
Standards of Practice of the Yukon Medical Council (“the Council”) are the minimum standards of professional behavior and ethical conduct expected of all physicians registered in the Yukon. Standards of Practice will be referenced in the management of complaints and in discipline.

1. Background

Opioid agonist treatment (OAT) is a medical treatment prescribed to treat opioid use disorder (OUD). OAT provides a safe and controlled harm reduction and monitoring system for patients who seek to reduce or cease drug use. OAT may include prescription medications such as methadone, suboxone, kadian, sublocade, and others.

As of May 19, 2018, the Government of Canada no longer requires that OAT prescribers obtain an exemption under section 56 of the *Controlled Drugs and Substances Act*. **However, physicians wishing to prescribe OAT for OUD must apply for and receive authorization through the Council prior to providing patient treatment.**

2. Exceptions

2.1 Authorization to prescribe buprenorphine/naloxone for OUD is not required. Refer to the Buprenorphine/Naloxone (Suboxone®) standard of practice for more information.

2.2 Authorization to prescribe methadone for pain management (analgesia) is not required. Such treatment is usually provided to patients with chronic pain and/or palliative conditions. Refer to the Methadone for Pain Management standard of practice for more information.

3. Requirements

3.1 Physicians wishing to prescribe OAT for OUD must:

- a. receive authorization from the Council prior to providing treatments;
- b. follow procedures identified in this standard and reference appropriate guidelines;
- c. take relevant training and education; and
- d. provide care in accordance with current evidence-based practices on the administration of OAT.

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3.2 The Council acknowledges three sets of guidelines for OUD to recognize the challenges surrounding OUD and support the rural communities of the Yukon: the British Columbia Centre on Substance Use (BCCSU) [Guideline for the Clinical Management of Opioid Use Disorder](#), the Yukon Opioid Working Group (OWG) [Yukon Guide to the Management of Opioid Use Disorder](#) and the guidelines from [Meta:Phi \(Mentoring, Education and Clinical Tools for Addiction: Partners in Health Integration\)](#).

3.3 The above guidelines support a diversity of treatments available for individuals with opioid use disorder. The Council supports the varied treatment options available such as methadone, Buprenorphine/Naloxone, Sublocade® (buprenorphine extended-release) and Kadian® (morphine sulfate extended-release). Where applicable, the Council recommends initiating OAT with Suboxone® (buprenorphine/naloxone) to reduce toxicities and facilitate recovery through safe take-home dosing.

3.4 The Council encourages OAT prescribers to take ongoing medical education in opioid use disorder treatment to ensure they provide the most appropriate care to patient.

4. Authorization process

4.1 Physicians seeking authorization to administer OAT must:

- a. successfully complete the [BC Provincial Opioid Addiction Treatment Support Program](#) online training;
- b. complete a preceptorship that is 2 half-days in length. The preceptorship can be completed in British Columbia by a BC-approved preceptor or be supervised by a Council-approved preceptor if completed in the Yukon;
- c. submit the application form with proof of training and preceptorship to the Council for approval.

An **approved preceptor** is a physician who is currently approved by Council to prescribe OAT and who has been approved for 3 years or longer.

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4.2 Approved applications for authorization are valid for a three-year term expiring at the end of that licensing year. Physicians holding OAT authorizations are encouraged to check in regarding their status when the annual licence renewal notice is received.

Example: issued in the 2022/23 licensing year will expire March 31, 2026.

5. Renewal of authorization

5.1 Physicians must have their authorization renewed either:

- a. on or before the currently authorized term end date; or
- b. within six months of the previously concluded term.

5.2 To renew their authorization to administer OAT, physicians must:

- a. submit a completed renewal form to the Council; and
- b. indicate the average number of patients for whom the physician prescribes OAT in a year.

5.3 Physicians are required to submit a full application if their authorization has lapsed for a period exceeding 6 months.

5.4 Approved renewal requests for authorization will be valid for a three-year term, unless otherwise specified on the authorization certificate.

6. Temporary prescribers in an emergency situation

6.1 Physicians practicing in an emergency situation (hospital, correctional facility, long-term care facility or community practice) where a Council-authorized OAT prescribing physician is not available may prescribe OAT as a temporary prescriber. Temporary prescribers must follow the following directives:

- a. A temporary prescribing physician must notify the Council and the pharmacy in writing via confidential fax or encrypted email. They must state the situation that led them to prescribe OAT in the absence of a Council-authorized OAT prescriber, information about the

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prescription (drug, dosage and duration) and who the patient’s regular OAT prescriber is.

Physicians must not communicate any identifying patient information to the Council.

- b. A temporary prescribing physician may prescribe OAT to a patient already receiving OAT only for the duration of the patient’s hospital admission, facility admission, or during the period of time identified for a community practice.
- c. The temporary prescribing physician must collaborate with the patient’s current OAT provider (or another authorized OAT prescriber) and any other treating prescribers for all changes to the dosage, frequency, or addition of medications that have the potential to interact with OAT.
- d. Prior to the patient’s discharge from hospital, correctional facility or long-term care facility, the temporary prescribing physician must collaborate with the initiating or maintaining physician on:
 - i. discharge plans;
 - ii. any changes in dosage; and
 - iii. the prescribing of any medications that may interact with OAT, including short-term opioid analgesics.

7. Relevant standards of practice, policies and guidelines

YMCS-1.8 Prescriptions Standard of Practice

YMCS-3.8 Safe Prescribing of Drugs with the Potential of Misuse Standard of Practice

YMCS-3.9 Methadone for Pain Management

YMCS-3.10 Prescribing Buprenorphine/Naloxone (Suboxone®)

8. Standard of Practice History

Version	Description	YMC Meeting Minute Approval	In Force Date
Original	Creation of policy	n/a	September 2015
Revision 1	Include Health Canada class exemption	17.03.2.5	June 16, 2017

STANDARD OF PRACTICE

Opioid Agonist Treatment (OAT)

YMCS-3.7 Revision 5

Medical Practice

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Revision 2	Adoption of new guidelines, new educational requirements, removal of 56 class exempt	18.03.2.1	May 4, 2018
Revision 3	Update language to clear up misinterpretation of language	18.07.3.5	October 19, 2018
Revision 4	Include methadone authorization procedures and renewal	18.09.2.2	December 21, 2019
Revision 5	Remove authorization for prescribing methadone for pain and Suboxone®, update standard to reflect current practices	22.04.22	May 1, 2022