Code of practice: Schedule 8 substances

Volume 1: Issuing prescriptions and supplying schedule 8 substances

Part 4B: Dispensing of restricted S8 substances – methadone, buprenorphine, and buprenorphine/naloxone (opioid substitution treatment)

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Table of Contents

Enquiries ....................................................................................................................................... 3
Part B. Dispensing of Restricted S8 Substances – methadone, buprenorphine and
buprenorphine/naloxone (Opioid Substitution Treatment)...................................................... 4
  4.18 Pharmacists and other health practitioners dispensing Opioid Substitution Treatment 4
  4.19 Packaging and labelling of keaway USD ................................................................. 4
  4.20 Missed doses .......................................................................................................... 5
  4.21 Restoring doses on alternate day and 4 day a week dosing .................................. 7
  4.22 Intoxicated presentations ....................................................................................... 7
  4.23 Vomiting after a dose/vomited dose ...................................................................... 8
  4.24 Lost/stolen/spilt doses ........................................................................................... 8
  4.25 Prescription expiry .................................................................................................. 8
Enquiries

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Part B. Dispensing of Restricted S8 Substances – methadone, buprenorphine and buprenorphine/naloxone (Opioid Substitution Treatment)

4.18 Pharmacists and other health practitioners dispensing Opioid Substitution Treatment

This section applies to pharmacists, nurses and medical practitioners who are supplying buprenorphine, buprenorphine/naloxone or methadone to the patient on the direction of a prescriber who is authorised under the Act to prescribe these restricted S8 substances.

Collection of buprenorphine, buprenorphine/naloxone or methadone must be by the patient in person unless a special authorisation from the CHO is in place. When an authorisation from the CHO allows the collection of the takeaway USD by a carer or guardian, a copy of the authorisation, prescription and a current photograph of the carer or guardian must be provided by the prescriber to the pharmacy or dosing point prior to the carer or guardian presenting to collect takeaway USD.

Dosing points may include:

- pharmacies (community, hospital and other);
- Correctional Services health centres;
- Alcohol and Other Drugs (AOD) - Top End Health Service (TEHS);
- Alcohol and Drugs Service Central Australia (ADSCA) - Central Australian Health Service (CAHS);
- hospitals; and
- remote health centres.

The prescriber must inform the pharmacist or dispensing health practitioner of any concerns regarding the patient that are relevant for dosing safety.

Any situation where a pharmacist or dispensing health practitioner holds concerns about a patient may warrant the dose being temporarily withheld. The pharmacist or dispensing health practitioner must promptly report any concerns and the withholding of a dose to the AOD specialist service or prescriber.

4.19 Packaging and labelling of takeaway USD

Section 16 of the Act adopts the Schedules and Appendices of the ‘Schedule for the Uniform Scheduling of Medicines and Poisons’ (SUSMP) also known as the Poisons Standard.

Appendix K – ‘Drugs Required to be Labelled with a Sedation Warning’, and Appendix L – ‘Requirements for Dispensing Labels for Human and Veterinary Medicines’ apply to all medicines in S4 and S8 supplied to a patient, including each takeaway USD.

Packaging and labelling of takeaway USD is normally only undertaken by pharmacists. Registered nurses at Alcohol and Other Drugs (AOD) in Darwin and Alcohol and Drugs Service Central Australia (ADSCA) in Alice Springs are also approved by the CHO.

The label for takeaway USD of buprenorphine and buprenorphine/naloxone and methadone must contain:

- the name, strength and dose form of the substance;
Part 4B: Dispensing of restricted S8 substances – methadone, buprenorphine and buprenorphine/naloxone (opioid substitution treatment)

- the quantity contained in the container;
- specific instructions for the use and dose of the substance (for example, “take as directed” is not sufficient);
- the name of the person;
- the name, address and telephone number of the person or health care facility supplying the substance;
- a warning concerning drowsiness and the concurrent use of alcohol or other sedating medication; and
- a warning to keep out of the reach of children.

Takeaway USDs of buprenorphine/naloxone and buprenorphine

- doses for multiple days of takeaway USD must be individually packed with the day and date stated on the label of each box/container.

Takeaway USD of methadone liquid must be supplied in the following fashion:

- child resistant containers must be used;
- separate containers must be used for each individual day (i.e. two days doses must not be supplied in one container);
- containers must not be re-used for that purpose; and
- each individual day’s dose must be diluted with water such that there is a minimum volume of 200mL of fluid in the container.

4.20 Missed doses

All missed doses must be notified to the AOD specialist service or prescriber.

An authorised prescriber may:

a) describe on a prescription for a restricted S8 substance the actions to be taken by a dispensing pharmacist or nurse in case of missed doses; or

b) for the use of a registered nurse who is the subject of an approval under section 250 of the Act, establish a ‘Scheduled Substance Treatment Protocol’ (as per section 254 of the Act), which describes the actions to be taken in case of missed doses. This protocol must be approved by the CHO by publication in the Gazette. The application for approval may be submitted to the CHO via Medicines & Poisons Control (Email: poisonscontrol@nt.gov.au, Phone: 08 8922 7341).

In the absence of either of the above, the dispensing practitioner may follow Table 2 Missed Doses Procedure.

Where a patient is referred to an accredited prescriber for review, a new prescription or a telephone order as allowed under section 61 of the Act may be accepted from an accredited prescriber with a written prescription to follow.

Please Note: No more than 7 days' supply can be provided on a verbal request of a prescriber.
### Table 2. Missed doses procedure

<table>
<thead>
<tr>
<th>Missed Dose/s</th>
<th>Procedure</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daily dosing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1x Missed Daily Dose</td>
<td>Pharmacist to review client for intoxication/risk and if no issues, client can be dosed.</td>
<td>No contact with AOD specialist service or prescriber is required unless the Pharmacist has any issues/concerns.</td>
</tr>
<tr>
<td>2x Consecutive Missed Daily Doses</td>
<td>Pharmacist to suspend prescription and contact AOD specialist service or prescriber to discuss client missed dose/s and current presentation at pharmacy.</td>
<td>Pharmacist to call AOD specialist services or prescriber. Prescriber consultation required before the script suspension can be lifted.</td>
</tr>
<tr>
<td>3x Consecutive Missed Daily Doses</td>
<td>Pharmacist to cancel prescription and advise client to contact AOD specialist service or authorised prescriber. * NB: The prescription will be no longer valid and cannot be re-used. New script by prescriber will be required. Client to see prescriber.</td>
<td>Client to book the next available prescriber appointment to be medically reviewed.</td>
</tr>
<tr>
<td><strong>Alternate day dosing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1x Missed Consecutive Alternate Day Dose (presenting the following day –usually a non-dosing day)</td>
<td>See table 3 below</td>
<td>To be recorded as a ‘missed dose’</td>
</tr>
<tr>
<td>1x Missed Consecutive Alternate Day Dose (presenting on the next scheduled dosing day)</td>
<td>Pharmacist to suspend prescription and contact AOD specialist service or prescriber to discuss client missed dose/s and current presentation at Pharmacy.</td>
<td>Pharmacist to call AOD specialist services or prescriber. Prescriber consultation required before the script suspension can be lifted.</td>
</tr>
<tr>
<td>2x Missed consecutive Alternate Day Doses</td>
<td>Pharmacist to cancel prescription and advise client to contact AOD specialist service or authorised prescriber. * NB: The prescription will be no longer valid and cannot be re-used. New script by prescriber will be required. Client to see prescriber.</td>
<td>Client to book the next available prescriber appointment to be medically reviewed.</td>
</tr>
</tbody>
</table>
4.21 Restoring doses on alternate day and 4 day a week dosing

If a patient on alternate day or 4 day a week dosing of buprenorphine/naloxone or buprenorphine presents on a non-dosing day after missing the prior medication dose, they may be dosed in accordance with the following guide if the prescriber has made reference to this on the prescription:

Table 3. Dose restoration table for patients on alternate day/4 day a week dosing

<table>
<thead>
<tr>
<th>Usual alternate day/4 day a week dose</th>
<th>Dose to be provided on non-dosing day</th>
</tr>
</thead>
<tbody>
<tr>
<td>32mg</td>
<td>16mg</td>
</tr>
<tr>
<td>30mg</td>
<td>16mg</td>
</tr>
<tr>
<td>28mg</td>
<td>14mg</td>
</tr>
<tr>
<td>26mg</td>
<td>14mg</td>
</tr>
<tr>
<td>24mg</td>
<td>12mg</td>
</tr>
<tr>
<td>22mg</td>
<td>12mg</td>
</tr>
<tr>
<td>20mg</td>
<td>10mg</td>
</tr>
<tr>
<td>18mg</td>
<td>10mg</td>
</tr>
<tr>
<td>16mg</td>
<td>8mg</td>
</tr>
<tr>
<td>14mg</td>
<td>8mg</td>
</tr>
<tr>
<td>12mg</td>
<td>6mg</td>
</tr>
<tr>
<td>10mg</td>
<td>6mg</td>
</tr>
<tr>
<td>8mg</td>
<td>4mg</td>
</tr>
<tr>
<td>6mg</td>
<td>4mg</td>
</tr>
<tr>
<td>4mg</td>
<td>2mg</td>
</tr>
</tbody>
</table>

Note: This only applies to patients on 4 day a week dosing that miss their ‘double dose’. For example, a patient dosing on 32mg on Monday, Wednesday and Friday, and 16mg on Sunday would receive a dose of 16mg on the Tuesday if they received their usual dose on Sunday, but then missed their dose on Monday and instead presented for their dose on Tuesday. The patient would then resume dosing on their usual regime from the Wednesday. However if the patient had their usual dose on Friday, but missed their Sunday dose of 16mg, and presented to dose on Monday, they are to receive 32mg as scripted (i.e. not 8mg).

4.22 Intoxicated presentations

If a patient presents for dosing and appears to be intoxicated, the dose must be withheld and the prescriber must be informed as soon as possible.
4.23 4.23 Vomiting after a dose/vomited dose

No doses are to be replaced without direction from the prescriber, whether or not the event was witnessed by the pharmacist or health practitioner. Any vomiting shortly after a dose must be reported to the prescriber who will need to assess the situation, e.g. pregnancy, cause of the vomiting etc., and may require the patient to present for clinical review.

4.23.1 Vomiting - Methadone

If vomiting has occurred more than twenty (20) minutes after the dose, the patient can be reassured that the entire dose has been absorbed.

4.23.2 Vomiting - Buprenorphine and buprenorphine/naloxone

The patient can be reassured that buprenorphine is rapidly absorbed via the buccal and sublingual mucosa and there is no need for any replacement.

4.24 4.24 Lost/stolen/spilt doses

Lost or stolen doses present a significant risk to the community and must be reported to the prescriber or AOD service as soon as practicable.

No doses reportedly lost by the patient or stolen from the patient are to be replaced without direction from the prescriber.

No doses reportedly spilt by the patient are to be replaced without direction from the prescriber.

4.25 Prescription expiry

Patients must not be given S8 medication after a prescription has expired unless directed to do so by an accredited prescriber with the expectation of a written prescription provided to cover the supply.