Opioid Pharmacotherapy Dispensing - Information for Pharmacists

Disclaimer

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About opioid pharmacotherapy

➢ Also known as medication assisted treatment of opioid dependence (MATOD) or opioid replacement therapy (ORT)
➢ An effective, evidence-based treatment for opioid dependence.
➢ Benefits include:
  o Reduced:
    ▪ opioid drug use.
    ▪ drug-seeking and drug crimes.
    ▪ risk of over-dose deaths and long-term morbidity.
    ▪ injecting and risk of transmission of blood-borne infections.
  o Improved:
    ▪ physical and social health outcomes.
    ▪ stability and ability to engage in recovery journey.
➢ Provided in a structured system that manages risk as an ongoing supervised daily supply of:
  o Methadone – a potent synthetic opioid agonist which is well absorbed orally with a long, variable plasma half-life.
  o Buprenorphine – a partial agonist at the mu receptor which has a higher affinity for the mu receptor than methadone and other oral opioids. It is available in tablets or films and can be combined with naloxone (Suboxone).

Practice Point - Interview prospective patients

Pharmacies are under no obligation to accept a new patient to their pharmacotherapy program. Interview a prospective patient before agreeing to be their dispenser.

Legislative requirements
Pharmacists must comply with state legislation when providing opioid pharmacotherapy. State legislation
Regulatory requirements associated with medication-assisted treatment of opioid dependence (MATOD) are the same as for other Schedule 8 poisons under the Drugs, Poisons and Controlled Substances Regulations 2017 (Version 005, October 2018).

Training
Undertake regular education in the area of substance abuse and treatment. Consider the Pharmaceutical Society of Australia’s Victorian Pharmacy Pharmacotherapy Program.

Setting up

1. **Apply for approval to supply pharmacotherapies.**

  **Apply for approval to supply pharmacotherapies**

    ➢ Initial approval will be for a limited number of patients – usually 5.
A Department of Health representative will arrange a pharmacy visit to conduct an induction.
Application to increase the number of patients may occur once service established.
See Application for approval as a supplier of pharmacotherapies in Victoria.
If there is a change of ownership of the pharmacy, you must notify the Department of Health and re-apply for a permit to supply pharmacotherapy.

2. Ensure current, readily accessible copies of:
   - Policy for maintenance pharmacotherapy for opioid dependence.

3. Ensure adequate space in drug safe and medications stored according to S8 requirements.

4. Ensure a relatively private area for dosing.

5. Ensure all staff are aware of confidentiality obligations.

6. Ensure adequate space to prepare doses.

Adequate space to prepare doses

The Victorian Pharmacy Authority Guidelines 2018 state that in pharmacies providing pharmacotherapy to ≥ 20 patients per day, the dispensary must include:
- a bench or bench area dedicated to the pharmacotherapy program of at least 0.6m² that is not accessible to the public and provides for the secure storage of in-use S8 medicines.
- Provided suitable arrangements are in place to protect patient privacy, the pharmacotherapy area may be located away from the dispensary if it is:
  - air-conditioned,
  - alarmed,
  - fitted with hot and cold water sink with drainer,
  - fitted with safe or drug cabinet to store S8 poisons,
  - fitted with lockable storage for patient records.

7. Ensure adequate consumables.

Consumables

- Child-resistant opaque 200 mL bottles for take-away doses:
  - Prefer disposable.
  - If not disposable, label re-usable containers for specific patients and sanitise after each use. Use only for patient who had them previously.
- Cardboard tablet boxes for take-away buprenorphine/naloxone film (Suboxone) doses.
- Plastic disposable cups for in-pharmacy dosing of Methadone and Subutex.
- Fresh water for patients to use after dosing and for making up take-away doses.
- Medication:
  - Ordered through (government subsidised – no cost to pharmacy):
    - Symbion, phone 1300-772-000
    - Sigma, phone 1300-132-293
    - API, phone 1800-803-505
  - After Department of Health approval, a Pharmacotherapy account is set up.
  - Initially suggest:
▪ 1 x 1 litre bottle of Methadone 5 mg/mL syrup or 1 litre Biodone Forte 5 mg/mL liquid (no sugar, no alcohol), depending on preference.
▪ 1 x box Suboxone 8 mg/2 mg 28 films.
▪ 1 x box Suboxone 2 mg/0.5 mg 28 films.

Sometimes in special circumstances i.e., pregnancy or documented allergy, patient may require Subutex tablets in a range of strengths (0.4 mg, 2 mg and 8 mg).

8. Ensure adequate equipment.

**Equipment**
➢ Tablet crusher if required to dispense buprenorphine tablets (Subutex).

➢ **Accurate measuring devices.**
  o Approved displacement pump or dosing syringe:
    ▪ Disposable syringes with a cannula fitted are cheaper than pumps and automated pumps and suitable for pharmacies with a small number of pharmacotherapy patients.
    ▪ If using displacement pump with bottle, clearly label with the strength of the methadone syrup or Biodone being used.
    ▪ Manual pumps:
      • Interpath Services, phone (03) 9457-6277.
      • Automated pumps and computerised programs:
        ▪ iDose.
        ▪ MethDA.
  o Suitable cylindrical measures may also be used, but not conical measures.
  o Measuring devices must be regularly calibrated.

➢ Diary for communication between all dispensers involved in pharmacotherapy program.

➢ Patient record book (or computer program):
  o Use a small exercise book with pockets inside for keeping current patient scripts.
  o Record date, time, dose, and script expiry.
  o Keep a separate notes section.

➢ Use a separate drug register for each drug being used (do not record Pyseptone tablets or Norspan patches in the same register).

**Separate drug register**
• Record methadone and buprenorphine when received from the wholesaler showing balance of drug.
• Record daily total for each drug at end of each day in register showing remaining balance.
• Record volume of methadone in mL.
• Ensure the strength of methadone is clearly identified in the register.
• If 2 different brands of methadone are used clearly separate in the register (or use 2 different books).
• Use a new page for each strength of Suboxone and Subutex.

• See [Policy for maintenance pharmacotherapy for opioid dependence](#): Appendix 10 for sample daily dose registers for both suboxone and methadone:
• Record each dose after it is dispensed.
• Record methadone dose in mL and mg to avoid misinterpretation.
• If a take-away dose is dispensed clearly mark this as a take-away dose.

9. Payment system:
   • Decide charge per dose and whether missed doses will be charged for.
   • Decide whether there will be a discount for paying in advance.
   • Current practice ranges $5 to $8 per dose.
   • Decide on payment systems:
     • Patient credit accounts – tracks dosing but must be kept in credit.
     • Centrepay.
     • Credit not advised – it causes most issues with the program.
   • If stuck for payment, advise patient to contact the PAMS service.

10. Consider registering with DirectLine to be identified as a pharmacotherapy supplier by patients, general practitioners and other health professionals.

11. Consider registering with Centrepay to offer this payment option.


New patients

1. Identify if transferring from another pharmacy or new to pharmacotherapy.
2. If applicable, reference check with previous pharmacies.
3. Obtain a prescriber-certified photograph of patient.
4. Provide patient information about treatment if not already supplied by the prescriber, see
   o Methadone Treatment in Victoria – User Information Booklet.
   o Suboxone Sublingual Film 2 mg/0.5 mg – Consumer Medicine Information.
5. Attach photograph to patient record for easy identification.

Patient induction

1. Discuss process for dosing:
   • Opening hours.
   • Pharmacist and patient expectations.
   • The importance of disclosing other medication being taken, including illicit drugs.
   • The risk of concurrent poly-drug use and overdose, especially during the first week of dosing.

   Discuss without judgement, emphasise that you need to know for their safety.

2. Check for drug interactions with current medication. If clinically significant drug interactions, contact prescriber.

3. Discuss potential side-effects of medication:
   • Impairment of the ability to drive especially early on in treatment.
   • Methadone – sleep disturbance, reduced libido and sexual function, lethargy, excessive sweating, constipation, and reduced saliva.
• Buprenorphine – precipitated withdrawal, headaches, constipation, insomnia, nausea, dizziness, and sweating.

4. Discuss pharmacy and patient agreement and provide copy to patient for their own records.

8. Organise payment arrangements:
   - offer to complete the application for the patient, or
   - direct the patient to complete it via the myGov online application.

9. Obtain patient telephone number for situations requiring urgent contact.
10. First dose:
    - Methadone:
      - First dose should not be above 30 mg.
      - Maintenance dose generally 60 to 100 mg per day.
      - Contact prescriber for clarification.
    - Buprenorphine:
      - First day 4 to 8 mg (may be in a divided dose) – higher doses may increase the risk of precipitated withdrawal or side effects
      - First dose administered during early withdrawal.
      - 12 to 16 mg daily by day 3.

Dispensing

A prescription represents authorisation to administer, but exercise professional judgement about the appropriateness of dosing in situations where safety is uncertain or there appears to be a risk of overdose. The pharmacist administering the dose has the final word. An authorised dose should only be administered if it is safe to do so. This includes the provision of take away doses.

1. Ensure dosing only occurs for a single patient at a time.
2. Confirm identity of patient with certified photograph.
3. Confirm prescription is current and in date.
   - Confirm prescription is current and in date
     - Ensure prescription is current, as written by doctor.
     - If the prescription is faxed or the prescriber is unfamiliar:
       - Contact the prescriber to verbally clarify information
       - Follow-up if original prescription not received in a timely manner
     - Retain prescription as per s8 legal requirements – 3 years

4. Check the prescription satisfies legal requirements.
5. Pharmacists are required to record prescriptions for opioid replacement therapy in their dispensing software. Each time a new prescription is received and used to supply opioid replacement therapy to a patient (e.g., the renewal of an expired prescription). Daily administration does not need to be entered into the pharmacy dispensing software.

6. Confirm when previous dose was administered. If 4 consecutive days have elapsed since the last methadone or buprenorphine dose, do not dose. See missed doses (below).
7. Check notes for any issues with previous dosing.
8. Check for **signs of intoxication**. If patient seems intoxicated:

**Signs of toxicity**

- Slurred speech
- Unsteady gait
- Drowsiness
- Pupil constriction
- Disinhibition
- Drooling
- Dizziness
- Itching or scratching
- Sedation or somnolence
- Lowered blood pressure
- Hypoventilation

- refuse to dose and contact the prescriber if necessary.
- ask patient to come back later (mild intoxication).
- instruct patient to contact the prescriber (moderate intoxication).
- instruct patient to attend hospital (severe intoxication).
- if the patient refuses to accept advice, a placebo dose may be necessary.

9. Prepare dose according to prescription.
10. Supervise the patient, ensuring complete dose taken:

- **Methadone**
  
  **Dispensing methadone**

  - Dilute methadone with water
  - Ask patient to remove anything from their mouth e.g., chewing gum
  - Supervise consumption
  - Follow-up with a drink to wash down bitter taste and prevent diversion. Do not allow patients to supply drink containers
  - Have a conversation with the patient to ensure complete dose has been swallowed
  - Discard dosing container
  - Ensure a gap of at least 8 hours between subsequent doses

- **Buprenorphine films**

  **Dispensing buprenorphine films**

  1. Ask patient to pre-moisten mouth with water if required
  2. Ask patient to remove anything from mouth e.g., chewing gum
  3. Do not remove film from original packaging until ready to administer
  4. Do not cut or divide the film
  5. Ask patient to place film under the tongue
  6. If 2 films required, advise patient to place one on each side of mouth, to avoid films touching each other as much as possible
  7. Films should be kept in place until completely dissolved
8. If required, further films can then be given
9. Patient should not chew or swallow the film
10. Supervise patient until film completely dissolved (1 to 2 minutes)
11. Ensure a gap of at least 8 hours between subsequent doses.

Note: buprenorphine is long-acting (up to 72 hours). Alternate-day dosing may be suitable for stabilised patients.

➢ Buprenorphine tablets

Dispensing buprenorphine tablets

1. Ask patient to pre-moisten mouth with water beforehand if required
2. Ask patient to remove anything from the mouth e.g., chewing gum
3. Crush tablets to the consistency of coffee granules and place in dosing container
4. Ask patient to place crushed tablets under the tongue
5. Supervise consumption until tablets completely dissolved. This might take 5 to 10 minutes
6. Ensure a gap of at least 8 hours between subsequent doses.

Note: buprenorphine is long-acting (up to 72 hours). Alternate-day dosing may be suitable for stabilised patients.

11. Dose is recorded in patient record book or computer program.

Dose is recorded

➢ Date and time
➢ Actual dose in mL and mg equivalent
➢ Takeaways given, if applicable
➢ Pharmacist signature or initials

12. Patient signs for each dose (hard-copy or electronically).

• Events to document or report

➢ Document any event where the supply of a dose is declined.
➢ Document significant communication with the prescriber or other relevant health care providers.
➢ Report to the prescriber any treatment issues e.g., consecutive missed doses, erratic attendance, unusual behaviour.

• Continually communicate with patients about how the program is working for them. Liaise with the prescriber on their behalf if necessary to adjust the dose to a more comfortable point.

Communicate with patients

Regularly ask questions:
➢ "Is this dose holding you?"
➢ "When was the last time you used?"
➢ "Are you feeling drowsy?"

13. Missed doses

If patient attends after missing methadone or buprenorphine doses on four (4) or more consecutive days, do not administer further doses without the prescriber’s expressed authorisation.

If alternate day dosing of buprenorphine:
➢ 2 missed doses = 4 missed days.
➢ If only one dose missed, give half dose and contact prescriber.

14. Takeaway doses

Do not replace lost, spilt, or stolen take-away doses without written authority from the prescriber.

➢ Methadone.

  o Dilute takeaway doses to 200mL with fresh water in appropriate opaque container with child resistant closure.
  o Label as methadone on a pharmacy label that includes “KEEP OUT OF REACH OF CHILDREN” and the pharmacy details – see example and ancillary labels.

  **Ancillary labels**
  • Label 1 (This medication may cause drowsiness and may increase the effects of alcohol. If affected do not drive a motor vehicle or operate machinery).
  • Label 92 (May cause death or injury if taken by another person).

  **Methadone label example**
  METHADONE SOLUTION containing xx mg in 200 mL
  This bottle contains a single daily dose of methadone to be taken on 15th May 2015 by Joe Bloggs.
  Prepared on 14th May 2015
  PW (Pharmacists initials or code)

➢ Buprenorphine.

  o Each day’s dose should be retained in the original packaging and individually dispensed in a box with appropriate labelling.
  o Labelled as Suboxone on a pharmacy label that includes “KEEP OUT OF REACH OF CHILDREN” and the pharmacy details. See single-dose example and ancillary labels.

  **Buprenorphine label example**
BUPRENORPHINE/NALOXONE FILM
This container contains a single daily dose of xx mg of Buprenorphine to be taken by Joe Bloggs. Take the contents of this container as a single dose dissolved under the tongue on 15th May 2015.
Prepared on 14th May 2015
PW (Pharmacists initials or code)

• May also be packaged for multiple days but if different strengths required they must be packaged separately. See multiple dose example and ancillary labels.

Multiple dose example

BUPRENORPHINE/NALOXONE FILM 8 mg (Qty 6)
Dissolve under the tongue TWO films each day (total of 16 mg daily). To be taken on 15th May, 16th May and 17th May 2015 by Joe Bloggs
Prepared on 14th May 2015
PW (Pharmacists initials or code)

○ If supplying tablets i.e., Subutex (not recommended), they must not be crushed and should be retained in the original blister pack.

➢ Advise patient on storage requirements.

Storage requirements for takeaway doses

○ Store in secure place out of reach of children - preferably locked box or cabinet.
○ Do not store in refrigerator.

➢ See Checklist for Assessing Appropriateness of Take-away Doses.

15. Termination of treatment

➢ An attempt should be made to resolve any issues. Contact PAMS for assistance.

Pharmacotherapy Advocacy, Mediation, and Support (PAMS)

○ Statewide telephone service available to pharmacotherapy patients, prescribers, or pharmacists to help resolve conflicts between patient and provider.
○ Available Monday to Friday, 10.00 am to 6.00 pm.
○ Phone: 1800-443-844

See Harm Reduction Victoria – About PAMS.

➢ If treatment is terminated by the pharmacy or patient:

○ avoid abrupt cessation of pharmacotherapy.
○ advise prescriber about intention to cease treatment.
○ advise patient of other treatment options.
o advise patient about the likely loss of tolerance.
o advise patient about the risk of overdose.
o advise patient to contact PAMS for assistance in finding an alternative pharmacy (if required).

Dosing errors

➢ **Excess dose methadone**
  
o Patient in first 2 weeks of treatment:
    • If signs of intoxication:
      • Observation for 4 hours.
      • Attend emergency department.
      • Advise prescriber.
      • Record incident.
  
o Patient in treatment longer than 2 weeks:
    • If < 50% over usual dose:
      • Alert patient of signs and symptoms of overdose.
      • Advise patient to present to emergency department if symptoms develop.
      • Warn not to use alcohol or other drugs.
      • Warn to not drive or operate machinery.
      • Advise prescriber.
      • Record incident.
    • If > 50% over usual dose:
      • Contact prescriber immediately – see Drug and Alcohol Clinical Advisory Service (DACAS) if not available
      • If hospitalisation required, contact hospital or ambulance to alert staff to circumstances.
      • Record incident.

➢ **Excess dose buprenorphine**
  
o Explain the consequences to patient – increased sedation for several hours.
o Warn against additional drug use.
o Warn against driving or operating machinery.
o Notify prescriber.
o Record incident.
o Patient should be monitored for at least 6 hours by a trained health professional or emergency department if:
  • patient experiences sedation and drowsiness following dose.
  • patient is new to replacement therapy (within first 2 weeks).
  • more than 32 mg was incorrectly administered (regardless of routine daily dose).

➢ If patient has left before error is realised every attempt must be made to contact them
➢ To reduce risk of overdose each patient should be prescribed naloxone along with their pharmacotherapy – if not supplied
directly to patient or by a prescription, consider supplying over-the-counter. See [Naloxone guidelines](#).

- **Overdose signs**
  - Pinpoint pupils
  - Nausea
  - Dizziness
  - Feeling intoxicated
  - Sedation
  - Unsteady gait
  - Slurred speech
  - Snoring
  - Hypotension
  - Slow pulse
  - Frothing at mouth (pulmonary oedema)
  - Coma

**After dispensing**

1. Record each patient’s dose on a **daily dose register**.

**Daily dose register**

Use a daily dose register (in an exercise book or printed sheet) per patient for methadone or suboxone.

For example:

<table>
<thead>
<tr>
<th>Date and time</th>
<th>Dose (mg and mL if methadone)</th>
<th>Take Away (yes or no)</th>
<th>Patient signature</th>
<th>Pharmacist signature</th>
<th>Comments</th>
</tr>
</thead>
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</tbody>
</table>

2. Record balance of medications used in drug register at least daily.
3. Reconcile paper balance with actual physical balance weekly to fortnightly, depending on how big your program is.
4. Supply prescribers with details of missed doses, erratic behaviour, and any concerns.
5. Review patient regularly, depending on time in treatment:
   - When new script is due.
   - If presenting with erratic behaviour.
   - At the prescriber’s or patient’s request.
   - Assess appropriateness of take-away doses.

**Special circumstances**

- Special groups

*Breastfeeding*
Breast milk contains only small amounts of methadone. If on high doses, infant should be slowly weaned off breast milk to avoid withdrawal in the infant. Buprenorphine safety and effectiveness not fully evaluated in Australia. Consider referral to Women’s Alcohol and Drug Service.

Pregnancy

- Determine whether prescriber is aware. If not, contact prescriber.
- First line Methadone:
  - Methadone category C
  - Benefits outweigh risk
  - If nausea an issue may require split dosing (see below)
  - Encourage patient not to reduce dose
  - Dose usually needs to be increased
- Buprenorphine category C:
  - Safety and effectiveness not fully evaluated
  - Methadone preferred
- Consider referral to Women’s Alcohol and Drug Service.

Release from prison

- Pharmacotherapy support funding for 1 month if patient just released from prison
- Claim using the Pharmacotherapy Dispensing Support Program – Tax Invoice

Youth

- Buprenorphine preferred option.
- DHHS pays pharmacy fees for pharmacotherapy patients aged ≤ 19 years on Youth Justice Community orders.
- The Drugs and Poisons Unit will advise you when applications for permits for eligible patients are received.
- Claim using the pharmacotherapy dispensing support program tax invoice.

- Acute pain
  
  For mild pain prescribe non-opioid analgesics such as aspirin, paracetamol or NSAIDs.
  
  For moderate to severe pain, refer back to prescriber.

- Diversion

  If diversion is suspected:
  - notify prescribing doctor.
- make a record in patient file.
- withhold take-away doses until prescriber can be notified.

**Overseas travel**

- Advise patient they will need a customs clearance from each country they are travelling to. See [Therapeutic Goods Administration](https://www.tga.gov.au).
- Methadone tablets (Physeptone) may be prescribed in some circumstances:
  - Discuss with prescriber
  - See [Travel Guide Index](https://www.health.gov.au/hlc) for details about taking methadone into various countries.
- Minimal supervision of buprenorphine/naloxone:
  - Suitable for very stable, low risk patients.
  - Maximum prescription provided up to 28 days' supply.
    - General practitioners who have supporting advice from a Fellow of the Australasian Chapter of Addiction Medicine may apply for a permit to prescribe a minimal supervision regime.
- PAMS may be contacted by the patient or prescriber for advice and support around arrangement for overseas travel.

**Split doses**

- Split doses may be required by:
  - rapid metabolisers of methadone.
  - pregnant women with nausea.

- Provide split doses to maintain adequate methadone levels.
- When split doses are provided as a take-away dose:
  - provide the first and second dose in separate take-away bottles.
  - ensure that the day and timing of each dose is clearly indicated on the label.
- If unsure, discuss with prescriber.

**Switching therapies**

- Methadone to buprenorphine:
  - Low doses e.g., 2 mg, generally not adequate to substitute for methadone.
  - High doses e.g., 8 mg or more, may precipitate withdrawal in initial stage.
  - First dose administered:
    - when patient is experiencing early features of opioid withdrawal
    - at least 24 hours after last methadone dose.
- Buprenorphine to methadone:
  - Methadone can be commenced 24 hours after the last dose of buprenorphine.
  - Initial dose should not exceed 40 mg.

**Temporary or permanent transfers**
➢ **Transfers within state**

- Contact previous pharmacy to confirm date and amount of last dose, including take-away doses.
- Get information in writing if possible e.g., by fax or email.

➢ **Interstate transfers**

- Provided interstate requirements are also met, prescriptions written by Victorian prescribers for methadone or buprenorphine for Medication Assisted Treatment of Opioid Dependence (MATOD) can be dispensed in:
  - The Australian Capital Territory
  - New South Wales
  - Queensland
  - South Australia
  - Western Australia.

- Prescriptions written by Victorian prescribers for methadone or buprenorphine for MATOD cannot be dispensed in the Northern Territory or Tasmania.
- Prescriptions written by interstate prescribers for methadone or buprenorphine for MATOD can be dispensed in Victoria:
  - The Australian Capital Territory
  - New South Wales
  - Queensland
  - South Australia
  - Western Australia.

  - If dispensing MATOD for a patient on a prescription written by an interstate doctor, notify the Department of Health once the patient is accepted.
  - See Department of Health and Human Services – Pharmacotherapy Transfers into Victoria.

- DirectLine or PAMS can be useful to locate a pharmacy or prescriber.

➢ **Vomited doses**

- **Methadone**
  - Consider the interval between ingestion and vomiting:
    - If vomiting occurs > 20 minutes after ingestion, the dose is likely to be absorbed. Reassure patient of this.
    - If vomiting occurs < 20 minutes after ingestion of dose, contact prescriber.
      - Vomiting must be sighted by pharmacist or other pharmacy staff for the prescriber to authorise a further dose. Prescriber may then authorise a half dose.
  - If patient pregnant, refer to prescriber.

- **Buprenorphine**:
  - Vomiting after a dose does not reduce clinical effect as it is absorbed sublingually within minutes.
  - No action is necessary.
Referral

- If patient presents with breathing difficulty, bradycardia, or reduced level of consciousness, call 000 for ambulance transfer to the nearest Emergency Department for immediate assessment of suspected overdose.
- If patient may benefit from additional assessment and supports, refer for low risk alcohol and drug treatment assessment.
- If opioid dependant with mental health concerns, additional drug use or complex health issues, refer for moderate to high risk alcohol and drug treatment assessment.
- If problems with patient behaviour, payments, or other disputes, pharmacist or patient can phone Pharmacotherapy, Advocacy Mediation and Support (PAMS) on 1800-443-844.
- For advice and support to establish a new program, or for access to staff training and business resources, contact local pharmacotherapy network.

Information

For health professionals

Further information

- Department of Health and Human Services – Policy for Maintenance Pharmacotherapy for Opioid Dependence
- DirectLine
- Drug and Alcohol Clinical Advisory Service (DACAS)
- Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists:
  - Free Opioid Calculator [app]
  - Opioid Calculator [desktop version] (not appropriate for codeine conversions)
- National Health and Medical Research Council (NHMRC) – National Guidelines for Medication-Assisted Treatment of Opioid Dependence
- Pharmaceutical Society of Australia – Professional Practice Standards, Standard 16: Harm Minimisation
- Pharmacotherapy Advocacy Mediation and Support (PAMS)

For patients

- Department of Health and Human Services – Resources Supporting the 2016 Revised Policy for Maintenance Pharmacotherapy for Opioid Dependence
- DirectLine

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Disclaimer