



Poisons and Dangerous Drugs Act

NOTICE OF ISSUING AND PUBLICATION
OF GUIDELINES

I, KONSTANTINE VATSKALIS, the Minister for Health, pursuant to section 31W(5) of the *Poisons and Dangerous Drugs Act* and with reference to section 8 of the *Interpretation Act*, give notice of the issuing of the Schedule 8 and Restricted Schedule 4 Substances Policy and Clinical Practice Guidelines third edition published in the Schedule.

Dated 1st March, 2012.

K. VATSKALIS
Minister for Health

1/14

Poisons and Dangerous Drugs Act

DECLARATION OF RESTRICTED
SCHEDULE 8 SUBSTANCE

I, STEVEN JAYE SKOV, the Acting Chief Health Officer, pursuant to section 31B of the *Poisons and Dangerous Drugs Act* declare -

- (a) each Schedule 8 substance specified in the Schedule to be a restricted Schedule 8 substance; and
- (b) this declaration takes effect from 1 March 2012.

Dated 8th February, 2012.

S. J. SKOV
Acting Chief
Health Officer

SCHEDULE

Buprenorphine 2mg/naloxone 0.5mg in film form for sublingual or buccal administration (Suboxone)

Buprenorphine 8mg/naloxone 2mg in film form for sublingual or buccal administration (Suboxone)

2/14



Northern
Territory
Government

DEPARTMENT OF HEALTH

Schedule 8 and Restricted Schedule 4 Substances

Policy and Clinical Practice Guidelines

Third edition

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For further information

**Department of Health
Poisons Control**

Phone: 8922 7341

Fax: 8922 7200

Email: poisonscontrol@nt.gov.au

www.health.nt.gov.au/poisonscontrol

Other resources available (selected documents are on the website):

- Quick Guide for Medical Practitioners to Prescribe Schedule 8 Substances
- Self-Prescription and Self-Administration of Schedule 8 and Restricted Schedule 4 Substances fact sheet
- Summary of Requirements for Medical Practitioners fact sheet
- Summary of Requirements for Pharmacists fact sheet
- Storage and Disposal of Schedule 8 Substances fact sheet
- The Schedule 8 and Restricted Schedule 4 Substances Clinical Advisory Committee (CLAC) fact sheet
- Information for Patients on Schedule 8 Medication
- Code of Practice for the Storage and Transport of Schedule 8 Substances
- CLAC Chronic Pain Management Clinical Flowchart
- CLAC Guideline for Transfer from Restricted Schedule 8 Opiate Pharmacotherapies to Non-restricted Schedule 8 Medication (for medical practitioners)
- CLAC Guideline for Supplying Dexamphetamine and Methylphenidate to International Travellers in the NT
- Guideline for Applications under section 34(2A) of the Poisons and Dangerous Drugs Act

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Appendix D Suitability for Takeaway Doses Assessment form

Appendix E1 Variation to Opioid Substitution Therapy Unsupervised Doses – buprenorphine/naloxone

Appendix E2 Variation to Opioid Substitution Therapy Unsupervised Doses - general

Appendix F Variation to Opioid Substitution Therapy Unsupervised Doses for Travel

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Glossary

Throughout these Guidelines:

“Authorisation” and “Authority” are synonymous.

“Authorised medical practitioner” refers to a medical practitioner who holds an authority to supply a restricted S8 substance under the Act.

“CHO” refers to the Chief Health Officer of the Northern Territory, which is a statutory appointment under the *Public and Environmental Health Act (NT)*. The CHO is the ultimate source of authority under the *Poisons and Dangerous Drugs Act (NT)*. In practice the CHO will delegate certain powers to other persons to allow the smooth operation of the Act in day-to-day practice.

“Electronic medication management system” refers to a computer application or set of applications which allow for ‘electronic representation of the prescriber’s signature’ and do/does not generate a paper prescription or dosing record, and is approved by the CHO under section 33(2)(b) of the *Poisons and Dangerous Drugs Act (NT)*.

“Opiate Pharmacotherapy”, “Opioid Pharmacotherapy”, and “Opioid Substitution Treatment” are synonymous. Please see Part 3 of this document.

“Person” and “Patient” are synonymous.

“Prescriber” and “Medical Practitioner” are synonymous.

“Supply” includes both the administration and the possession for the purpose of administration.

“The Act” refers to the *Poisons and Dangerous Drugs Act (NT)*. The Act is administered by the Poisons Control section of the Environmental Health Program of the Department of Health, on behalf of the CHO.

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“The Committee” refers to the ‘Schedule 8 and Restricted Schedule 4 Substances Clinical Advisory Committee’, which is a statutory committee constituted under the Act. The Committee is also known as the “CLAC”. The secretariat is located at Poisons Control.

“USD” refers to Unsupervised Doses of Opioid Substitution Treatment medicines (buprenorphine, buprenorphine/naloxone, and methadone), which are also known as “Takeaways”.

Please Note:

Pursuant to section 31P of the Act, the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

Please contact Poisons Control to ascertain current information regarding exemptions that have been granted pursuant to section 31P of the Act.

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Part 1 - Supply of Non-Restricted Schedule 8 Substances

Section 31F of the *Poisons and Dangerous Drugs Act* states that a medical practitioner:

- may supply, without an authorisation, non-restricted Schedule 8 substances for the therapeutic purpose of not more than the prescribed number of persons.
- may supply, unless exempted under section 31P, non-restricted Schedule 8 substances for the therapeutic use of more than the prescribed number of persons or for the use of a particular person for the treatment of addiction, only if the medical practitioner holds an authorisation.

The regulatory framework for the supply of non-restricted Schedule 8 substances is derived from:

1. The requirement under section 31F of the Act to apply for and receive an authorisation from the CHO if a medical practitioner wishes to supply a non-restricted Schedule 8 substance for therapeutic purposes to more than the prescribed number of persons, or to a particular person for the treatment of addiction.
2. The requirement under section 31L of the Act to notify the CHO of the supply of a non-restricted Schedule 8 substance in accordance with these Guidelines.
3. The requirement under section 31X of the Act to comply with these Guidelines in the supply of restricted Schedule 4 and Schedule 8 substances.

The CHO is the ultimate source of authority under the Act. In practice the CHO will delegate certain powers to other persons to allow the smooth operation of the Act in day-to-day practice.

In practice, all requests for authorisations, notifications of supply and other correspondence are to be directed to:

Poisons Control

Phone: 8922 7341

Fax: 8922 7200

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The prescribed number of persons

The prescribed number of persons pursuant to section 31F of the Act for non-restricted Schedule 8 substances is **fifteen (15)**.

Section 31F(4) states that the prescribed number of persons does **not** include:

- A person receiving palliative care exclusively or partially from a recognised specialist provider of palliative care (whether an individual or body);
- A person admitted to a hospital for treatment as an in-patient;
- A person receiving emergency medical treatment that requires the administration of a non-restricted Schedule 8 substance. Emergency medical treatment in this sense means treatment for an acute illness, exacerbation of an existing illness, or an acute injury that requires the administration of a non-restricted Schedule 8 substance for less than 48 hours in total;
- A person excluded by the CHO by notice in writing; and
- A person who belongs to a class of persons excluded by the CHO by notice in the *Gazette*.

If a medical practitioner wishes to supply a non-restricted Schedule 8 substance to **more than 15 persons** at any one time, he or she must have an authorisation from the CHO or his/her delegate to do so.

Medical practitioners wishing to obtain such an authorisation must apply in writing to the CHO or his/her delegate, providing details of the medical practitioner's training and experience in managing persons in need of non-restricted Schedule 8 substances, and must include a justification for the request.

The CHO will refer such requests to the Committee, which will review each application on a case-by-case basis and make a recommendation to the CHO.

Requirements for Notification of Supply

Pursuant to section 31L of the Act, medical practitioners must notify the CHO or his/her delegate of the supply of non-restricted Schedule 8 substances in accordance with these Guidelines.

Medical practitioners must notify the CHO of the supply of non-restricted Schedule 8 substances under the conditions described in these Guidelines. An exception to this requirement applies to medical practitioners supplying S8 substances to hospital inpatients whilst they remain inpatients or on discharge, or to hospital outpatients for a maximum period of **seven (7) days**.

Medical practitioners **must** notify the CHO of supply of a non-restricted Schedule 8 substance **the first time** any of the following circumstances apply:

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- The medical practitioner supplies, intends to supply, or thinks it likely to be necessary to supply a non-restricted Schedule 8 substance to a patient for **more than 8 weeks**. This 8-week period is an aggregate period, and includes all periods of supply over the preceding 12 months, and also includes periods for which the medical practitioner is aware that another medical practitioner supplied the Schedule 8 substance.
- The medical practitioner supplies an **initial daily dose** of any one of the following non-restricted Schedule 8 substances in excess of:

Table 1
10mg buprenorphine patch or;
240mg of oral codeine or;
12mcg/hour fentanyl patch or;
8mg of hydromorphone or;
20mg of methadone tablets or;
60mg of oral morphine or;
40mg of oral oxycodone or;
any form or amount of pethidine.

- The medical practitioner supplies **any daily dose** of any one of the following non-restricted Schedule 8 substances in excess of:

Table 2
20mg buprenorphine patch or;
240mg of oral codeine or;
25mcg/hour fentanyl patch or;
16mg of hydromorphone or;
40mg of methadone tablets or;
100mg of oral morphine or;
80mg of oral oxycodone or;
any form or amount of pethidine.

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- The medical practitioner supplies a combination of the above substances such that the total dose equivalent exceeds the limits described above. The doses described above for the different substances may be considered dose equivalents.
- The medical practitioner supplies for a client because the patient claims that their medication was lost or stolen, or that the previously supplied medication was consumed earlier than intended by the client.
- The medical practitioner supplies for a patient who is already taking a Schedule 8 substance supplied by another medical practitioner, or who asserts they have been supplied a Schedule 8 substance from another medical practitioner, or indicates a desire to transfer from another medical practitioner. An exception to this would be where the other medical practitioner who supplied the Schedule 8 substance is a member of the same practice as the first medical practitioner, or is a specialist who is co-managing the patient with the first medical practitioner.
- If a medical practitioner has previously made a notification of supply of a non-restricted Schedule 8 substance for a particular person and, **twelve (12) months after the initial notification**, is still supplying and intends to continue to supply the substance, the medical practitioner **needs to renew the notification only if there has been a significant change to the Schedule 8 medication or a change to the person's circumstances** (eg change of address, change of medical condition). Otherwise there is no need to renew the notification. The medical practitioner is not obliged to notify each time they write a prescription for the person.
- For patients under the direct care of a palliative care specialist or palliative care service, no notification is required by the specialist or the service.

Medical practitioners **may** notify the CHO of supply of a non-restricted Schedule 8 substance if they have any concerns for the safety of the patient, or concerns about circumstances surrounding the patient and the patient's need for or use of the substance. For example:

- younger patients requiring more than a very brief period of opiates;
- patients with unusual diagnoses, or diagnoses that would not ordinarily require the use of opiates;
- patients with non-malignant conditions;
- patients with conditions requiring repeated, regular injections of opiates;
- patients who are not well known to the practitioner who require one-off injections of opiates.

Notification pursuant to section 31L of the Act is to be made to the CHO on a Notification of Supply of a Non-Restricted Schedule 8 Substance form (**Appendix A**). This completed form must be forwarded to the CHO **within 7 days** of the supply of the non-restricted Schedule 8 substance.

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Information to be provided concerning notification of supply

The following information must be supplied to Poisons Control using a Notification of Supply of a Non-Restricted Schedule 8 Substance form (**Appendix A**).

Patient:

Full Name;

Gender;

Date of Birth;

Address;

Name of parent or guardian if child under 18 years;

Medicare Number. and (if known) Health Care Card Number;

Substance;

Intended Dose;

Intended start-date for supply;

Duration of prescription;

Likely duration of need for Schedule 8 treatment;

Reason for notification;

Clinical indication;

Palliative care status of patient;

Whether the patient has had specialist assessment and, if so, the type of specialist;

Whether the patient has had previous treatment for opiate dependency;

Whether the patient has had previous treatment for other drug or alcohol dependency;

Whether the patient has ever injected drugs;

Whether the patient has ever been under the care of the Alcohol and other Drugs program in the NT or a similar program elsewhere in Australia; and

Dates of most recent specialist assessments, and name and contact details for specialists.

Please note further details and copies of correspondence must be supplied to the CHO if requested.

Prescribing Medical Practitioner:

Name;

Practice Address and Phone Number; and

Prescriber Number.

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Contents of prescriptions

In addition to the requirements for contents of prescription detailed in section 33 of the Act, every prescription for a non-restricted Schedule 8 substance must also satisfy the following requirements:

- The prescription must be written in ink, ballpoint pen or be produced on a printer or be provided via an electronic medication management system which has been approved by the CHO. It must not be written in pencil or any other easily erasable material;
- The date of birth (DOB) of the patient must be written on the prescription (to aid identification of the patient when receiving medication);
- The type of preparation to be dispensed must be specified, for example tablets;
- Required quantity of the substances must be written in words as well as numbers, except for prescriptions provided via an electronic medication management system which has been approved by the CHO;
- Prescriptions for other medications must not be written on the same prescription; except for prescriptions provided via an electronic medication management system which has been approved by the CHO; and
- A start date for supply, if that date is to be different to the date of issue, must be written on the prescription.

NB: It is recommended but not mandatory that the name of the pharmacy from which the substance is to be dispensed be written on the prescription.

Period of effect of prescription and permissible supply

Pursuant to section 34 of the Act:

- Prescriptions for non-restricted Schedule 8 substances must only allow for a total supply period of **two months**, with no more than one month's supply to be dispensed at any one time.
- Prescriptions written as "private prescriptions" (ie not to be dispensed under Commonwealth, State or Territory government-funded pharmaceutical schemes) must only be for a maximum of thirty days' supply at a time, and must not contain endorsements for repeat prescriptions.
- Supply on one prescription in excess of two months supply requires prior authorisation by the CHO under section 34(2A) of the Act. It is the responsibility of the prescribing medical practitioner to request this well in advance (minimum of two weeks turnaround). Approval is not automatic, and the request will be subject to consideration and recommendation by the Committee. Prescriptions of this type must be endorsed with the date and details of the authorisation to be valid and able to be dispensed by the pharmacy. A Guideline to assist medical practitioners make a request of this type is available from Poisons Control.

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**Part 2 - Supply of Restricted Schedule 8 Substances:
Dexamphetamine and Methylphenidate (Psychostimulants)**

Supply of restricted Schedule 8 substances is governed by Part VA of the *Poisons and Dangerous Drugs Act*.

Pursuant to section 31B of the Act the CHO may declare a Schedule 8 substance to be a **restricted** Schedule 8 substance by notice in the *Gazette*.

The CHO has declared by notice in the *Gazette* that the following are restricted Schedule 8 substances:

- Dexamphetamine, in all preparations and forms
- Methylphenidate, in all preparations and forms.

Section 31E of the Act states that despite anything contrary contained within Part VA of the Act, dexamphetamine and methylphenidate may only be supplied for the treatment of narcolepsy or hyperkinetic brain damage (including attention deficit disorder).

Section 31G of the Act states that restricted Schedule 8 substances may be supplied by a medical practitioner for therapeutic use **only** if the medical practitioner holds an authorisation from the CHO under this section.

Pursuant to section 31P of the Act the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

Please contact Poisons Control to ascertain recent information regarding any exemptions that have been granted pursuant to section 31P of the Act.

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Framework for Supply of Restricted Schedule 8 Substances Dexamphetamine and Methylphenidate

The basic framework for the supply of restricted Schedule 8 substances dexamphetamine and methylphenidate is:

1. A medical practitioner submits an application for an authorisation to the CHO to supply a restricted Schedule 8 substance dexamphetamine or methylphenidate for each individual patient.
2. The CHO decides in relation to each individual application whether the medical practitioner is competent and whether the circumstances are appropriate in relation to the patient (NB: the Act does not provide for a medical practitioner to receive a general "accreditation" to supply restricted S8 substances).
3. Details about administration, criteria to judge competence and appropriate circumstances are outlined below.
4. If considered competent a medical practitioner may only supply restricted Schedule 8 substances dexamphetamine and methylphenidate for a prescribed number of persons at any one time.
5. A medical practitioner may apply in writing to the CHO for an authority to supply for more than the prescribed number of persons.

The CHO is the ultimate source of authority under the Act. In practice the CHO will delegate certain powers to other persons to allow the smooth operation of the Act on a day-to-day basis.

In practice, all requests for authorisations and other correspondence are to be directed to:

Poisons Control:

Phone: 8922 7341

Fax: 8922 7200

Authorisation to Supply

- Medical practitioners wishing to supply dexamphetamine or methylphenidate for a person must be authorised to do so by the CHO;
- Medical practitioners must apply for an authority to supply dexamphetamine or methylphenidate for a person using the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (**Appendix B**);
- For each application two judgements will be made: whether the medical practitioner is competent to safely supply restricted Schedule 8 substances dexamphetamine or

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methylphenidate and whether all requirements in relation to the patient have been fulfilled;

- A medical practitioner will be considered competent to supply dexamphetamine or methylphenidate if they are recognised in Australia as a specialist paediatrician, psychiatrist, neurologist or physician, or a registrar in training in one of these disciplines, or if they are a medical practitioner co-managing a patient with a specialist or a registrar in training in one of these disciplines;
- The CHO is able to make routine approvals for authorisations under prescribed conditions. If the CHO has concerns about an application, or it does not conform to the prescribed conditions, the application will be referred to the Committee immediately for advice, which must be considered prior to the granting of any authorisation. The Committee will regularly review all approvals.

Prescribed conditions for routine authorisations

Pursuant to section 31G of the Act, the CHO may, without first considering the Committee's advice, issue an authorisation to supply restricted Schedule 8 substances if all the prescribed conditions apply.

The prescribed conditions for restricted Schedule 8 substances, dexamphetamine and methylphenidate are:

- The clinical decision to initiate either dexamphetamine or methylphenidate must be made by a specialist paediatrician, psychiatrist, neurologist, physician or registrar in training (see below);
- A registrar in training in the disciplines of paediatrics, neurology, psychiatry or medicine, who is resident in the NT, may make the initial clinical decision to commence dexamphetamine or methylphenidate providing that this occurs within a supervised training environment, which may include clinics outside the major hospital environment;
- A medical practitioner who is registered and practising in the NT (other than a specialist paediatrician, psychiatrist, neurologist, physician, or registrar in training in one of these disciplines) may only supply dexamphetamine or methylphenidate once it has been initiated by, or on the recommendation of, a specialist or registrar in training. Such medical practitioners must be co-managing the patient with a specialist paediatrician, psychiatrist, neurologist, physician or registrar in training and this co-management must involve the specialist paediatrician, psychiatrist, neurologist or physician, or their registrar in training reviewing the patient **at least every 24 months**;
- Medical practitioners, other than specialist paediatricians, psychiatrists, neurologists, physicians or their registrar in training, who intend to supply dexamphetamine or methylphenidate for a person, must complete a formal declaration that the patient has been recently reviewed by a specialist or their registrar in training, including details of the specialist's name and address. When renewing an authority to supply, the medical practitioner must also declare that the patient has been reviewed by a specialist or their registrar in training **in the previous 24 months**.

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- The application must be made on the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (**Appendix B**) along with all required information.
- If a specialist paediatrician, neurologist, psychiatrist or physician is based interstate, then the NT medical practitioner applying for the authority to supply the substance must personally verify the decision to initiate these substances with the interstate specialist, rather than rely solely on a letter from the specialist which is carried by the patient. Letters from interstate registrars will not be accepted.
- For international visitors who are in the NT for less than 3 months, the medical practitioner must:
 - Contact the patient's doctor via telephone, fax or email to verify the history of the patient; and
 - Complete the Application for Authority to prescribe a Restricted S8 Psychostimulant Medication form (**Appendix B**); and
 - Once the authorisation has been approved, supply only one prescription to the patient with a maximum of one repeat if required.
- For international visitors who will be residing in the NT for longer than 3 months, the medical practitioner must:
 - Contact the patient's doctor via telephone, fax or email to verify the history of the patient; and
 - Complete the Application for Authority to prescribe a Restricted S8 Psychostimulant Medication form (**Appendix B**); and
 - Once the authorisation has been approved, supply an appropriate prescription to the patient.
- Specialist paediatricians or their registrars in training may not initiate the supply of restricted Schedule 8 substances dexamphetamine or methylphenidate to patients who have attained the age of 18 years. It is recommended that paediatricians only supply these substances until a patient's 18th birthday and that after this time the supply of these substances should be taken over by an adult neurologist, psychiatrist, physician or their registrar in training.
- The maximum doses which may be supplied are:

Table 3		
Dexamphetamine	0.9mg/kg/day	Max 60mg per day
Methylphenidate	1.8mg/kg/day	Max 120mg per day

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Important notes concerning authorisation and supply

- If the specialist paediatrician, neurologist, psychiatrist or physician is based interstate or overseas, an NT-based general medical practitioner may supply for a maximum of **six months only**, in which time the patient must be reviewed by an NT-based specialist paediatrician, neurologist, psychiatrist, physician or registrar in training in one of these disciplines;
- When a specialist paediatrician or their registrar in training, as the sole supplier of the substance, is granted an authority to supply the substance, the authority will be valid until the patient **attains the age of 18 years**;
- The authority to supply for a particular patient must be **renewed every two years** for specialist neurologists, psychiatrists, physicians or their registrars in training, who are the sole suppliers of the substance;
- The authority to supply for a particular patient must be **renewed on an annual basis** by medical practitioners who **are co-managing** the patient with a specialist paediatrician, neurologist, psychiatrist, physician or registrar in training;
- When an authorised medical practitioner **ceases to supply** these substances for a patient, he or she must notify the CHO or his/her delegate **within 14 days** using the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (**Appendix B**);
- When an authorised medical practitioner **changes the substance** from dexamphetamine to methylphenidate or vice versa, he or she must notify the CHO or his/her delegate **within 14 days** using the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication (**Appendix B**).
- If the patient is less than four years of age, it is recommended that a second opinion be gained from another specialist supporting the diagnosis and recommendation to supply dexamphetamine or methylphenidate.

Information to be provided on application

The following information is to be supplied to the CHO using the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (**Appendix B**).

Patient:

Full Name;

Gender;

Date of Birth;

Address;

Name of parent or guardian if child under 18 years;

Medicare Number. and (if known) Health Care Card Number;

Condition being treated;

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Substance; and
Dose.

Prescribing Medical Practitioner

Full name;
Practice Address and Phone Number;
Prescriber Number; and
Type of practitioner (paediatrician, neurologist, psychiatrist, physician, registrar in training, or other).

If the prescribing medical practitioner is not a paediatrician, neurologist, psychiatrist, physician or registrar in training, then the following details concerning the specialist who recommended either the initiation or maintenance of treatment must also be provided:

Name;
Practice Address and Phone Number;
Type of practitioner;
Date most recently seen by specialist;
Whether the specialist is based interstate and, if so:
Whether the NT medical practitioner has personally verified the prescription with the interstate specialist.

Pursuant to section 31P of the Act the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

Please contact Poisons Control and ascertain recent information regarding any exemptions that have been granted pursuant to section 31P of the Act.

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Initial application, renewal, change of substance and cessation

The Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (**Appendix B**) is to be used for:

- new applications for authority to supply;
- renewal of applications for authority to supply;
- application for amendment to the authority to supply (ie: changing from one substance to the other); and
- notification of cessation of supply.

Renewal of authority to supply

- The Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (**Appendix B**) must be completed by the authorised medical practitioner and forwarded to the CHO **within 14 days of the expiry** of the medical practitioner's authorisation.
- An authorisation to supply dexamphetamine or methylphenidate, for paediatricians or their registrars in training who have sole management of a patient, is valid until the patient attains the age of 18 years, unless otherwise specified on the authorisation. Upon the patient attaining the age of 18 years, the paediatrician or registrar in training must either renew the authority or transfer the client to the care of an adult specialist.
- An authorisation to supply dexamphetamine or methylphenidate for psychiatrists, neurologists, physicians and registrars in training who have the sole management of a patient is **valid for 2 years** from the date of the authorisation, unless otherwise specified on the authorisation. After the expiration of the two-year period the psychiatrist, neurologist, physician or registrar in training must apply for a renewal of the authority to supply.
- A medical practitioner who is co-managing a patient with a specialist or registrar in training must renew the authority to supply dexamphetamine or methylphenidate **every 12 months**. An application for renewal of an authorisation in these circumstances must be accompanied by a declaration by the medical practitioner that the patient has been reviewed by a specialist paediatrician, psychiatrist, neurologist, physician or registrar in training **in the past 24 months**.

Change of substance

- If the substance is changed from dexamphetamine to methylphenidate or vice versa, the CHO must be notified, in writing, **within 14 days**; and
- This notification must be made on the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (**Appendix B**) with all required specified information.

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Cessation

- If a medical practitioner ceases to supply dexamphetamine or methylphenidate, the CHO must be notified, in writing, **within 14 days**; and
- This notification must be made on the Application for authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (**Appendix B**) with all required specified information.

The prescribed number of persons

The prescribed number of persons a **specialist** paediatrician, psychiatrist, neurologist or physician may supply dexamphetamine or methylphenidate to, pursuant to section 31G(4) of the Act, is **two hundred (200)**.

The prescribed number of persons a medical practitioner who is **not a specialist** paediatrician, psychiatrist, neurologist or physician may supply dexamphetamine or methylphenidate to, pursuant to section 31G(4) of the Act, is **ten (10)**. This limit of **ten (10)** applies to registrars in training in the specialist disciplines of paediatrics, psychiatry, neurology and adult medicine.

Pursuant to section 31G(4), the CHO may grant a medical practitioner an authorisation to supply restricted Schedule 8 substances to more than the prescribed number of persons.

- A medical practitioner may apply in writing to the CHO for authority to supply restricted Schedule 8 substances dexamphetamine and methylphenidate to more than the prescribed number of persons, providing a justification for the request.
- The CHO will refer this application to the Committee for advice and a recommendation to the CHO concerning its appropriateness and also the number of patients the medical practitioner may supply for;
- In considering an application pursuant to section 31G(4) of the Act, the Committee may consider the following matters:
 - the expertise and experience of the medical practitioner;
 - the accessibility and availability of the medical practitioner to the patients; and
 - the availability of other clinicians and ancillary services.
- The CHO may impose whatever conditions are considered appropriate on any authorisation granted.

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Contents of prescriptions

In addition to the requirements for contents of prescription detailed in section 33 of the Act, every prescription for restricted Schedule 8 substances dexamphetamine or methylphenidate must satisfy the following requirements:

- The prescription must be written in ink, ballpoint pen or be produced on a printer or be provided via an electronic medication management system which has been approved by the CHO. It must not be written in pencil or another easily erasable material;
- The date of birth (DOB) of the patient must be written on the prescription (to aid identification of the patient when receiving medication);
- The type of preparation to be dispensed must be written;
- Required quantity of the substances must be written in words as well as numbers except for prescriptions provided via an electronic medication management system which has been approved by the CHO;
- Prescriptions for other substances must not be written on the same prescription except for prescriptions provided via an electronic medication management system which has been approved by the CHO;
- A start date for supply must be written on the prescription if that date is to be different to the date of issue.

NB: it is recommended, but not mandatory, that the name of the pharmacy from which the substance is to be dispensed be written on the prescription.

Period of effect of prescription and permissible supply

Pursuant to section 34 of the Act:

Prescriptions for restricted Schedule 8 substances dexamphetamine or methylphenidate must only allow for a **total supply period of six months**.

In addition to the requirements under Section 34 of the Act no more than one month's supply of dexamphetamine or methylphenidate is permitted to be dispensed at any one time, unless the prior written authorisation by the CHO has been obtained.

For dexamphetamine tablet prescriptions which are endorsed by the prescriber to be for compounding into a sustained released form, unopened bottles of 100 tablets may be ordered and supplied at one time instead of the calculated one month's supply.

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Supply on one prescription in excess of six months supply requires prior authorisation by the CHO under section 34(2A) of the Act. It is the responsibility of the prescribing medical practitioner to request this well in advance (minimum of two weeks turnaround). Approval is not automatic, and the request will be subject to consideration and recommendation by the Committee. Prescriptions of this type must be endorsed with the date and details of the authorisation to be valid and able to be dispensed by the pharmacy. A Guideline to assist medical practitioners make a request of this type is available from Poisons Control.

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**Part 3 - Supply of Restricted S8 Substances methadone,
buprenorphine and buprenorphine/naloxone
(Opioid Substitution Treatment)**

Supply of restricted Schedule 8 substances is governed by Part VA of the *Poisons and Dangerous Drugs Act*.

Pursuant to section 31B of the Act:

The CHO may declare a Schedule 8 substance to be a restricted Schedule 8 substance by notice in the *Gazette*.

The CHO has declared by notice in the *Gazette* that the following are restricted Schedule 8 substances:

- buprenorphine at the strengths of 0.4mg, 2mg or 8mg for sublingual or buccal administration (“buprenorphine”);
- buprenorphine/naloxone at the strengths of buprenorphine 2mg/naloxone 0.5mg and buprenorphine 8mg/naloxone 2mg for sublingual or buccal administration (“buprenorphine/naloxone”); and
- methadone in liquid form at a strength of 5mg/ml for oral administration (“methadone”);

Section 31G of the *Poisons and Dangerous Drugs Act* states that restricted Schedule 8 substances may be supplied by a medical practitioner for therapeutic use **only** if the medical practitioner holds an authorisation from the CHO under this section.

For the purpose of section 31G of the Act “therapeutic purpose” includes use for the treatment of an addiction.

Pursuant to section 31P of the Act the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

Please contact Poisons Control to ascertain recent information regarding any exemptions that have been granted pursuant to section 31P of the Act.

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Framework for Supply of Restricted Schedule 8 Substances buprenorphine, buprenorphine/naloxone and methadone

The basic framework for supply of restricted Schedule 8 substances buprenorphine, buprenorphine/naloxone and methadone is:

1. A medical practitioner submits an application for an authorisation to the CHO to supply a restricted Schedule 8 substance buprenorphine, buprenorphine/naloxone or methadone for each individual patient;
2. The CHO decides in relation to each individual application whether the medical practitioner is competent and whether the circumstances are appropriate in relation to the patient (NB: the Act does not provide for a medical practitioner to receive a general "accreditation" to supply restricted S8 substances);
3. Details about administration, criteria to judge competence and appropriate circumstances are outlined below;
5. If considered competent a medical practitioner may only supply Schedule 8 substances buprenorphine, buprenorphine/naloxone and methadone for a prescribed number of persons at any one time; and
6. A medical practitioner may apply in writing to the CHO for an authority to supply for more than the prescribed number of persons.

The CHO is the ultimate source of authority under the Act. In practice the CHO will delegate certain powers to other persons to allow the smooth operation of the Act for the day-to-day operation of the Act.

In practice, all requests for authorisations and other correspondence are to be directed to:

Poisons Control

Phone: 8922 7341

Fax: 8922 7200

Authorisation to supply

- Before a medical practitioner supplies a restricted Schedule 8 substance buprenorphine, buprenorphine/naloxone or methadone the medical practitioner must be authorised to do so by the CHO;
- An application for authorisation to supply a restricted Schedule 8 substance buprenorphine, buprenorphine/naloxone or methadone for a patient must be made to the CHO using the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (**Appendix C**);

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- Pursuant to section 31G of the Act the CHO may grant an authorisation to supply a restricted Schedule 8 substance if prescribed conditions apply (see below) and without first considering the Committee's advice. The Committee will regularly review all authorisations;
- For each application two judgements will be made: whether the medical practitioner is competent to safely supply restricted Schedule 8 substances buprenorphine, buprenorphine/naloxone or methadone, and whether all requirements in relation to the patient have been fulfilled;

If the CHO has concerns about an application, or it does not satisfy the prescribed conditions, the application will be referred to the Committee immediately for advice. In this instance, the CHO must consider the advice of the Committee prior to making a decision on any application;

- In considering an application pursuant to section 31G of the Act, and whether the medical practitioner is competent to safely supply the substance, the Committee may have regard to whether the medical practitioner has, within the past twelve months undergone appropriate training; and
- For those medical practitioners who completed training more than twelve months ago consideration will be taken of whether he/she has:
 - been the subject of any complaint or concern about his/her management of Schedule 8 or restricted Schedule 4 patients;
 - managed at least two restricted S8 buprenorphine, buprenorphine/naloxone or methadone patients in the past twelve months; or,
 - undertaken any formal update training in this area in the past two years.
- Medical practitioners who are intending to apply for an authorisation to supply restricted Schedule 8 substances buprenorphine, buprenorphine/naloxone and/or methadone should advise the Chairperson of the Committee (usually the Chief Poisons Inspector) of their desire to do so, and provide proof of their competence. The Chairperson will forward this to the Committee for consideration;
- On a case-by-case basis, those medical practitioners who are currently accredited to supply buprenorphine, buprenorphine/naloxone and/or methadone in another state of Australia may be considered competent to supply in the NT;
- An authorisation to supply will be for a **maximum period of two years**, or such lesser time as specified in the authorisation;
- Medical practitioners who are considered competent to supply restricted Schedule 8 substances buprenorphine, buprenorphine/naloxone and/or methadone for the treatment of drug addiction will be included on a register maintained by the DoH Poisons Control.

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Prescribed conditions for routine authorisations

Pursuant to section 31G of the Act, the CHO may, without first considering the Committee's advice, issue an authorisation to supply restricted Schedule 8 substances if all the prescribed conditions apply.

The prescribed conditions for restricted Schedule 8 substances buprenorphine, buprenorphine/naloxone and methadone are:

- The Committee has previously made a judgement that it considers the medical practitioner is competent to safely supply the substance;
- Where the medical practitioner was initially considered competent by the Committee over twelve months ago, the CHO has ascertained that the medical practitioner has maintained a level of patient management as indicated above, and is not aware of any complaints or concerns about the medical practitioner's practice in this area;
- The application has been made on the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (**Appendix C**) along with all required information and a recent photo of the person for whom the substance is to be supplied;
- The patient for whom the substance is to be supplied is not currently notified by another medical practitioner for a Schedule 8 substance as far as the CHO is able to ascertain;
- If the patient is to undergo a maintenance program (ie: not a short withdrawal program of up to 30 days; see below) the client must sign a restricted Schedule 8 prescribing contract with the authorised medical practitioner or agency which specifies, as a minimum:
 - the name of the substance;
 - the period of duration of the contract;
 - that the patient agrees not to seek opiate Schedule 8 substances from other doctors;
 - that the patient agrees for a copy of the contract to be forwarded to the CHO or his/her delegate for dissemination to other medical practitioners and pharmacists in the NT; and,
 - that the patient understands the nature of the takeaway dosing framework to be adhered to.
- A copy of this contract is forwarded to the CHO or his/her delegate at the same time as the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (**Appendix C**);
- The CHO is not aware of any concerns about the patient for whom the application is being made that might militate against the granting of the authorisation.

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If the prescribed conditions do not apply, the CHO will withhold the authorisation, inform the medical practitioner and refer the matter to the Committee. If possible, the discussion/consultation with the Committee may be completed by email or if necessary a teleconference can be convened. The CHO will consider the advice of the Committee and make a decision as to whether or not to grant the authorisation.

Information to be provided on application

The following information is to be supplied to the CHO using the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (**Appendix C**).

Patient:

Full Name;

Gender;

Date of Birth;

Indigenous status;

Address;

Medicare Number, and (if known) Health Care Card Number;

Photographic identification;

Name of substance;

Maintenance or short withdrawal course;

Initial Dose; and

Intended start date for supply.

Supplying Medical Practitioner

Name;

Practice Address and Phone Number; and

Prescriber Number.

Important notes concerning authorisation and supply

- Authorisations are issued subject to the prescribed conditions applying to the supply of the substance to that person;
- Unless otherwise stated, it is a condition of every authorisation that the medical practitioner shall not supply restricted Schedule 8 substances buprenorphine, buprenorphine/naloxone and methadone, except in accordance with the NT Schedule 8

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and Restricted Schedule 4 Substances Policy and Clinical Practice Guidelines, as issued by the Minister from time to time;

- Authorisations may be requested for maintenance pharmacotherapy. An authorisation for maintenance pharmacotherapy is only valid for a period of 2 years. After this time a medical practitioner must apply for a renewal of the authorisation as if it were an application for a new authorisation;
- If an authorised medical practitioner ceases to supply a restricted Schedule 8 substance for a person on maintenance pharmacotherapy, a formal cessation notice using the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction (**Appendix C**) must be provided to the CHO (see below);
- An authorisation period of a maximum of 30 days may be requested for short withdrawal programs. At the end of this period, no formal cessation notice is required. If, at any time during or at the end of this period, the authorised medical practitioner wishes to change the client onto a maintenance program, a new application for authorisation must be made including the provision of a restricted Schedule 8 prescribing contract;
- Unless otherwise stated it is a condition of every authorisation that there be a maximum of three takeaway unsupervised doses (USD) per week permitted for persons on daily buprenorphine, buprenorphine/naloxone or methadone, and a maximum of one takeaway unsupervised dose (USD) per week for persons on alternate daily buprenorphine or buprenorphine/naloxone.
- Authorised medical practitioners wishing to prescribe takeaway doses in excess of this limit must apply in writing to the CHO for a variation to the authorisation (see "Takeaway Unsupervised Doses (USD)" below for conditions and process);
- Authorisations to supply maintenance pharmacotherapy for persons under the age of 18 years will only be granted to specialist clinicians working in the Alcohol and Other Drugs program area, or to GPs who are co-managing the client with a specialist.

Pursuant to section 31P of the Act the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

Please contact Poisons Control for information regarding any exemptions that have been granted.

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Initial application, renewal, modification and cessation

The Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (**Appendix C**) is to be used for:

- new applications;
- authority renewals;
- request for a variation of the authorisation (ie changing from one drug to another or from a withdrawal program to maintenance); and
- notification of cessation of supply.

Renewal of authority to supply

- The Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (**Appendix C**) with all specified information and a new identification photograph of the patient must be completed by the medical practitioner and forwarded to the CHO prior to the expiry of the existing authorisation;
- The authorisation to supply must be renewed by the CHO prior to the authorised medical practitioner continuing to supply beyond the initial authorisation period.

Change of substance/nature of program

- If the substance being supplied is changed from methadone to buprenorphine or to buprenorphine/naloxone, or vice versa, or if there is a change from a withdrawal program to a maintenance program, the CHO must be notified in writing within **14 days**;
- This notification must be made on the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (**Appendix C**) with all required specified information;
- A new restricted S8 prescribing contract specifying the new substance or program must be signed by the patient and forwarded to the CHO.

Direct transfer of patient to another prescriber

- Where a patient is transferred immediately from one authorised medical practitioner to another, the original medical practitioner must notify of the cessation within **14 days**, and the new medical practitioner must submit a new application for authorisation fulfilling all requirements of the Act and these Guidelines prior to the new medical practitioner supplying any restricted Schedule 8 substance.

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Cessation of supply

- If a medical practitioner ceases to supply a restricted Schedule 8 substance, the CHO must be notified in writing within **14 days**; and
- This notice of cessation must be made on the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (**Appendix C**) with all required specified information.

The prescribed number of persons

The prescribed number of persons pursuant to section 31G(4) of the Act for restricted Schedule 8 substances, buprenorphine, buprenorphine/naloxone and methadone is **ten (10)**;

The prescribed number of persons for medical practitioners who are employed by the agency administering the *Poisons and Dangerous Drugs Act* (the Act) to provide clinical services within any facility of the Tobacco, Alcohol and other Drugs Service of the NT Department of Health is one hundred (100).

Pursuant to section 31G(4) the CHO may grant a medical practitioner an authorisation to supply restricted Schedule 8 substances to more than the prescribed number of persons;

- A medical practitioner may apply in writing to the CHO or his/her delegate for authority to supply to more than the prescribed number of persons.
- The CHO or his/her delegate will refer this application to the Committee for advice and for a recommendation to the CHO concerning its appropriateness and the recommended number of patients the medical practitioner may supply for.
- In considering an application pursuant to section 31G(4) of the Act, the Committee may consider the following matters:
 - the expertise and experience of the medical practitioner in treating drug dependence;
 - the accessibility and availability of the medical practitioner to the patients;
 - whether the medical practitioner is working full time or part time in drug dependence treatment; and
 - the type of patients and type of setting in which the medical practitioner is providing Schedule 8 pharmacotherapy treatment, including for example, the availability of other clinicians and ancillary services.
- The CHO may impose whatever conditions considered appropriate on any authorisation granted.

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Contents of prescriptions

The medical practitioner must forward to the dispensing pharmacy the prescription for buprenorphine, buprenorphine/naloxone or methadone, a current photograph of the patient endorsed by the prescribing doctor, and a letter specifying the date of administration of the first dose. This must reach the pharmacy or dosing point prior to the patient receiving the first dose.

In addition to the requirements for contents of prescription detailed in section 33 of the Act, every prescription for the restricted Schedule 8 substances buprenorphine, buprenorphine/naloxone and methadone must satisfy the following requirements:

- The prescription must be written in ink, ballpoint pen or be produced on a printer or be provided via an electronic medication management system which has been approved by the CHO. It must not be written in pencil or another easily erasable material;
- The type of preparation to be dispensed (ie: buprenorphine or buprenorphine/naloxone sublingual tablets or film or methadone liquid) must be specified;
- Required doses of the substances must be written in words as well as numbers except for prescriptions provided via an electronic medication management system which has been approved by the CHO;
- Prescriptions for other medications must not be written on the same prescription except for prescriptions provided via an electronic medication management system which has been approved by the CHO;
- A start date for supply must be written on the prescription if that date is to be different to the date of issue;
- An expiry date must be written on the prescription;
- The date of birth (DOB) of the patient must be written on the prescription (to aid identification of the patient when receiving medication);
- The name of the pharmacy or dosing point(s) from which the substance is to be dispensed must be written on the prescription;
- The dosage regimen must be clearly and precisely specified; and
- The nature of any takeaway privileges (if any) must be written.

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Period of effect of prescription and permissible supply

Pursuant to section 34 of the Act:

A prescription issued in accordance with the Act for a restricted Schedule 8 substance buprenorphine, buprenorphine/naloxone or methadone remains in effect for **3 days from the date of issue** or from the start date if that is different from the date of issue (inclusive of the date of issue or start date);

Prescriptions not presented to the pharmacy or dosing point within this time are invalid and can not be dispensed; and

Prescriptions for restricted Schedule 8 substances buprenorphine and buprenorphine/naloxone and methadone may allow only for **a total supply period of two months**.

Dispensing of the substance

As regards the dispensing of the substance from a pharmacy or dosing point:

- The substance is to be dispensed one day at a time and consumed in front of the dispensing pharmacist, nurse or medical practitioner (subject to takeaway dose privileges; see below). This is a requirement for all circumstances and does not need to be written on the prescription.

Takeaway Unsupervised Doses (USD)

Consistent with national guidelines and safety, the opioid pharmacotherapy program (OPP) is based on supervised drug administration. Supervised dosing allows assessment of patients before dosing and minimises harm from drug overdose, abuse and diversion.

Takeaway doses are unsupervised doses that are not consumed immediately in front of the dispensing pharmacist, nurse or medical practitioner. Gradual introduction of takeaway USD for patients who respond to treatment can be a valuable incentive and reward for treatment progress, promotes responsibility, and improves quality of life. Their provision remains a sensitive issue and subject to scrutiny.

Diversion and use by an opioid naive person is potentially lethal. Any injection of takeaway doses by the patient carries substantial risks to the health and life of the patient. To minimise risks and ensure consistent application for the benefit of patients, prescribers and dispensers, prescribers must therefore comply with the following requirements which have

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been developed following review of all published guidelines across Australian jurisdictions in October 2011.

- No take-away doses during the first two months of treatment. A prescriber may consider an application from the patient for exceptional circumstances eg. travel for family crisis. At times, takeaway doses must be provided if there is no pharmacy that is open on a public holiday, or in situations such as cyclone threat.
- The maximum number of takeaway USD that can be prescribed under NT legislation without special authorisation from the CHO is three per week for daily methadone, buprenorphine or buprenorphine/naloxone preparations, or one per week for alternate day* buprenorphine or buprenorphine/naloxone preparations.
- Many patients on buprenorphine or buprenorphine/naloxone preparations can be effectively treated with *alternate-day regimens dosing on four or three days a week that greatly reduce the need for USD.
- With continuing evidence of active lifestyle improvement and abstinence from unsanctioned drug or medication use, including urine drug screens demonstrating absence of any illegal substance or unsanctioned/undisclosed psychoactive medication (please see **Appendix D 'Assessment for level of supervised dosing'**), application may be made to the CHO to approve gradual increases beyond this level. The CHO will obtain advice from the Committee before making a decision on whether to approve the application.
- All such increases should progress in gradual steps one at a time, supported by clear evidence of continuing stability and progress (**Table 4 'Maximum Regular Takeaway Unsupervised Doses'**)
- All such applications must be in the approved format, or contain the same information in a letter, by the prescriber, through Poisons Control, directed to the Chief Poisons Inspector (the CHO's delegate). Applications require a minimum of five working days notice prior to the first desired day of extra takeaway doses. (please see **Appendices E1 and E2**)
- For buprenorphine without naloxone (Subutex) and methadone liquid, the regular maximum takeaway USD allowance that will be approved is four (4) per week for methadone or daily buprenorphine, or one (1) per week for *alternate day buprenorphine ie. 4 days of unsupervised dosing per week.

Buprenorphine/naloxone (Suboxone)

Due to the greater safety of buprenorphine compared with methadone, together with the reduced potential for diversion of buprenorphine/naloxone compared with buprenorphine alone, substantially extended takeaway USD provisions are available for buprenorphine/naloxone ONLY. This extension is limited to a maximum 13 consecutive days of unsupervised buprenorphine/naloxone medication: there must be one observed dose every 14 days. This extension is NOT available to patients treated with buprenorphine due to proven allergy or adverse reactions with buprenorphine/naloxone (but see pregnancy below).

Patients transferring from interstate or between prescribers

In assessing takeaway USD allowances for patients transferring from interstate or between programs or practitioners it is reasonable to consider previous treatment stability.

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Pregnancy

- ***buprenorphine/naloxone***

Buprenorphine, buprenorphine/naloxone and methadone are all classified Category C, but there is insufficient evidence regarding the safety of buprenorphine/naloxone in pregnancy. Women being treated with buprenorphine/naloxone who become pregnant must therefore be changed to buprenorphine alone, or methadone, with a corresponding reduction in any extended USD allowance to a **maximum of four days** of unsupervised dosing per week. For buprenorphine, the CHO may consider an application from a prescriber, demonstrating highly exceptional circumstances, to grant some extension of USD if the woman had previously been authorised for substantially extended buprenorphine/naloxone USD.

- ***methadone***

Pregnant women on methadone beyond 20 weeks of gestation may require a twice-daily dose with a takeaway for each day's evening dose (ie dose splitting due to increased metabolism of methadone). An authorised medical practitioner may supply methadone takeaways in excess of three doses per week to a woman in late pregnancy for the purpose of dose splitting without special application to the CHO. This applies only to takeaways for the evening dose. The woman must still attend the pharmacy on the same number of days per week as is required under her regular takeaway privileges. Once the woman is no longer pregnant, the authorisation reverts to a single daily dose.

Cyclone/disaster/extended public holiday periods

An authorised medical practitioner may supply takeaways for a period up to an extra three days under the practice/agency cyclone/disaster plan, or to cover pharmacy closure or transport problems over Easter and Christmas breaks if dosing alternatives are not practically possible without application to the CHO.

Applications for additional USD

In all circumstances for takeaway USD above the legislated maximum other than these exceptions (methadone dose splitting in pregnancy; cyclone/disaster/extended public holidays) an authorised medical practitioner must make a written application to the CHO for a variation to the takeaway dose condition. This application must specify:

- Full name, address, date of birth, and Medicare number of the client
- The dose and type of substance
- Length of time on the program
- Explanation of the nature and amount of extra takeaway privileges and rationale for them.

Situations for considering such approval include:

- Stable patients in regular work or study for whom daily dosing might represent a significant impediment to continued work or study. Clients must provide documentary or other proof of their employment or study and its nature. (**Appendices E1 and E2**)
- Stable patients in special situations that the prescriber believes to justify consideration. (**Appendices E1 and E2**)
- A one off allowance to allow safe transfer and travel to a prescriber interstate. (**Appendix F**)
- A one off allowance for holiday purposes for a stable client. (**Appendix F**)

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Conditions for takeaway USD

Non-supervised doses are only available for stable patients responding to treatment with active lifestyle changes, cessation of unsanctioned drug use, and subject to the following:

- There must no suspicion of diversion of prescribed medication or illicit dealing in drugs;
- All patients must confirm that they are able to provide storage that prevents access by children (their own or visitors);
- Combined buprenorphine/naloxone rather than buprenorphine alone is to be used for all patients receiving takeaway USD in the absence of a medical contraindication eg. pregnancy; observed sensitivity to available buprenorphine/naloxone preparations that is formally reported to the TGA; observed significant adverse effects that are clinically attributable to available buprenorphine/naloxone preparations and formally reported to the TGA. Apart from these medically indicated exceptions, patients treated with buprenorphine alone do not qualify to be prescribed any regular takeaways;
- Takeaway USD for patients treated with buprenorphine alone due to a medical contraindication are limited to four days of unsupervised dosing per week. The rate of increase to this maximum is the same as for buprenorphine/naloxone;
- Patients must be advised to provide adequate security to prevent theft, loss or damage to takeaway USD;
- Requests for replacements must be refused and access to continuing USD should be reviewed;
- Providing regular takeaway USD requires the prescribing doctor to be satisfied that the patient is reliable and stable; and
- Patients who become less stable and no longer fulfil the stability criteria on which a USD allowance was approved should have takeaway doses reduced to a safe level, with increased prescriber review and support to regain stability.(see **Reducing takeaway USD** below)

Assessment of stability

Stability should be evaluated according to the Suitability for Takeaway Doses Assessment form (**Appendix D**): and will incorporate:

- no hazardous use of opioids and other drugs (including alcohol);
- improved social functioning;
- compliance with program requirements;
- prior history of responsible use of takeaway doses;
- able to provide adequate storage arrangements for takeaway doses; and
- understanding the potential risks to children of accidental ingestion.

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Absolute contraindications to takeaway USD

- any concern that any child living in the patient's household may be at risk of harm;
- current chaotic or unpredictable behaviour, including any intoxicated presentation for dosing or review ;
- assessed as at risk of self-harm;
- current hazardous use of drugs, including benzodiazepines, alcohol, stimulants; or
- diversion of the medication.

Reducing takeaway USD

Deciding on a safe level of reduced takeaway USD involves assessment of several factors and exercise of judgement by the prescriber, and may be contested by a patient. In making decisions and discussion with a patient, prescribers should apply the following.

- If the reduction in stability falls into any of the categories that are ***absolute contraindications to takeaway USD, then all takeaway USD doses should be ceased at once.***
- A prescriber who is concerned about a patient and unsure what level of reduction to apply should contact Poisons Control for advice.
- A prescriber who is concerned about a patient and unsure of the safest course may contact the alcohol & other drugs service of the NT Department of Health for advice, and can arrange to transfer the patient to that service for management of the situation if the prescriber wishes.
- If the sole issue is use of cannabis at a level detected on urine drug screen, then any takeaway USD in excess of 4/week for daily buprenorphine/naloxone or methadone, or 2/week for alternate day buprenorphine/naloxone should cease at once, and the patient be given the opportunity to cease cannabis use and provide a clear urine drug screen within 4 weeks. The prescriber may then reinstate takeaway USD to the previously authorised level at the rate of one per 4 weeks of continued demonstrated stability for daily medications and one per 8 weeks for alternate day buprenorphine/naloxone without re-applying for authorisation to the CHO. If the patient is unable to cease the use and cannabis continues to be detectable in the urine drug screen, takeaway USD must be reduced to the legal maximum permitted without special authorisation from the CHO.
- In the case of other indicators of instability such as unsanctioned/illicit use of benzodiazepines, opioids or stimulants detected by urine drug screen, or behaviour that is of concern, but in ***the absence of absolute contraindications to takeaway USD***, then ***any extended takeaway USD above the legal maximum allowed without authorisation from the CHO or delegate must be ceased at once.*** Any subsequent increases in takeaway USD are then subject to the usual authorisation process – there is no provision for reinstatement without new authorisation.
- Prescribers have full discretion to make greater reductions in takeaway USD than the above as indicated for safety.

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Table 4 Maximum Regular Takeaway Unsupervised Doses.^{1,2,3}

Months in Treatment	Buprenorphine/naloxone daily <u>maximum</u>	Buprenorphine/naloxone alternate days* <u>maximum</u>	Methadone <u>maximum</u>
0-2	0	0	0
3-4 making progress & meeting stability criteria	Progressive increase up to 2/week (5 attendances/week)	1/week (2 attendances/week)	1/week (6 attendances/week)
5-6 making progress & meeting stability criteria	Progressive increase up to 4/week (3 attendances/week)	1/week (or at least 2 attendances/week)	2/week (5 attendances/week)
7-12 making progress & meeting stability criteria	Up to 6/week (1 attendance/week) Increase no faster than 1 USD extra per 4 weeks continued stability	2/week (or at least 1 attendance/week)	3/week (4 attendances/week)
>12 making progress & meeting stability criteria	Up to 13/fortnight (1 attendance/fortnight) Increase no faster than 1 USD extra per 4 weeks continued stability	2-3/week (or at least 1 attendance/fortnight) Increase no faster than 1 USD extra per 8 weeks continued stability	4/week (3 attendances/week)

1. Where buprenorphine without naloxone is being prescribed because buprenorphine/naloxone is medically contraindicated (eg pregnancy, allergy), takeaway unsupervised doses of buprenorphine can be provided at the same rate of increase as for buprenorphine/naloxone, but are limited to a maximum of 4 days of unsupervised dosing /week.
2. Takeaway USD may be provided for public holidays for all patients where there is no reasonable alternative (eg. double or triple dosing with buprenorphine preparations).
3. There are special arrangements for takeaway USD in the case of a cyclone or disaster.

***Alternate day dosing includes 4 day a week and 3 day a week dosing arrangements.**

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Packaging and labelling of takeaway USD

Takeaway USD must be packaged and labelled in accordance with these Guidelines.

Packaging and labelling of takeaway USD is normally only undertaken by pharmacists. However registered nurses at Tobacco Alcohol and Other Drugs Service (TADS) in Darwin and Alcohol and Drugs Service Central Australia (ADSCA) in Alice Springs are also approved by the CHO to package and label takeaway USDs.

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

- the name, strength and dose form of the substance;
- the quantity contained in the container;
- specific instructions for the use and dose of the substance. "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 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 (ie two days doses may not be supplied in one container);
- containers may 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.

Missed doses

An authorised medical practitioner may describe on a prescription for a restricted Schedule 8 substance the actions to be taken by a dispensing pharmacist or nurse in case of missed doses.

Alternatively, an authorised medical practitioner may, for the use of a registered nurse who is the subject on an authorisation under section 29(4A) of the Act, establish a Scheduled Substance Treatment Protocol (as per section 90 of the Act), which describes the actions to be taken in case of missed doses. This protocol must be approved for use by the CHO. It may be submitted to the CHO via Poisons Control.

In the absence of either of the above, if a patient misses dosing for the equivalent of two consecutive days of medication, the prescription becomes invalid and the medication may not be dispensed. The patient must be referred to the authorised medical practitioner for review and renewal of the prescription, or as per section 37 of the Act, a telephone order may be accepted from the authorised medical practitioner

If a patient misses doses on more than 4 days over a month, the dispensing pharmacist or nurse must inform the prescribing medical practitioner.

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Pharmacists and other health practitioners dispensing Opioid Substitution Treatment

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

Dosing points may include pharmacies (community and hospital), prison health centres, Tobacco Alcohol and Other Drugs Service (TADS) in Darwin, Alcohol and Drugs Service Central Australia (ADSCA) in Alice Springs, and hospitals.

The prescribing medical practitioner should inform the pharmacist or other health practitioner of any concerns regarding the patient that are relevant for dosing safety.

Any situation where a pharmacist or health practitioner holds any concern about a patient should be promptly reported to the prescribing medical practitioner.

Intoxicated presentations

If a patient presents for dosing and appears to be intoxicated, the dose should be withheld and the prescribing medical practitioner must be informed.

Vomiting after a dose/vomited dose

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

- *methadone*

if vomiting has occurred more than 20 minutes after the dose, the patient can be reassured that all the dose has been absorbed.

- *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.

Missed doses

All missed doses must be notified to the prescribing medical practitioner.

If a patient misses dosing such that two (2) consecutive days of medication have been missed, no dose should be provided, and the patient referred to the prescribing medical practitioner. A prescribing medical practitioner may provide a written direction on a prescription regarding a dose to be prescribed if a patient on alternate day or third day dosing presents on a non-dosing day after missing the prior medication dose and is assessed by the pharmacist or health practitioner as safe to receive a dose of the medication.

DEPARTMENT OF HEALTH

Lost/stolen/spilt doses

Lost or stolen doses represent a significant risk to the community.

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

No doses reportedly spilt by the patient are to be replaced without direction from the prescribing medical practitioner.

Prescription expiry

Patients **must not** be given S8 medication after a prescription has expired unless directed to do so by the prescribing medical practitioner.



DEPARTMENT OF HEALTH

APPENDIX A

NOTIFICATION OF SUPPLY OF A NON-RESTRICTED SCHEDULE 8 SUBSTANCE

Poisons Control ~ Fax: 8922 7200 Phone: 8922 7341 SEMS Email: p2pntpoisons@tedgp.org.au

PATIENT DETAILS (please print clearly)

Surname:.....Given Names:.....
Pseudonym:.....Date of Birth:/...../.....Sex: [] M [] F
Name of Parent or Guardian (if child under 18)
Address:..... Medicare Card No:
..... Health Care Card No:.....

SCHEDULE 8 DRUG

Name and dose of drug:.....
Date of first dose:/...../..... Duration of prescription:.....
Likely duration of need for S8 medication:.....
Clinical Indication:.....

REASON FOR NOTIFICATION

- Supply/intention to supply for more than 8 week [] High initial dose []
Replace lost or stolen medication [] High ongoing dose []
Previous supply consumed earlier than intended [] Rate of increase of dose []

HAS THE PATIENT...

Had a specialist assessment?Y / N -> []Pain []Alcohol & Other drugs []Other
Had previous treatment for opiate dependency?..... Y / N
Had previous treatment for other drug or alcohol dependency?Y / N
Ever injected drugs?..... Y / N
Ever been under the care of an alcohol and other drugs program in the NT or elsewhere?.....Y / N
Dates of most recent specialist assessments.....Name & Contact of specialist.....

Please note further details & copies of correspondence may be required by the Chief Health

PRESCRIBER

Prescriber name:..... Prescriber No.....
Address and Phone No.....
Prescriber's signature:.....Date:/...../.....



DEPARTMENT OF HEALTH

APPENDIX B

APPLICATION FOR AUTHORITY TO PRESCRIBE A RESTRICTED S8 PSYCHOSTIMULANT MEDICATION

Poisons Control ~ Fax: 8922 7200 Phone: 8922 7341

PATIENT DETAILS (please print clearly)

Surname:..... Given Names:.....
Pseudonym:..... Date of Birth:/...../.....Sex: [] M [] F
Name of Parent or Guardian (if child under 18)
Address:.....
Medicare Card No:..... Health Care Card No:.....

MEDICATION

[] DexamphetamineDose:.....
[] MethylphenidateDose:.....

DIAGNOSIS

[] Narcolepsy [] Attention Deficit Disorder [] Adult Attention Deficit Disorder

PRESCRIBER

Prescriber name:..... Prescriber No.....
Address.....
Phone No..... Fax Number.....
Category [] Paediatrician [] Neurologist [] Psychiatrist [] Other.....
[] Physician [] GP [] Registrar
Prescribers Signature..... Date/...../.....

If prescribing Medical Officer is not a paediatrician/neurologist/psychiatrist/physician or registrar in training, or if second opinion needed for client under 4years:

SPECIALIST INITIATING PRESCRIPTION OR REVIEWING PATIENT

Name:..... Address.....
Phone No.....Fax Number.....Date client last seen...../...../.....
Category [] Paediatrician [] Neurologist [] Psychiatrist [] Other.....
[] Physician [] GP [] Registrar
Interstate specialist?Y / N
Prescriber must personally verify decision to prescribe with interstate specialist. Done?.....Y / N



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APPENDIX C

Insert photo here

APPLICATION FOR AUTHORITY TO PRESCRIBE A RESTRICTED S8 SUBSTANCE FOR THE TREATMENT OF ADDICTION
 Poisons Control ~ Fax: 8922 7200 Phone: 8922 7341

New application Renewal Amending existing authorisation Cessation

SCHEDULE 8 DRUG

Name of drug Buprenorphine (s/l) Methadone liquid
 Buprenorphine/naloxone (s/l)

Agreed treatment plan Maintenance (24 months authority) Withdrawal (3 weeks authority)

Pharmacy.....Initial dose (mg).....Date of first dose...../...../.....

If amendment Withdrawal to Maintenance Maintenance to Withdrawal
 Methadone to Buprenorphine Buprenorphine to Methadone
 Change of Buprenorphine form

If transfer from another prescriber Transfer within the NT Transfer from Interstate

Name of former prescriber

PATIENT DETAILS (please print clearly)

Surname:.....Given Names:.....
 Pseudonym:.....Date of Birth:/...../.....Sex: M F
 Name of Parent or Guardian (if child under 18)Transgender:
 Address:.....
 Medicare Card No:.....Health Care Card No:.....
 Indigenous Status Not Indigenous Indigenous

REASON FOR CESSATION (please tick only one)

Mutual agreement (program incomplete) Transfer Interstate – specify.....
 Left against medical advice Transfer to other NT prescriber.....
 Request by Medical Officer Completed program
 Ceased to pick up dose Hospitalisation
 Imprisonment Referred to other non-drug treatment
 Deceased Other – specify.....

PRESCRIBER

Prescriber name:.....Prescriber No.....
 Address and phone No.....
 Prescribers Signature.....Date/...../.....
 Are you a GP co-prescriber?.....Y/N
 If Yes, Supervising Prescribers name.....
 Supervising Prescribers address and phone number.....



DEPARTMENT OF HEALTH

**Alcohol and Other Drugs Program Clinical Services
Assessment for level of supervised dosing**

APPENDIX D

Client Name: _____ **DOB:** / /19 **Review Date:** / /20

Current Medication	Dose	Number of Takeaways		
Regular attendance				•
Occasional DNAs ¹ (eg. Miss 1 in 4 appointments)			•	
Regular DNAs (eg routinely miss ≥ 2 in 4 appointments)		•		
Provided on request				•
UDS not provided on request		•		
Nil additional opioid use				•
Infrequent additional opioid use			•	
Regular additional use (eg. 1 – 2 times / week)		•		
No Benzodiazepine use				•
Prescribed & stable ² use			•	
High dose ³ and harmful use ⁴ , abuse or dependence ⁵		•		
Low risk levels of alcohol use ⁶				•
Infrequent risky / high risk levels of alcohol use			•	
Harmful use, alcohol abuse or dependence		•		
Nil				•
Infrequent use			•	
Regular use		•		
Nil concerns				•
Concerns re: risk to self / others		•		
Nil concerns				•
Concerns re: medical condition (severe liver/respiratory disease)			•	
Yes				•
No		•		
No recent IV sites				•
Evidence of recent IV injection		•		
Dosing point not contacted		•		
No missed doses in past 4 weeks				•
Occasional missed doses (≤ 1 per week)			•	
Regular missed doses (≥ 2 per week)		•		
Nil within past 2 months				•
Recent (within past 2 months)			•	
Recent (within past month)		•		
Nil concerns				•
Poor ability to 'control' large supplies of medications (eg. using take-away doses in advance)		•		
Recent history of abuse (eg. injecting medications, double dosing), diversion to others		•		
Authorised Level of Dosing		HIGH	MEDIUM	LOW

- DNA = failure to attend scheduled appointment without advance notice / justification acceptable to medical officer
- Low dose BZD use is defined as equivalent to <30mg diazepam / day. High dose > 30mg diazepam
- Stable use = no additional use to amounts prescribed, no binges, intoxicated presentations or recent overdoses
- ICD 10 diagnosis of harmful use
- DSM IV diagnosis of abuse and dependence
- Refer to Australian Alcohol Guidelines for Risk levels and alcohol use

The left hand text column provides examples for consideration. The dots in subsequent columns provide a guide to the dosing supervision level. Outside of those indicated levels, consideration is given to the need for higher or lower levels of supervision. Clinical consideration is then given to the overall pattern.

It is recommended that this assessment tool be worked through with the client and included in the client file/records.

Insert Date



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Appendix E1 - Application for Variation to Opioid Substitution Therapy Takeaway Unsupervised Doses (USD): Buprenorphine/naloxone

This form relates only to applications for approval for variations to regular pharmacotherapy takeaway USD for stable patients on buprenorphine/naloxone (Suboxone) treatment.

Rationale

For safety reasons, opioid substitution therapy (OST) is based on the principle of supervised dosing with takeaway unsupervised doses (USD) as a privilege for a stable patient who has made significant progress in reducing or eliminating illicit opioid use, and to facilitate life activities such as employment or study.

NT legislation provides for patients on buprenorphine/naloxone OST on daily dosing to be prescribed takeaway USD up to a maximum of three per week, and on alternate daily dosing no more than one takeaway dose per week. This number can only be exceeded through application to the CLAC for special authorisation.

Clinical experience with buprenorphine/naloxone indicates greatly reduced potential for risks of self-administration by injection, diversion, overdose/death of the patient or others, with potential for more clients on buprenorphine/naloxone to safely be prescribed more takeaway USD. Stable patients on buprenorphine/naloxone may therefore graduate to dosing once a fortnight after a period of proven stability on OST.

DAILY DOSING: patients who demonstrate continuing long term stability may gradually increase prescribed takeaway USD to a maximum of 13/fortnight - ie attending the pharmacy or dosing point for dosing once a fortnight.

ALTERNATE DAY DOSING (includes 4 day a week dosing): patients who demonstrate continuing long term stability may gradually increase prescribed takeaway USD to a number that requires attendance at the pharmacy or dosing point for dosing once a fortnight.

Assessment

For authorisation of **EACH** takeaway USD increase by the CLAC, the following information **MUST** be confirmed by the applying doctor on the form overleaf, which should be faxed to 8922 7200 or emailed to poisonscontrol@nt.gov.au allowing at least 5 working days for approval.

Client has:

- **on daily dosing**, received the current number of takeaway USD for at least 4 weeks
- **on alternate day dosing**, received the current number of takeaway USD for at least 8 weeks
- since the previous takeaway USD increase - continued evidence of :
 - no injecting or using other opioids or illicit drugs, including cannabis
 - no unsanctioned benzodiazepines or stimulants
 - urine drug screens free of other opioids, unsanctioned psychoactive medication or illicit drugs, including cannabis, *at least 2 screens*
 - no problem with alcohol consumption
 - no diverted pharmacotherapy doses
 - no episodes of intoxication
 - no concern about behaviour, mood, social functioning
- not missed more than 2 daily or 1 alternate day doses within the past 3 months
- continued stable on the pharmacotherapy program, reliable, keeps review appointments, fulfils the conditions of any contract relating to management
- continued stable mental health, no physical health conditions or other medications reducing safety
- continued adequate safe packaging & storage arrangements for takeaway dose.



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Appendix E1 - Application for Variation to Pharmacotherapy Takeaway – Buprenorphine/naloxone

Patient Name **DOB**

Patient Address

For this patient whom I have been treating with buprenorphine-naloxone since and
(date of commencement)
who has been on mg daily/alternate daily since
(dose) (date)

I confirm the following:

- receiving number of takeaway doses since (date) (= key date)
- since the key date - continued evidence of :
 - no injecting or using other opioids or illicit drugs, including cannabis
 - no unsanctioned benzodiazepines or stimulants
 - urine drug screens free of other opioids, unsanctioned psychoactive medications, or illicit drugs including cannabis, at least 2 screens
 - no problem with alcohol consumption
 - no diverted pharmacotherapy doses
 - no episodes of intoxication
 - no concern about behaviour, mood, social functioning
- not missed more than 2 daily or 1 alternate daily doses within the past 3 months
- keeps review appointments, fulfils conditions of any contract relating to management
- continued stable mental health, no physical health conditions or other medications reducing safety
- continued safe storage for takeaway doses re children, other adults

AND I consider that can safely care for and use
(name of patient)

..... takeaway buprenorphine/naloxone buccal film/ SL tablet doses of mg
(number)
daily/alternate daily on a regular basis.

Signature of doctorName of doctor

Contact email/fax of doctor.....



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Appendix E2

Application for Variation to Opioid Substitution Therapy Takeaway Unsupervised Doses (USD): General
(This form does not apply for stable patients on Buprenorphine/Naloxone - please see Appendix E1 nor for Travel requests - please see Appendix F)

Patient Name DOB

Patient Address

For this patient whom I have been treating with.....since (date of commencement),
who has been on mg daily/alternate daily since (dose) (date)

I confirm the following:

- receiving number of takeaway doses since (date) (= key date)
since the key date - continued evidence of :
no injecting or using other opiates or illicit drugs, including cannabis
urine drug screens free of other opiates or illicit drugs, including cannabis, at least 2 screens
no problem with alcohol consumption
no diverted pharmacotherapy doses
no episodes of intoxication
not known to be prescribed benzodiazepines or stimulants
not missed more than 4 daily or 2 alternate day doses within the past 3 months
keeps all review appointments, fulfils conditions of any contract relating to management
continued stable mental health, no physical health conditions or other medications reducing safety
continued safe storage for takeaway doses re children, other adults

AND I consider that can safely care for and use
(name of patient)
..... takeaway doses ofmg daily/alternate daily on a regular basis.
(number) (medicine)

Signature of doctorName of doctor

Contact email/fax of doctor



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DEPARTMENT OF HEALTH

Applications for OST Takeaway Unsupervised doses (USD) for TRAVEL – Appendix F

The CLAC may recommend approval of an application for takeaway USD above the regular takeaway allowance for stable patients for travel purposes, or for less stable patients in a crisis, if it is not possible or considered to be practical for a patient to be transferred to a local prescriber and/or dispensing pharmacy.

Other Australian Jurisdictions

Some Australian jurisdictions make legal provision for arrangements to be made for a limited period of dispensing on an NT OST prescription, including approval of a suitable takeaway USD regime. Advance notification, arrangements and/or paperwork is generally required, and prescribers must check with the relevant jurisdictional authority or authorities.

Please see the Medical Practitioners page on the Poisons Control website for a list of Interstate Health Department contact phone numbers:

www.nt.gov.au/health/poisonscontrol

NT CLAC Applications

Applications to the CLAC should normally be submitted at least five working days prior to the planned travel.

Applications should be signed by the prescriber, and provide the following information:

- Details of the prescriber: name; contact email/fax
- Details of the patient: name; DOB; address
- Details of patient's OST:
 - medication name & dose,
 - current takeaway USD allowance & date since that allowance has been prescribed
 - total period of time on the program/start date
- Details of planned travel:
 - reason (eg work, holiday, visit family, family illness, crisis)
 - dates (may be approximate if final booking dependent on approval)
 - destinations (eg NT town/area/aboriginal community; interstate town/area; overseas country/countries)
- Details of patient stability and safety:
 - on the form provided, with explanation of any areas unable to be confirmed
 - the same information as on the form provided
- Confirmation that the prescriber has sighted/will check any travel tickets/documentation (conditional approval can be granted subject to the doctor sighting documentation)
- Any previous CLAC approval for such requests with safe outcome
 - number of USD approved & date/s
- An indication from the prescriber on the level of support from the prescriber for the application, or whether the prescriber is seeking advice from the CLAC at the request of the patient.
- Any other information in support of the application



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For this patient I **confirm** the following:

- no evidence of illicit drug injecting or use, including cannabis, for at least 3 months
- 2 clear urine drug screens in past 3 months (including nil cannabis)
- not known to be prescribed benzodiazepines
- no evidence of presenting intoxicated for treatment or dosing in past 6 months
- not missed more than 4 daily or 2 alternate day doses in past 3 months
- no evidence of alcohol intake of concern
- no evidence of diverted pharmacotherapy doses in past 6 months
- keeps review appointments, fulfils conditions of any contract relating to management
- stable mental health, no physical health conditions, no other medications reducing safety
- satisfactory plan for secure, safe storage re children, other adults

- has checked/is checking relevant requirements for any overseas travel

- I have sighted/will check any travel tickets/documentation
(conditional approval may be granted subject to doctor sighting documentation)

