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 MATOD and starting dosage, and provide information
- DDU authority form complete
- DDU authority form fax 1300 658 447 or email 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 2nd dot point “MATOD Initial Medical Assessment Checklist - Accredited Prescriber of methadone and buprenorphine (PDF 480KB)” 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 MATOD and starting dosage, and provide information

- As per the “DASSA Public Pharmacotherapy Flowchart 1” (provided below, pg 5): counsel patients regarding suboxone as pharmacotherapy as first choice and screen for risk factors for QTc prolongation.

- For Suboxone, the booklet “Suboxone sublingual film (buprenorphine hydrochloride/naloxone hydrochloride): a guide to treatment” can be given to the client which provides further information about the medication.

- 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 “DASSA Public Pharmacotherapy Flowchart 2” (provided below, pg 6) to manage the risk of QTc prolongation and provide patients with “Methadone – drug to drug interactions (including QTc prolongation)” 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: dassa.gpprogram@health.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”.

Accredited MATOD Prescriber
Initial Medical Assessment Checklist (Cont.)

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.)

Ring Pharmacy
- To get details of the pharmacies which will dispense Opioid Substitution Therapy and are 7 day pharmacies:
  - If patients are organising the pharmacy they can ring Alcohol and Drug Information Service (ADIS) 1300 13 1340
  - Patients may already have a pharmacy in mind and may have approached them
  - 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
  - Or by entering “locum policy ODSP” into your search engine.
- Alert systems are used
- An up-to-date patient history is maintained including
  - Current pharmacy
  - 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 “Useful Contact details sheet”. 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.
INITIAL PHARMACOTHERAPY SELECTION

OPIOID DEPENDENT CLIENT WANTING TO COMMENCE PHARMACOTHERAPY

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

RISK FACTORS ABSENT

- CLIENT CHOOSES METHADONE
- COMMENCE METHADONE

RISK FACTOR PRESENT

- RISK FACTORS ADDRESSED [may seek advice from cardiologist]
- CLIENT CHOOSES SUBOXONE
- COMMENCE SUBOXONE
INDUCTION AND STABILISATION

COMMENCE METHADONE

- ECG:
  - If dose going beyond 120mg per day OR
  - If risk factors develop

  - QTc <450 msec
  - QTc 450+

  - counseled regarding risks of methadone.
  - reduce methadone dose slowly
  - monitor ECG
  - monitor stability

CONTINUE METHADONE

CLIENT ALREADY TRIED SUBOXONE UNSUCCESSFULLY

- ECG/QTc normalises, client stable

TRANSFER TO SUBOXONE

CARDIOLOGY OPINION

- discuss follow up plans with colleagues
- important to inform GP of commencement and possible interactions
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)
  - 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
## Essential information for patients commencing or recommencing on Medication Assisted Treatment for Opioid Dependence (MATOD):

- **Methadone / Buprenorphine** may affect your capacity to safely **drive motor vehicles, ride motorcycles or operate machinery**, particularly when first starting and until you have been on a stable dose for a while, or if you are taking a higher dose of this medication.

- It is best if someone stays with you when you are stabilising on Methadone or Buprenorphine. Please tell this person to seek help if you become drowsy or difficult to wake up. This is not an expected result of Methadone/Buprenorphine.

- It is dangerous to use other drugs, particularly alcohol or benzodiazepines with Methadone / Buprenorphine e.g. Valium, Serepax, Xanax,

- It is important that you let your GP, or other doctors you visit, know that you are on Methadone or Buprenorphine to make sure that medications prescribed can be used safely with Methadone / Buprenorphine.

- Check with the Pharmacists where you have scripts filled whether they are safe to be taken with Methadone / Buprenorphine.

- Methadone and buprenorphine use will cause tolerance and withdrawal. You may have symptoms of withdrawal if you stop taking Methadone or Buprenorphine.

## Patient Agreement

I, 

(Patient’s name)

agree to the following:

- I have read or had explained to me the information above, and understand the “Essential Information for patients commencing or recommencing on Medication Assisted Treatment for Opioid Dependence (MATOD)”.

(Signature of patient)  

(date)

(Signature of witness)  

(date)
### Identification Form

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This form may be reproduced for use by accredited opioid substitution prescribers.
Writing Initial Scripts

For appropriate starting dosages of buprenorphine (either Suboxone® or Subutex®) or methadone refer to the national guidelines 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

The name of the pharmacy nominated to dispense the prescription. The script is only valid at this pharmacy.

Patient’s DOB

Authority Number

Dose of the drug to be administered, in both words and numerals. To distinguish this from the “Total amount of drug supplied from the prescription” below, use larger writing and underline/highlight this information.

No take-away privileges

The expiry date of the prescription or prescription valid from xx/xx/xxxx to xx/xx/xxxx. (This ensures the patient attends next review appointment as the Rx will expire and no more doses will be available).

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 information.

We encourage prescribers to discuss new patients with the pharmacy to ensure the patient will be dosed and open lines of communication are established. This will aid the pharmacists whose role includes monitoring attendances, intoxication and/or erratic behaviour, and reporting these back to the prescriber.
Methadone Initial prescription

Patient's Medicare number: 

Patient's name and address: 

Midnight Pharmacy

DOCTOR'S SIGNATURE: 

Dr John Smith  
1 Smith Drive  
Smith Park SA 5555  
Phone: 8276 3451

The name of the pharmacy nominated to dispense the prescription. The prescription is only valid at this pharmacy.

Patient's DOB: 05/11/1973

Authority Number: 

Dose of the drug to be administered, in both words and numerals. To distinguish this from the “Total amount of drug supplied from the prescription” below, use larger writing and underline/highlight this information.

METHADONE  
5 mg/ml

S18A/18/00001

20 (twenty) mg daily

25/12/2017 - 26/12/2017

NO takeaways

The expiry date of the prescription or prescription valid from xx/xx/xxxx to xx/xx/xxxx. (This ensures the patient attends next review appointment as the Rx will expire and no more doses will be available).

No take-away privileges

Total amount of drug supplied from this prescription: 40 mg

We encourage prescribers to discuss new patients with the pharmacy to ensure the patient will be dosed and open lines of communication are established. This will aid the pharmacists whose role includes monitoring attendances, intoxication and/or erratic behaviour, and reporting these back to the prescriber.
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

This is a 24 hour service operated by the Drug and Alcohol Services SA where a medical practitioner can discuss clinical details with an experienced specialist drug and alcohol medical officer or access up to date drug and alcohol information including details about various intervention and support services available across the state.

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 “locum policy ODSP” into your search engine.