2018 NSW Clinical Guidelines: Treatment of Opioid Dependence Additional Points to Note

Authority to Prescribe Methadone or Buprenorphine

All prescribers need to apply for regulatory approval (authority) to prescribe methadone and buprenorphine to individual patients on the Opioid Treatment Program (OTP). A prescriber must obtain authority for each patient by completing an H2 *Application for Authority to Prescribe Methadone or Buprenorphine under the NSW Opioid Treatment Program (OTP):* http://www.health.nsw.gov.au/pharmaceutical/Documents/OTP-appln.pdf

The completed form (and any required supporting documents) should be faxed to the Pharmaceutical Regulatory Unit: (02) 9424 5885.

Exiting Patients

All doctors have overriding professional obligations for the continuity of care for all their patients, whether 'public' or 'private', on the OTP or as a general patient[1]. Furthermore, the legal authority under the *Poisons and Therapeutic Goods* legislation remains with the prescriber until they exit the patient or transfer this authority to another prescriber by submitting an H5 Exit Form to Pharmaceutical Regulatory Unit, which they are required to do once they are no longer prescribing for the patient.

Application for High Dose (above 200mg for methadone; 32 mg for buprenorphine)

Application for a high dose should be made by completing Form H3 or H4 and submitting supporting information including:

- A second opinion obtained from a prescriber who is a Fellow of the Chapter of Addiction Medicine, or a prescriber of equivalent training and experience as from time to time approved by the Pharmacotherapy Credentialing Subcommittee (PCS);
- Current ECG giving corrected QT intervals (QTc);
- Recent urine drug screen (UDS);
- Current trough methadone levels.

Prescribers are reminded to utilise the *Risk assessment for takeaway or unsupervised dosing regimens* (Table 22) in the 2018 Guidelines.

Assessing and managing fitness to drive

Most patients initiating treatment with sublingual buprenorphine should be advised to not drive during the first two weeks of treatment. Patients should also be advised to be cautious in the 3 to 5 days after any dose increase, or if attempting 'two or three day' dosing.

For patients initiating methadone treatment, patients should be advised to not drive in the first four weeks of treatment. Patients should also be advised to be cautious in the 3 to 5 days after any significant dose increase (greater than 5mg).

If at any time a patient attends for treatment and is intoxicated, health professionals should address safety concerns (see Section 2.4.9 Intoxicated presentations) and advise the patient to not drive a motor vehicle. This should be documented in the patient's medical records. If a patient does intend to drive when intoxicated, then police may be contacted.

1 See Medical Board of Australia Code of Conduct, particularly 3.14, 4.3, 4.5 and 8.4.7.