

Quick reference guide for **prescribing buprenorphine/naloxone film for opioid dependence** for General Practice in South Australia

ASSESSMENT:

1. Confirm opioid use disorder

Presence of three or more in last 12 months :

- Opioid tolerance (marked increase in amount; marked decrease in effect)
- Characteristic withdrawal symptoms; opioid substance taken to relieve withdrawal
- Opioids taken in larger amount and for longer period than intended
- Persistent desire or repeated unsuccessful attempt to quit
- Much time/activity to obtain opioids, use, recover
- Important social, occupational, or recreational activities given up or reduced
- Use of opioids continues despite knowledge of adverse consequences

2. Obtain substance use history

- All drugs used including alcohol & benzodiazepines (seek DACAS advice for multi-substance use)
- Age and amount of first use, current use, any periods of abstinence
- Treatment history
- Client goals

3. Order/review lab test results

- CBC, electrolytes, renal & liver panel
- Hep A, B, C serologies, HIV & syphilis
- Urine drug screen (with opiate differentiation via GCMS, to confirm opiate dependence)

4. Check [ScriptCheckSA](#)

5. Rule out contraindications

- Allergy to buprenorphine/naloxone
- Contact DACAS for advice if patient is pregnant (pregnancy not a contraindication, but specialist advice required)

PRE-INDUCTION:

- Ensure client has a **dosing pharmacy** (prescriber contact with pharmacy is required)
 - o participating pharmacy information can be obtained from the Alcohol and Drug Information Service on 1300 13 1340.
- Obtain **DDU authority** to prescribe buprenorphine/naloxone for opioid dependence- [Authority Application MATOD Program](#)
- Only start the patient on buprenorphine/naloxone film when **actively withdrawing**. This is to reduce the risk of precipitated withdrawal*

Signs of withdrawal include (not all of these might be present during withdrawal):

- dilated pupils (e.g. >4mm diameter)
- pulse > 90
- BP > 140/90
- Piloerection [goosebumps]
- sweatiness and sometimes sniffing, yawning and watery eyes
- anxiety



***Precipitated withdrawal**

Precipitated withdrawal can occur due to displacement of full opioid receptor agonist by buprenorphine, a partial agonist that binds with higher affinity.

Symptoms same as for opioid withdrawal and can be very distressing and discouraging for clients.

Avoid by ensuring adequate withdrawal before induction.



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INDUCTION:

Day 1	<ul style="list-style-type: none"> • Dose 4mg. An additional 4mg dose can be administered 4 hours later if client still experiencing withdrawal symptoms. - DO NOT INCREASE DOSE IF SEDATED - If low level opiate use suspected (smoking of Suboxone for example), tolerance may not be as high. Start on half the suggested doses but may need full doses as described.
Day 2	<ul style="list-style-type: none"> • Add additional 4mg to day 1 dose (i.e. 8mg or 12mg).
Day 3 onwards	<ul style="list-style-type: none"> • Can increase by 2-4mg and then for the next week maintain at 12mg to 16mg.

MAINTENANCE:

DASSA recommends you see the client weekly for the first month, then can progress to monthly as treatment stabilises.

After the first week, the dose can be increased by 4mg per week until the client is stable. Remember the maximum dose is 32mg per day.

Signs an increased dose may be needed:

- Ongoing reported or objective opioid withdrawal symptoms
- Significant urge or cravings to seek illicit opiates

ADDITIONAL POINTS:

- Inform the client that they should not drive during the first week of stabilisation. Once their dose has been stable for a few days, they can drive. You may wish to use a patient agreement to record this advice.
- Opioid dependence is a DSM 4/ICD 10 diagnosis so the mental health related MBS item numbers and referral options can be used with people with this diagnosis.
- **The Drug and Alcohol Clinical Advisory Service (DACAS) can be contacted for clinical assistance. Telephone: [\(08\) 7087 1742](tel:0870871742) 24 hours a day 7 days/week including public holidays.**
- [Take home naloxone](#) should be recommended for all clients at risk of opioid overdose. This is available over the counter at participating pharmacies, is free and no prescription is required.

Drug and Alcohol Services South Australia

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PBS PRESCRIPTION GUIDANCE:

PBS/DVA Authority Script No. 00012347		PBS/DVA Authority Script No. 00012347	
Dr John Smith 1 Smith Drive Smith Park SA 5555 Phone: 8276 3451	Dispense from: Midnight Pharmacy 1 Midnight Rd Adelaide, SA	Dr John Smith 1 Smith Drive Smith Park SA 5555 Phone: 8276 3451	Dispense from: Midnight Pharmacy 1 Midnight Rd Adelaide, SA
Prescriber no.: 123456		Prescriber no.: 123456	
Patient's Medicare no.: 1234 5678 9101		Patient's Medicare no.: 1234 5678 9101	
Pharmaceutical benefits entitlement number: 6054 25894 5		Pharmaceutical benefits entitlement number: 6054 25894 5	
<input type="checkbox"/> Safety Net entitlement card holder (cross relevant box) <input type="checkbox"/> Concession holder or dependent PBS beneficiary or Safety Net concession card holder		<input type="checkbox"/> Safety Net entitlement card holder (cross relevant box) <input type="checkbox"/> Concession holder or dependent PBS beneficiary or Safety Net concession card holder	
Patient's name: John Doe Address: 1 Doe Street, Doe Park DOB 05/11/1973		Patient's name: John Doe Address: 1 Doe Street, Doe Park DOB 05/11/1973	
Date: 17/10/23 PBS <input checked="" type="checkbox"/> RPBS <input type="checkbox"/>	Authority Streamlined: 14074 Brand substitution not permitted	Date: 17/10/23 PBS <input checked="" type="checkbox"/> RPBS <input type="checkbox"/>	Authority Streamlined: 14074 Brand substitution not permitted
Rx Suboxone film 2mg Total suboxone dose: 10mg daily, supervised dosing (1x 8mg + 1x 2mg) Dispense from 17/10/23 to 14/11/23 Takeaways permitted for Sundays & Public Holidays Qty: 28 (twenty-eight) x 2mg film no repeats		Rx Suboxone film 8mg Total suboxone dose: 10mg daily, supervised dosing (1x 8mg + 1x 2mg) Dispense from 17/10/23 to 14/11/23 Takeaways permitted for Sundays & Public Holidays Qty: 28 (twenty-eight) x 8mg film no repeats	
J Smith SAUT123456789 Dr John Smith MBBS		J Smith SAUT123456789 Dr John Smith MBBS	
Doctor to sign original and duplicate	Please turn over for privacy note	Doctor to sign original and duplicate	Please turn over for privacy note

In addition to usual schedule 8 prescription requirements, include:

- ✓ Streamlined authority number (most systems will prompt this)
- ✓ Prescription start and end dates (ensure these align with the quantity prescribed)
- ✓ Pharmacy name
- ✓ Supervised dosing requirements and any [takeaway dosing allowance](#)

Prescriptions should be reflective of 28 days' supply or less, in line with the program rules enabling up to 28 days' supply per pharmaceutical benefit.

Up to 5 repeats may be prescribed for clinically stable patients who no longer require more frequent reviews.

For patients requiring different strengths of buprenorphine/naloxone film, a separate PBS prescription is required for each strength. Each strength prescribed will attract a patient co-payment.

For more information

Alcohol and Drug Information Service (ADIS)
Phone: 1300 13 1340
Confidential telephone counselling and information available between 8.30am and 10pm every day



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