals who inject opioids and are eligible and interested

How do I transition existing patients to witnessed dosing of PA that is provided in an oral dosage form (e.g., hydromorphone, oxycodone, fentanyl tablets, M-Eslon)?

- Consider the individual's preferred route of consumption
  - Pharmacies currently have neither the capacity nor the infrastructure to witness inhalation, injection, or insufflation. Only oral consumption can be witnessed in pharmacies
  - Transition individuals to longer-acting PA medications to reduce the number of witnessed doses required per day, if the patient is interested
  - Connect with regional substance use services, First Nations Health Authority (FNHA) 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 by a health professional, depending on capacity
- Proactively 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
  - Multiple oral daily witnessed doses across a pharmacy's roster of patients requires significant resources and workflow modifications to properly implement
  - If the patient'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 community-based services to provide alternative witnessing strategies, if available) to support individuals in maintaining uninterrupted access to medications
- Patients 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 patient who has received M-Eslon as OAT following a Kadian shortage. Is this also subject to the PA witnessing requirements outlined in the policy?

- 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
- M-Eslon 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 patients 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 patient is interested (See BCCSU's *Guideline for the Clinical Management of Opioid Use Disorder (2023)* for guidance on prescribing SROM)
- If the individual is not interested in rotating back to SROM, explore other long-acting opioid options with the individual (i.e., sublingual or extended-release injectable buprenorphine, methadone, fentanyl patch)

My patient 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 patients and encourage transition to alternative options
- If indicated, increase the OAT dose for people who have been receiving both OAT and PA as PA is discontinued, in order to address cravings and withdrawal symptoms
- Individuals 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 patients does not need to be witnessed if it is completed by December 29, 2025
  - Patients 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 FNHA patients
  - Clonidine is covered under PharmaCare Plans B, F, G, I, and C
  - Ibuprofen is covered under PharmaCare Plans B, C, F, I, and P
- 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, as well as services for any co-occurring conditions such as chronic pain or mental health
- Consult the BCCSU's 24/7 Line (778-945-7619) or local or regional addiction medicine supports for patient-specific advice on tapering schedules

Prescribing Considerations

What if I had previously flagged opioid prescriptions for OAT or 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
  - If an OAT medication is prescribed for treatment of opioid use disorder, it should not receive the SA flag

Do I use the SA flag if I am prescribing stimulants as an emerging treatment approach for stimulant use disorder?

- Only medications prescribed as PA should be flagged with SA on the prescription form
  - See the BCCSU's *Stimulant Use Disorder: Practice Update* for information on prescribing stimulants as PA
- If a medication is prescribed for the treatment of stimulant use disorder,[b] it should not receive the SA flag
- Consult the BCCSU's 24/7 Line (778-945-7619) if needed for care planning

Do I use the SA flag if I am prescribing benzodiazepines as a long taper for someone with benzodiazepine dependence or benzodiazepine use disorder?

- Only medications prescribed as PA should be flagged with SA on the prescription form
- Medications used as a treatment or taper for benzodiazepine dependence or use disorder should not receive the SA flag

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 patients and provide multiple witnessed doses per day
- Communicate with the pharmacy as you would with any other prescription requiring communication

b The *American Society of Addiction Medicine and American Academy of Addiction Psychiatry Clinical Practice Guideline on the Management of Stimulant Use Disorder* endorses the prescription of stimulants to treat stimulant use disorder. However, no pharmacotherapy has been approved by Health Canada for treatment of stimulant use disorder.

3.0 FOR PHARMACISTS

How can I support conversations around the updated policy direction with patients?

- Communicate with prescribers about the capacity to support multiple oral daily witnessed doses or fentanyl patch changes or exchange, 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 that will be open and able to support or utilize other community-based services for witnessing) with prescribers and patients to support individuals in maintaining uninterrupted access to medications
- Explain the new policy direction and provide reassurance that you will work with the patient and continue the communication with the prescriber to support the individual to stay as safe as possible
- It is important to understand that this policy change may cause distress for existing patients who have been benefitting from receiving unwitnessed doses of PA medications and do not meet exemption criteria
  - Recognize that this change may be destabilizing and patients may express a variety of emotions
- If you are unable to provide multiple daily witnessed doses or fentanyl patch exchanges:
  - Consider communicating with other local pharmacies to determine if they are able to offer multiple daily witnessed PA doses and refer individuals to these pharmacies accordingly
    OR
  - Explain that you are unable to provide multiple daily witnessed doses and encourage your patient to explore other options with their prescriber (see "What care options are available for individuals currently receiving unwitnessed PA doses who do not meet the exemption criteria outlined in the policy?" 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

Where can I find information on fentanyl patches?

- The BCCSU's Fentanyl Patch Protocol provides information on fentanyl patches, including:
  - Pharmacist-led medication administration
  - Application and removal
  - Site rotation
  - Missed doses
- Additional resources include:
  - College of Pharmacists of BC's Safe Disposal of Fentanyl Patches
  - Alberta Health Services' Opioid Patch Handling

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 patients 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

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

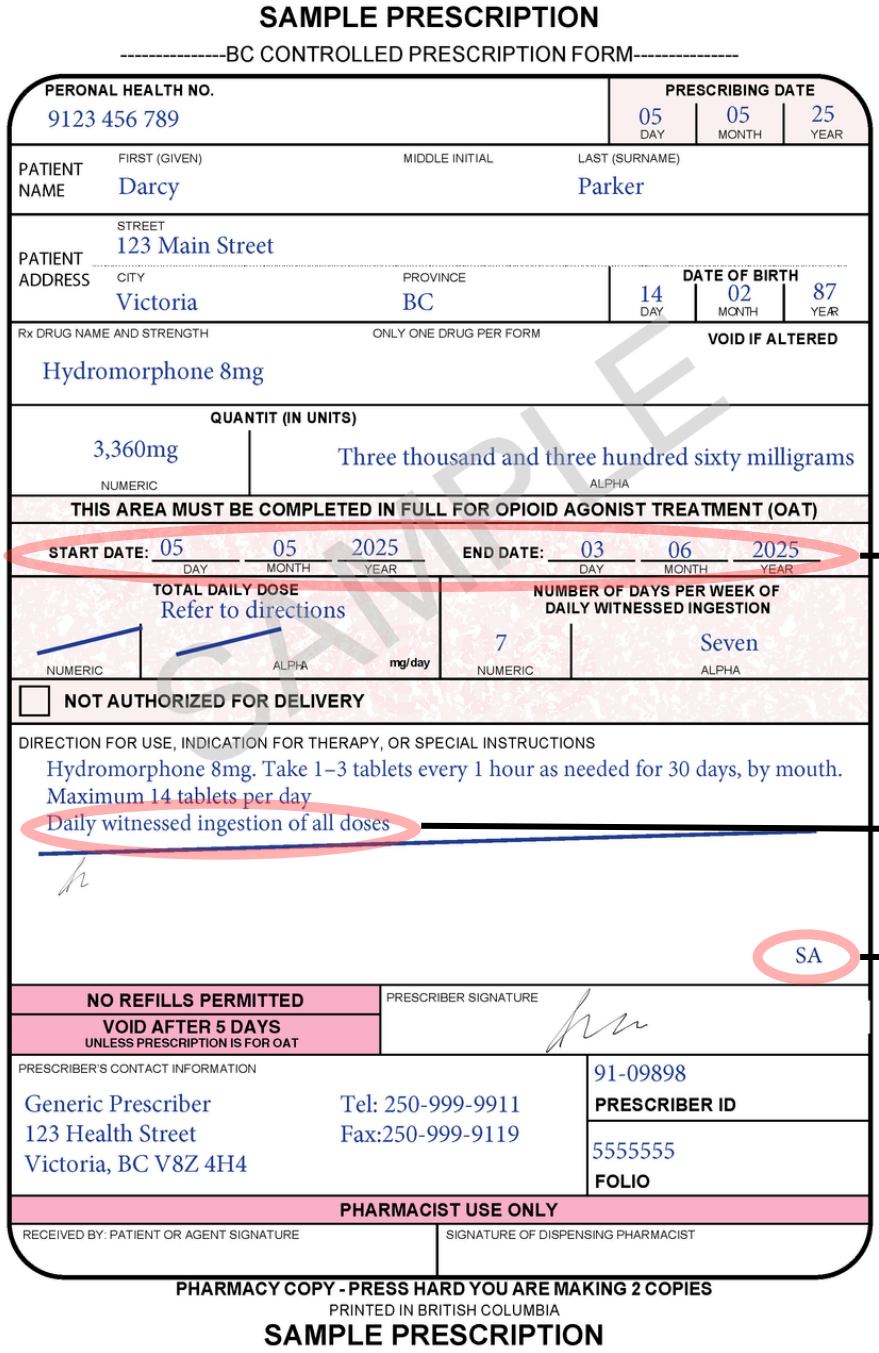
Protocols and Guidance

Alignment with this updated policy direction may require changes to established care plans. The following BCCSU resources can be consulted to support care plan changes.

- *Guideline for the Clinical Management of Opioid Use Disorder (2023)*
- Opioid Use Disorder Practice Update (Part 2)
- Fentanyl Patch Protocol
- Fentanyl Tablet Protocols (Maintenance and PRN Dosing)
- Sufentanil Protocol
- Stimulant Use Disorder Practice Update (Part 2)

Appendix

This is a sample Controlled Prescription Program form for hydromorphone prescribed as PA. When completing this prescription, prescribers should indicate the number of doses that should be witnessed and include the "SA" code in the directions for use field. Prescribers may complete the start date and end date range, but this is not required for the prescription to be filled. For all PA prescriptions, prescribers are encouraged to proactively communicate with pharmacies to determine the feasibility of the witnessing schedule and requirements before issuing the prescription to the patient.



SAMPLE PRESCRIPTION

----------BC CONTROLLED PRESCRIPTION FORM----------

PERONAL HEALTH NO.: 9123 456 789

PRESCRIBING DATE: 05 (DAY) 05 (MONTH) 25 (YEAR)

PATIENT NAME: FIRST (GIVEN) Darcy; MIDDLE INITIAL; LAST (SURNAME) Parker

PATIENT ADDRESS: STREET 123 Main Street; CITY Victoria; PROVINCE BC

DATE OF BIRTH: 14 (DAY) 02 (MONTH) 87 (YEAR)

Rx DRUG NAME AND STRENGTH: Hydromorphone 8mg

ONLY ONE DRUG PER FORM

VOID IF ALTERED

QUANTIT (IN UNITS): 3,360mg (NUMERIC); Three thousand and three hundred sixty milligrams (ALPHA)

THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)

START DATE: 05 (DAY) 05 (MONTH) 2025 (YEAR)

END DATE: 03 (DAY) 06 (MONTH) 2025 (YEAR)

TOTAL DAILY DOSE: Refer to directions (NUMERIC / ALPHA) mg/day

NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION: 7 (NUMERIC); Seven (ALPHA)

☐ NOT AUTHORIZED FOR DELIVERY

DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS

Hydromorphone 8mg. Take 1–3 tablets every 1 hour as needed for 30 days, by mouth.
Maximum 14 tablets per day
Daily witnessed ingestion of all doses

SA

NO REFILLS PERMITTED

VOID AFTER 5 DAYS
UNLESS PRESCRIPTION IS FOR OAT

PRESCRIBER SIGNATURE

PRESCRIBER'S CONTACT INFORMATION

Generic Prescriber
123 Health Street
Victoria, BC V8Z 4H4
Tel: 250-999-9911
Fax:250-999-9119

91-09898
PRESCRIBER ID

5555555
FOLIO

PHARMACIST USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE

SIGNATURE OF DISPENSING PHARMACIST

PHARMACY COPY - PRESS HARD YOU ARE MAKING 2 COPIES
PRINTED IN BRITISH COLUMBIA

SAMPLE PRESCRIPTION

This field may be completed by prescribers, but completion is not mandatory

Explicitly state number of witnessed doses (in this case, all doses witnessed)

Must include "SA" code

This is a sample Controlled Prescription Program form for M-Eslon prescribed as PA. When completing this prescription, prescribers should indicate the number of doses that should be witnessed and include the "SA" code in the directions for use field. Prescribers may complete the start date and end date range, but this is not required for the prescription to be filled. For all PA prescriptions, prescribers are encouraged to proactively communicate with pharmacies to determine the feasibility of the witnessing schedule and requirements before issuing the prescription to the patient.