## Opioid Agonist Treatment (OAT) Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of Clients Dispensed OAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure</td>
<td>The number of unique clients dispensed OAT medication(s) at community pharmacies in BC.</td>
</tr>
</tbody>
</table>
| Definitions | **Client:** A client is included in the counts for a particular OAT drug type when they have been dispensed that drug at least once in a given month. Dispensations from community pharmacies are identified using a combination of data elements including drug identification number (DIN), product information number (PIN), prescriber type, pharmacy, date, etc.  

**Drugs Included:** Methadone, buprenorphine/naloxone, buprenorphine, slow-release oral morphine, diacetylmorphine injection, hydromorphone injection, and hydromorphone tablets. See the supplementary table on page six of this document for more information on the drugs included.  

**Derived Drug Category – ANY OAT:** As drug switching in a given month occurs, distinct clients may appear in more than one OAT drug type category (e.g. started on methadone, switched to buprenorphine). The category ‘ANY OAT’ counts unique individuals dispensed any OAT drug type at least once in that month.  

**Geography:** Geography is assigned based on client’s residential address at the time of dispense. When a client known to live in BC has an unclear/unknown address, their dispenses are included in the category “Unknown HA”. Depending on the report, the indicator may be available for the province, Health Authority (HA), Health Service Delivery Area (HSDA), or Local Health Area (LHA).  

**Frequency:** This indicator is based on calendar dates and is refreshed monthly. The indicator monitoring begins in January 2015.  

**Lag:** Data on the most recent complete month becomes available four to six weeks after the end of that month.  

**Format:** Aggregate numbers by geography, month, age, and sex. |
| Data Source | BC PharmaNet Data are provided by Pharmaceutical Analytics, Integrated Analytics: Community & Cross Sector Branch, Health Sector Information, Analysis, & Reporting Division, British Columbia Ministry of Health. |
| Data Notes | - Data represent clients who filled prescriptions at community pharmacies within BC, not all clients who were written prescriptions. OAT dispensed at inpatient settings are not included.  
- OAT clients are defined as having received OAT in a given month based on at least one dispensation. This indicator does not assess discontinuation or adequate dosage; other indicators are needed to assess adequacy of OAT.  
- As clients may be dispensed more than one OAT drug in the same month, the number of clients for the ‘ANY OAT’ category may be lower than the sum of clients for any combination of drug types.  
- Due to the potential occurrence of reversals within the system, PharmaNet data are not considered stable until at least 3 months after dispense date. Changes are to be expected with every monthly data refresh. |
# Opioid Agonist Treatment (OAT) Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of Clients Dispensed OAT for the First Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Measure</strong></td>
<td>The number of unique clients dispensed OAT medication(s) for the first time at community pharmacies in BC.</td>
</tr>
</tbody>
</table>

- **First-time Client:** A client is included in the counts for a particular OAT drug type when they have been dispensed that drug at least once in a given month AND they have no prior BC PharmaNet record for that drug. Clients ‘new’ to one OAT drug (e.g. slow-release oral morphine) may have switched from another OAT drug (e.g. methadone). Clients who discontinue an OAT drug and resume the same drug will not be captured as a new client for that drug, no matter the interval. Dispensations from community pharmacies are identified using a combination of data elements including drug identification number (DIN), product information number (PIN), prescriber type, pharmacy, date, etc.

- **Drugs Included:** Methadone, buprenorphine/naloxone, buprenorphine, slow-release oral morphine, diacetylmorphine injection, hydromorphone injection, and hydromorphone tablets. See the supplementary table on page six of this document for more information on the drugs included.

- **Derived Drug Category – ANY OAT:** ‘ANY OAT’ counts unique individuals dispensed any OAT drug type for the first time at least once in that month. Since drug switching occurs (e.g. a client is started on methadone and switches to slow-release oral morphine within the same month), this ensures that the client is counted as new to ‘ANY OAT’ once. See Data Notes for additional information.

- **Geography:** Geography is assigned based on the client’s residential address at the time of dispense. When a client known to live in BC has an unclear/unknown address, their dispenses are included in the category “Unknown HA”. Depending on the report, the indicator may be available for the province, Health Authority (HA), Health Service Delivery Area (HSDA), or Local Health Area (LHA).

- **Frequency:** This indicator is based on calendar dates and is refreshed monthly. The indicator monitoring begins in January 2015.

- **Lag:** Data on the most recent complete month becomes available four to six weeks after the end of that month.

- **Format:** Aggregate numbers by geography, month, age, and sex.

### Data Source

BC PharmaNet Data are provided by Pharmaceutical Analytics, Integrated Analytics: Community & Cross Sector Branch, Health Sector Information, Analysis, & Reporting Division, British Columbia Ministry of Health.

### Data Notes

- Data represent clients who filled prescriptions at community pharmacies within BC, not all clients who were written prescriptions. OAT dispensed at inpatient settings are not included.
- OAT clients are those who received at least one dispensation in a given month. This indicator does not assess discontinuation or adequate dosage; other indicators are needed to assess adequacy of OAT.
- OAT clients are defined as ‘new’ in a given month based on history available in PharmaNet records. New clients may include individuals previously receiving the drug in another province, territory, or country; in a correctional facility; or in an inpatient setting.
- Individuals resuming OAT after lengthy periods of discontinuation (e.g. >5 years) will not be considered new. Other analyses are needed to consider consistency and adequacy of OAT.
- Due to the potential occurrence of reversals within the system, PharmaNet data are not considered stable until at least 3 months after dispense date. Changes are to be expected with every monthly data refresh.
- To identify the number of clients new to OAT in a given month, use the category ‘ANY OAT’. The number of clients in the ‘ANY OAT’ category may be lower than a specific OAT drug or combination of drugs during a particular month for the following reasons:
Clients may be new to more than one OAT drug within the same month.
- Example: A client initiated OAT for the first time in January 2021. They first tried buprenorphine and then switched to methadone. This client is counted as new to buprenorphine, methadone, and ‘ANY OAT’ in January 2021.

Clients with a history of OAT use can be new to a specific OAT drug within a month.
- Example: A client who began using methadone in November 2020 switches to buprenorphine in February 2021. This client is counted as new to buprenorphine in February 2021 but is not counted as new to ‘ANY OAT’; they were counted as new to ‘ANY OAT’ in November 2020.
# Opioid Agonist Treatment (OAT) Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of OAT Prescribers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Measure</strong></td>
<td>The number of clinicians prescribing OAT medication(s) as assessed by prescriptions filled at community pharmacies in BC.</td>
</tr>
</tbody>
</table>
| **Definitions** | **Prescriber:** OAT prescribers are clinicians who prescribed OAT to at least one patient who filled that prescription in a given month. Dispensations from community pharmacies are identified using a combination of data elements including drug identification number (DIN), product information number (PIN), prescriber type, pharmacy, date, etc.  
**Drugs Included:** Methadone, buprenorphine/naloxone, buprenorphine, slow-release oral morphine, diacetylmorphine injection, hydromorphone injection, and hydromorphone tablets. See the supplementary table on page six of this document for more information on the drugs included.  
**Derived Drug Category – ANY OAT:** Unique prescribers may be counted in more than one OAT drug type category in a given month (e.g. they prescribed both methadone and buprenorphine in the same month). The category ‘ANY OAT’ counts unique clinicians who prescribed any OAT drug type to at least one patient who filled the prescription in that month.  
**Geography:** Geography is assigned using the clinician’s address. Depending on the report, the indicator may be available for the province, Health Authority (HA), Health Service Delivery Area (HSDA), or Local Health Area (LHA).  
**Frequency:** This indicator is based on calendar dates and is refreshed monthly. Indicator monitoring begins in January 2015.  
**Lag:** Data on the most recent complete month becomes available four to six weeks after end of that month.  
**Format:** Aggregate numbers by geography and month. |
| **Data Source** | BC PharmaNet Data are provided by the Pharmaceutical Analytics, Integrated Analytics: Community & Cross Sector Branch, Health Sector Information, Analysis, & Reporting Division, British Columbia Ministry of Health. |
| **Data Notes** | • Data represent prescriptions filled at community pharmacies within BC, not all prescriptions written. OAT dispensed at inpatient settings are not included.  
• OAT prescribers are clinicians with at least one dispensation from a prescription they have written for a given OAT drug in a given month. This indicator does not reflect all clinicians who wrote an OAT prescription.  
• As clinicians may prescribe more than one OAT drug type, the number of prescribers for the ‘ANY OAT’ category may be lower than the sum of prescribers from any combination of drug types.  
• Due to the potential occurrence of reversals within the system, PharmaNet data are not considered stable until at least 3 months after the dispense date. Changes are to be expected with every monthly data refresh. |
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of New OAT Prescribers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Measure</td>
<td>The number of clinicians prescribing OAT for the first time as assessed by prescriptions filled at community pharmacies in BC.</td>
</tr>
</tbody>
</table>
| Definitions                   | **New Prescriber**: New OAT prescribers are those clinicians who prescribed OAT to at least one patient who filled that prescription in a given month AND for whom there is no PharmaNet record indicating that a prescription written by them has been filled at a community pharmacy in BC in the past. Dispensations from community pharmacies are identified using a combination of data elements including drug identification number (DIN), product information number (PIN), prescriber type, pharmacy, date, etc.  

**Drugs Included**: Methadone, buprenorphine/naloxone, buprenorphine, slow-release oral morphine, diacetylmorphine injection, hydromorphone injection, and hydromorphone tablets. See the supplementary table on page six of this document for more information on the drugs included.  

**Derived Drug Category – ‘ANY OAT’**: ‘ANY OAT’ counts unique clinicians who prescribe any OAT drug type for the first time in that month. Since clinicians may prescribe more than one OAT drug type for the first time within the same month (e.g. they prescribe both slow-release oral morphine and methadone), this ensures that the clinician is counted only once. See Data Notes for additional information.  

**Geography**: Geography is assigned using the clinician’s address. Depending on the report, the indicator may be available for the province, Health Authority (HA), Health Service Delivery Area (HSDA), or Local Health Area (LHA).  

**Frequency**: This indicator is based on calendar dates and is refreshed monthly. Indicator monitoring begins in January 2015.  

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**Data Source** | BC PharmaNet Data are provided by the Pharmaceutical Analytics, Integrated Analytics: Community & Cross Sector Branch, Health Sector Information, Analysis, & Reporting Division, British Columbia Ministry of Health.  

**Data Notes** | - Data represent prescriptions filled at community pharmacies within BC, not all prescriptions written. OAT dispensed at inpatient settings are not included.  

- New OAT prescribers are clinicians with at least one dispensation from a prescription they have written for a given OAT drug for the first time in a given month. This indicator does not reflect all clinicians who wrote an OAT prescription.  

- Due to the potential occurrence of reversals within the system, PharmaNet data are not considered stable until at least 3 months after dispense date. Changes are to be expected with every monthly data refresh.  

- To identify the number of clinicians new to prescribing OAT in a given month, use the category ‘ANY OAT’. The number of clinicians in the ‘ANY OAT’ category may be lower than a specific OAT drug or combination of drugs during a particular month for the following reasons:  
  - Clinicians may be new to prescribing more than one OAT drug within the same month.  
  - Example: A clinician begins prescribing OAT in January 2021. In this month they prescribe both buprenorphine and methadone. This clinician is counted as new to prescribing buprenorphine, methadone, and ‘ANY OAT’ in January 2021.  
  - Clinicians with a history of OAT prescribing may be new to a specific OAT drug.  
  - Example: A clinician with a history of prescribing methadone begins to also prescribe buprenorphine to patients effective February 2021. This clinician is counted as new to buprenorphine in February 2021 but is not counted as new to ‘ANY OAT’.  

March 15, 2022  

BCCDC Overdose Response Indicators – Data Notes  

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## Supplementary table: Drugs included in these indicators

<table>
<thead>
<tr>
<th>Drug type</th>
<th>Includes</th>
<th>May also be referred to as</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>Methadone, Methadose, Metadol D, and compound methadone</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine/Naloxone</td>
<td>Suboxone and generics of buprenorphine/naloxone</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Sublocade, Probuphine</td>
<td></td>
</tr>
<tr>
<td>Slow-release oral morphine</td>
<td>Kadian</td>
<td>SROM</td>
</tr>
<tr>
<td>Hydromorphone injection</td>
<td>Hydromorphone injection</td>
<td>Injectable HDM</td>
</tr>
<tr>
<td>Diacetylmorphine injection</td>
<td>Diacetylmorphine injection</td>
<td>Injectable DAM, heroin</td>
</tr>
<tr>
<td>Hydromorphone tablets</td>
<td>Dilaudid and generics of hydromorphone included in TiOAT program.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** not all drugs included in these indicators are PharmaCare benefits.