



Medication Assisted Treatment for Opioid Dependence (MATOD)
Accredited Prescriber of methadone and buprenorphine
Initial Medical Assessment Checklist - Brief

- Assessment
- Discuss options/explain pros and cons
- Discuss daily dosing requirement and dispensing pharmacy
- Negotiate type of MAT:OD and starting dosage, and provide information
- DDU authority form complete
- <u>DDU authority form fax 1300 658 447</u> or email mailto:HealthDrugsofDependenceUnit@sa.gov.au
- DDU authority # [phone] 1300 652 584 (press 1 then 1)
- Urine drug screen
- Urine pregnancy test if woman
- Patient agreement / Safety netting [six points on patient agreement]
- Ring Pharmacy
- ID card for pharmacist
- Prescription
- Plan for reviews during induction
- Communicate with GP/others

To get an electronic copy of this please:

- enter into your search engine: "DASSA GP Program"
- Scroll down the page to the "Assessment & induction onto MATOD" tab
- Go to the second dot point "Initial Assessment Checklist (PDF 480KB) accredited prescribers of methadone and buprenorphine" and click on the link.

Accredited MATOD Prescriber Initial Medical Assessment Checklist Expanded





Assessment

- Maintenance Pharmacotherapy Assessment and Initial Treatment
- This clinical form enables the recording of the assessment of a client for possible commencement of opioid pharmacotherapy. The form includes reasons for requesting treatment, drug use history, medical history including blood borne virus status, psychiatric history, medications including QTc prolongation risk factors, social history, DSM IV criteria: Presence of Dependence, physical examination, treatment plan etc.
- Clinical Opiate Withdrawal Scale (COWS) on p.189 of the National Guidelines at: here or by entering "2014 Clinical guidelines opioid dependence" into your search engine
- This assessment combines objective and subjective items. It has the advantage of being quick to administer.

Discuss options/explain pros and cons

- Opioid withdrawal
 - Inpatient
 - Home
 - Follow up counselling or rehabilitation
- Medication Assisted Treatment for Opioid Dependence (MATOD)

Discuss daily dosing requirement and dispensing pharmacy

- The patient will be required to attend daily dosing at the nominated pharmacy that the script is written for: As no takeaways are permitted at the initial phase of treatment the patient will need a 7 day a week dosing pharmacy
- Location Provide Alcohol & Drug Information Service (ADIS) wallet card for patients to arrange 7 day a week dosing pharmacy
- · Discuss dispensing cost

Negotiate type of MAT:OD and starting dosage, and provide information

- As per the "<u>DASSA Public Pharmacotherapy Flowchart 1</u>" (provided below, pg 5): counsel patients
 regarding suboxone as pharmacotherapy as first choice and screen for risk factors for QTc
 prolongation.
- It should be noted that Suboxone can now be prescribed during pregnancy as previous contraindications were removed in January 2019
- For a summary the Clinical Pharmacology of Buprenorphine and Buprenorphine/Naloxone formulation refer to the national guidelines p 21 at: here or by entering "2014 Clinical guidelines opioid dependence" into your search engine
- If commenced on methadone follow the "<u>DASSA Public Pharmacotherapy Flowchart 2</u>" (provided below, pg 6) to manage the risk of QTc prolongation and provide patients with "<u>Methadone drug to drug interactions (including QTc prolongation)</u>" sheet (provided below, pg 7) to give to other GPs involved in the patients care.
- For Methadone, the booklet *The Methadone Handbook* (Fourth Edition) can be given to clients. Copies available from the GP Program Coordinator at: HealthDASSAGPProgram@sa.gov.au
- For a summary of the Indications/contraindications/precautions of induction to methadone refer to the national guidelines p 40 at: here or by entering "2014 Clinical guidelines opioid dependence" into your search engine for "Drug interactions" and "Side effects"

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Initial Medical Assessment Checklist (Cont.)





SA Health

Negotiate type of OST and starting dosage, and provide information (cont.)

DDU authority form complete

Application to treat drug dependence with methadone or buprenorphine Remember to complete both sides Prescribing doctor and patient to sign ID photo arranged

DDU authority form fax 1300 658 447

DDU authority # [phone] 1300 652 584, press 1 then press 1.

Urine drug screen

On standard pathology form under "Test required" add:

AMPHETAMINES BENZODIAZEPINES COCAINE **METHADONE** BUPRENORPHINE **OPIATES OXYCODONE**

Urine pregnancy test for women

If pregnancy occurs during treatment the patient should be referred to DASSA obstetric unit for ongoing management, available through the Women's and Children's or Lyell McEwin Hospitals. Advice on this can be obtained via DACAS 7087 1742 or ADIS 1300 13 13 40. Generally, it is best for patients to stay on their maintenance treatment while pregnant. It should be noted that Suboxone can now be prescribed during pregnancy as previous contraindications were removed in 2019.

Patient agreement / Safety netting [six points on contract]

See below (pg 8) for the "Methadone and Buprenorphine Programs - Patient Agreement" The "Essential information for patients commencing or recommencing on Medication Assisted Treatment for Opioid Dependence (MATOD):" section must not be altered Your practice details need to be inserted and the details on the lower half of the form can be modified to fit with your practice requirement.

Accredited MATOD Prescriber Initial Medical Assessment Checklist (Cont.)





5.

Ring Pharmacy

- To get details of the pharmacies which will dispense Opioid Substitution Therapy and are 7 day pharmacies:
 - o If patients are organising the pharmacy they can ring Alcohol & Drug Information Service (ADIS) 1300 13 1340
 - o Patients may already have a pharmacy in mind and may have approached them
 - Once you have a login as a Medical practitioner for the privileged Circular Access at http://www.health.sa.gov.au/Default.aspx?tabid=818
 - o Or call the Drug and Alcohol Clinical Advisory (DACAS) line on (08) 7087 1742
- Pharmacists appreciate a call about patients and the call allows the opportunity for relevant information to be shared e.g. impending closures of pharmacy for public holidays

ID card for pharmacist

- See below (pg 9) for: "ID card for pharmacist" document for your use.
- ID photo

Prescription

See below (pg 10) for instructions: "Writing Initial Scripts".

Plan for reviews during induction

Communicate with GP/others

For safe communication for all GPs at your practice – ensure:

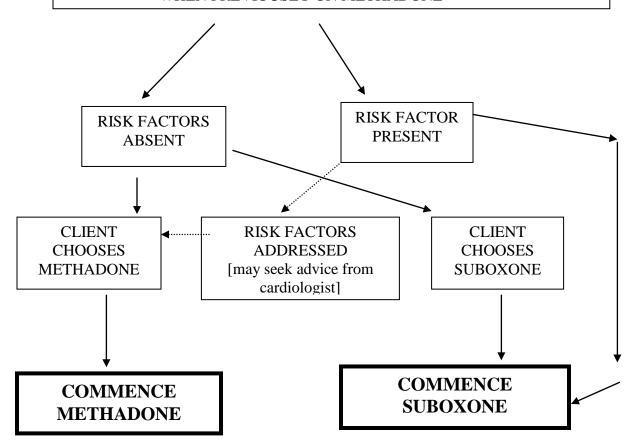
- A copy of the current, valid Section 18A Authority and amendments is available to your co-workers
- The locum policy relating to ODSP is made available [where applicable] Available here: or by entering "locum policy ODSP" into your search engine.
- Alert systems are used
- An up-to-date patient history is maintained including
 - O Current pharmacy
 - o Collection restrictions and supervision requirements
- Numbers for the DDU, Alcohol and Drug Information Service, Drug and Alcohol Clinical Advisory Service are available. See below (pg 13) for "<u>Useful Contact details sheet</u>". You may wish to include this in the patient file, put a copy in the practice policy folder and/or laminate a copy for your consulting room.

DASSA PUBLIC PHARMACOTHERAPY FLOWCHART 1

INITIAL PHARMACOTHERAPY SELECTION

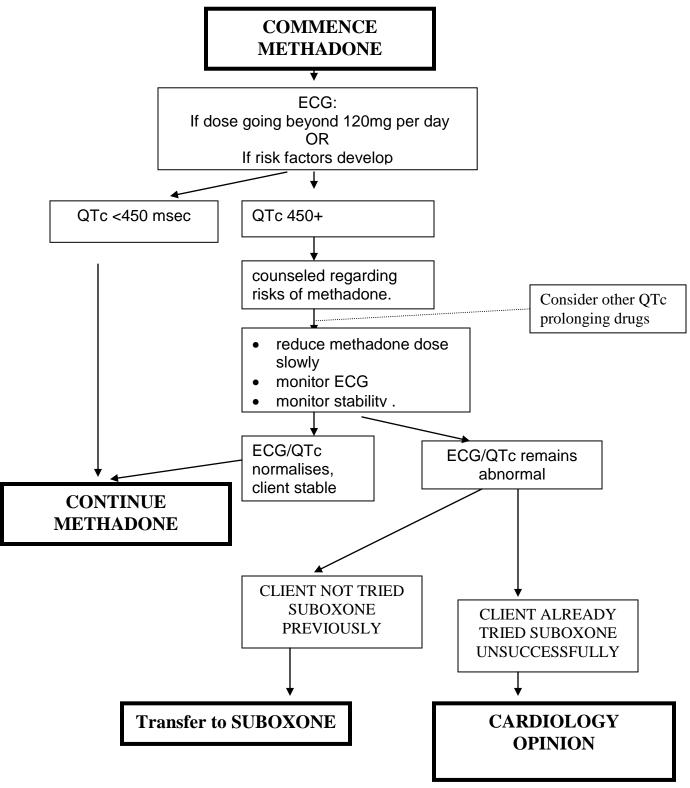


- 1. COUNSEL RE SUBOXONE AS FIRST CHOICE
- 2. SCREENED FOR RISK FACTORS FOR QTc PROLONGATION:
 - ON MEDICATIONS THAT PROLONG QTc
 - CONGENITAL OR ACQUIRED HEART DISEASE
 - AT RISK OF HYPOKALEMIA [MEDICAL CONDITION OR MEDICATIONS]
 - SIGNIFICANT SYNCOPE IN THE PAST 12 MONTHS OR WHEN PREVIOUSLY ON METHADONE



DASSA PUBLIC PHARMACOTHERAPY FLOWCHART 2

INDUCTION AND STABILISATION



- discuss follow up plans with colleagues
- important to inform GP of commencement and possible interactions

[Insert your practice letterhead]

Methadone – drug to drug interactions (including QTc prolongation)

This patient is being prescribed methadone. Methadone can potentially cause QT prolongation and interacts with a variety of other prescribed drugs.

Prescribers should take special care to ensure:

- other QTc prolonging drugs are not prescribed. Information on potential QTc prolonging drugs can be found:
 - at: https://crediblemeds.org (registration required)
 - o in the Australian Medicines Handbook
- potassium levels are monitored if the patient is prescribed drugs that may reduce potassium
- other drugs that interact with methadone are not prescribed.

The most common drugs that are a problem are: drugs with sedative effects, carbamazepine, phenytoin, fluvoxamine, rifampicin, some anti-retrovirals, naltrexone and buprenorphine.

Information about this can be found in the National Guidelines for Medication-Assisted Treatment for Opioid Dependence on page 38, by clicking here

or by entering "2014 Clinical guidelines opioid dependence" into your search engine

Advice can be sought from the Drug and Alcohol Clinical Advisory Service (DACAS) 7087 1742

[Insert your practice letterhead]

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Medication Assisted Treatment for Opioid Dependence (MATOD) Methadone and Buprenorphine

PATIENT'S NAME:	//			
Essential information for patients commencing or recommencing on Medication Assisted Treatment for Opioid Dependence (MATOD):				
	your capacity to safely drive motor machinery, particularly when first starting e for a while, or if you are taking a higher			
It is best if someone stays with you when Buprenorphine. Please tell this person to to wake up. This is not an expected result.	seek help if you become drowsy or difficult			
It is dangerous to use other drugs, partic Methadone / Buprenorphine e.g. Valium				
	her doctors you visit, know that you are on ure that medications prescribed can be used			
Check with the Pharmacists where you be taken with Methadone / Buprenorphir	have scripts filled whether they are safe to ne.			
Methadone and buprenorphine use will have symptoms of withdrawal if you stop	cause tolerance and withdrawal. You may taking Methadone or Buprenorphine.			
Patient Ag	greement			
(Patient's name)				
agree to the following:				
 I have read or had explained to me the inform Information for patients commencing or recor Opioid Dependence (MATOD)". 	nation above, and understand the "Essential Immencing on Medication Assisted Treatment for			
(Signature of patient)	(date)			

(Signature of witness)

...../// (date)

IDENTIFICATI	ON FORM				MAINTENA	NCE PHARMACO	THERAPIES
SURNAME							
OTHER NAMES]
DATE OF BIRTH			SEX				
ADDRESS						РНОТО	
TELEPHONE							
BUILD	Light	Medium	Heavy	HEIGHT		EYE5 (Co	lour)
PIERCINGS			TATTOO	5			
CLIENT'S SIGNATU	RE				DATE		
						GP STAMP HE	RE
PRESCRIBING DOC	TOR						
ADDRESS							
TELEPHONE		FA	x				
					ins onliney o	e reproduced for use by accredit	си орган энцинист ресистос.
CONFIDENTIAL IDENTIFICATI	ON FORM				MAINTENA	NCE PHARMACO	THERAPIES
SURNAME							
OTHER NAMES	_]
DATE OF BIRTH	_		SEX				
ADDRESS	_					РНОТО	
	_						
TELEPHONE							
BUILD	Light	Medium	Heavy	HEIGHT		EYE5 (Co	lour)
PIERCINGS	_		TATTOO	5			
CLIENT'S SIGNATU	RE				DATE		
						GP STAMP HE	RE
PRESCRIBING DOC	TOR						
ADDRESS	_						
TELEPHONE		FA	x				

Accredited MATOD Prescriber Initial Medical Assessment Checklist (Cont.)





SA Health

Writing Initial Scripts

For appropriate starting dosages of buprenorphine (either Suboxone® or Subutex®) or methadone refer to the national guidelines refer to the national guidelines p 99 by clicking here

or by entering "2014 Clinical guidelines opioid dependence" into your search engine

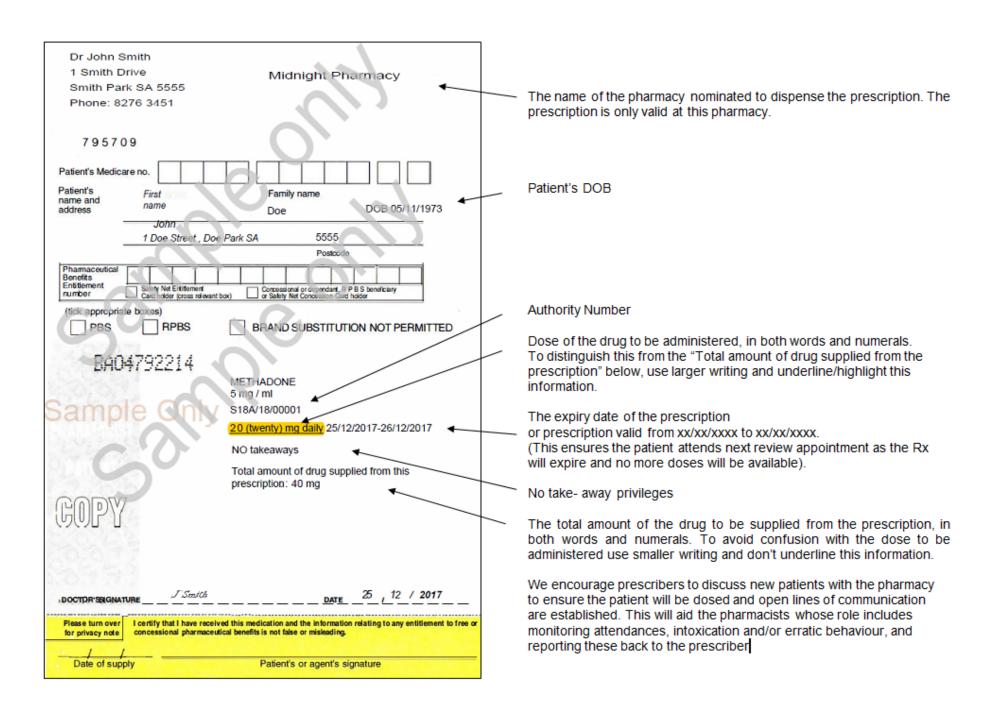
All scripts for Methadone or Buprenorphine (either Suboxone® or Subutex®) in South Australia must include the:

- Name of the pharmacy nominated to dispense the prescription. The prescription is only valid at this pharmacy.
- Patient's DOB.
- DDU authority number
- Quantity of drug to be dispensed daily in words and numerals. This amount needs to be distinguished from the total amount of the drug dispensed below so this amount needs to be highlighted and underlined.
- The expiry date of the prescription or prescription valid from xx/xx/xxxx to xx/xx/xxxx.
- The total amount of drug to be supplied from the prescription.
- No take- away privileges

Below are examples of scripts

	Writing an Initial Suboxone Script
Dr John Smith	
1 Smith Drive Midnight Pharmacy	
Smith Park SA 5555	The name of the pharmacy nominated to dispense the
Phone: 8276 3451	prescription. The script is only valid at this pharmacy.
	,
795709	
Patient's Medicare no.	- " "
Patient's First name Family name	Patient's DOB
address John Doe DOB 05/11/1973	
1 Doe Street, Dee Park SA 5555	
Postcode	
Pharmaceutical	
Benefits Entitlement number Suity Net Entitlement Concessional or depindant, R.P.B. Site beneficiary or Salety Net Concession Card holder	
(tick appropriate boxes) PBS RPBS BRAND SUBSTITUTION NOT PERMITTED	Authority Number
\$184/18/00001	Dans of the drive to be administered in both words and assessed
DA04709914	Dose of the drug to be administered, in both words and numerals. To distinguish this from the "Total amount of drug supplied from
Rx Suboxone film	the prescription" below, use larger writing and underline/highlight
	this information.
Sample Only 25/12/2018 4 (four)mg	
26/12/2018 8 (eight) mg	
	No take- away privileges
NO takeaways ◆	
BURNER BY	The expiry date of the prescription
Expiry: 26/12/2018	or prescription valid from xx/xx/xxxx to xx/xx/xxxx.
16111217	(This ensures the patient attends next review appointment as the Rx will expire and no more doses will be available).
Total amount of drug supplied from	RX will expire and no more doses will be available).
this prescription 12 (twelve)mg	The total amount of the drug to be supplied from the prescription
	in both words and numerals. To avoid confusion with the dose to
	be administered use smaller writing and don't underline this
DATE 251 12 (2018	information.
Please turn over I certify that I have received this medication and the information relating to any entitlement to free or	
tor privacy note concessional pharmaceutical benefits is not false or misleading.	We encourage prescribers to discuss new patients with the pharmacy to ensure the patient will be dosed and open lines of
Date of supply Patient's or agent's signature	communication are established. This will aid the pharmacists
	whose role includes monitoring attendances, intoxication and/or
4001(09/03) Agent's address	erratic behaviour, and reporting these back to the prescriber.

Methadone Initial prescription



Drugs of Dependence Unit (DDU): 1300 652 584

HealthDrugsofDependenceUnit@sa.gov.au

The Drugs of Dependence Unit is responsible for administering parts of the Controlled Substances Act, and various regulations under the Act relating to drugs of dependence. This Unit operates during normal business hours and are available to answer queries in regards to Schedule 8 authorities.

Drug and Alcohol Clinical Advisory Service (DACAS): (08) 7087 1742

Telephone: (08) 7087 1742 from 8:30am — 10pm 7 days/week including public holidays or e-mail your enquiry to: HealthDACASEnquiries@sa.gov.au. DACAS provides a telephone and email service for South Australian health professionals seeking clinical information and clarification around clinical procedures, guidelines and evidence-based practice.

This service does not provide proxy medical cover and cannot assume responsibility for direct patient care.

Alcohol and Drug Information Service (ADIS): 1300 13 1340

Is a state-wide, confidential, toll free telephone service, which provides brief intervention counselling, resource information, support and referral options for people dealing with their own or another's alcohol or drug problem.

If you are acting as a locum for an accredited prescriber in your practice, you will find the document, "Information for Medical Practitioners Acting as a Locum for an Accredited Private Opioid Dependence Treatment Program Prescriber" sets out clearly your clinical and legal responsibilities. Available here:

Or by entering "SA Health Locum MATOD" into your search engine.

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