



ST VINCENT'S
HEALTH AUSTRALIA

Regulations and Opioid Prescribing

Victorian Opioid Management ECHO
Department of Addiction Medicine
St Vincent's Hospital Melbourne

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

The rules (DPCS Act and Regulations)



Applying to prescribing of all schedule 8 drugs (and some schedule 4):

- Must check SafeScript.
- Only for patients under the care of the doctor or nurse practitioner (S4 also)
- Establish a therapeutic need (S4 also)
- Take all reasonable steps to ascertain the identity of the patient
- Write total quantity in words and figures and total number of supplies allowed or state “no repeats allowed. In case of computer generated scripts (not eRx), prescription must also be handwritten.
- Also requirements for notification of fraudulent obtaining of prescription - report to police and Dept.

The rules



- Schedule 8 permit required if:
 - for treatment longer than 8 weeks (including any preceding periods with another practitioner) – doesn't prevent continuing treatment as long as permit is applied for and patient is not drug-dependent.
 - Methadone for any patient, except non-admitted patients in palliative care, oncology or pain clinics in hospitals. (Additional permit requirements and exemptions for stimulants, cannabinoids)
 - >100mg morphine equivalent of any opioid
 - ANY S8 medicine to a person who is drug-dependent

General exemptions for hospital inpatients, aged-care, prisons/jails provided patient is not drug-dependent. Specific exemptions for paediatric, pall.care, psych, oncology and pain specialists

<https://www.health.vic.gov.au/drugs-and-poisons/schedule-8-permits-and-notifications>

Safescript

- Mandatory. Consent not required.
- All prescribers before or at time of prescribing and all pharmacists before supplying must check SafeScript.
- Monitors all S8 drugs and some S4 drugs
 - All opioids, benzodiazepines, z-drugs, quetiapine.
 - Tramadol and gabapentinoids in 2022(?)
- Some exemptions - hospitals, prisons, police gaols, aged care and palliative care.



<https://www.health.vic.gov.au/drugs-and-poisons/safescript>

The rules

“It is an offence to prescribe a drug of dependence **merely to support the drug dependence of a person.”**

When treating a patient in the community it is NOT permissible to prescribe opioids to an opioid dependent person without a valid permit (NB. there are a few exceptions – see later)

The only opioids that can legitimately be prescribed for the maintenance of opioid dependence are:

- Methadone
- Buprenorphine
- Buprenorphine/naloxone

Prior to treating an opioid dependent person with opioids the prescriber must hold a valid permit:

- S8 permit to treat
- Permission to treat an opioid dependent person permit

When is notification (of dependence) required?



Notification of drug dependent person Drugs, Poisons and Controlled Substances Act 1981

Section 33 of the Act requires a medical or nurse practitioner:

- who has reason to believe that a patient is a drug dependent person to notify the department, using the notification of drug dependence form, where the patient seeks prescription of :
 - a Schedule 8 or Schedule 9 poison or;
 - a Schedule 4 poison which is also a drug of dependence (incl. compounded codeine, benzodiazepines, phentermine, testosterone and other anabolic steroids)

OR

- the practitioner intends to treat or is treating the patient with a Schedule 8 or Schedule 9 poison, or a Schedule 4 poison which is also a drug of dependence.

OST and permits



A permit is needed to prescribe methadone or buprenorphine:

An Application for a Permit to treat an opioid-dependent person with methadone or buprenorphine must be sent to the Department of Health and Human Services for approval.

A separate permit is required for EVERY patient

(A few exceptions – see next slide)

The application can be completed and submitted online at:

www.health.vic.gov.au/dpcs/pharm

The application may also be completed by hand and sent by facsimile (1300 360 830).

Circumstances where notification of treatment is not required



A permit is **not** required where a prescriber is treating a patient if that patient is:

- an **inpatient** being treated in a hospital
- a **prisoner** being treated in a prison for the period in prison and a period not exceeding seven days after that prisoner's release from custody
- a resident being treated in an **aged care** service.

In these circumstances, prescribers are required to submit a Notification of drug dependent person (available at www.health.vic.gov.au/dpcs/pharm.htm) to indicate their intention to treat the patient with pharmacotherapy.

Prescribers may start prescribing provided the notification is submitted as soon as practicable to the Department of Health and Human Services

Checklist for takeaways (1)

1. ABSOLUTE CONTRA-INDICATIONS

Overdose reported to any substance	<input type="checkbox"/>
Reported diversion of doses to others, sharing or trading doses	<input type="checkbox"/>
No safe and secure storage facility available	<input type="checkbox"/>
Concerns about risk of harm to self or others	<input type="checkbox"/>

STOP: DO NOT SUPPLY TAKE-AWAY DOSES IF ANY ABSOLUTE CONTRA-INDICATIONS HAVE BEEN OBSERVED.

2. RELATIVE CONTRA-INDICATIONS

Attendance at medical/case manager reviews Irregular attendance missed ≥1 in 4 appointments	<input type="checkbox"/>
Missed doses Missed doses (confirmed with pharmacist) missed ≥1 dose per week	<input type="checkbox"/>
Provision of urine drug screens (UDS) UDS not provided on request or reveals unsanctioned drug use	<input type="checkbox"/>
Unsanctioned use of other drugs Reported misuse of prescription medicines, alcohol or illicit drugs	<input type="checkbox"/>
Evidence of recent injecting sites	<input type="checkbox"/>
Intoxicated presentations at medical clinic or pharmacy	<input type="checkbox"/>
Concerns about misuse of take-away doses Reported use of take-away doses in advance	<input type="checkbox"/>
Reported hoarding or 'stockpiling' of take-away doses	<input type="checkbox"/>
Reported lost or stolen take-away doses	<input type="checkbox"/>
Accommodation No stable accommodation	<input type="checkbox"/>
Persons with histories of drug misuse are present or likely to visit the home	<input type="checkbox"/>
Physical and mental state assessment Concerns about other medical condition (e.g. severe liver or respiratory disease)	<input type="checkbox"/>

Caution: If any relative contra-indications have been observed, prescribers should discuss the appropriateness of take-away doses with the pharmacist if take-away doses are still being considered.

Checklist for takeaways (2)

3. REASONABLE NEED

A reasonable need for take-away doses should be established when considering take-away doses.

At least one of the following should be present:

Work, study or family commitments where daily attendance at a pharmacy is not possible	<input type="checkbox"/>
Living in a rural or remote area where daily travel to a pharmacy is difficult	<input type="checkbox"/>
Significant medical condition restricting ability to attend a pharmacy on a daily basis	<input type="checkbox"/>
Urgent travel where alternative arrangements for supervised dosing cannot be organised	<input type="checkbox"/>
Incentive and reward for stability and progress in treatment	<input type="checkbox"/>

Caution: If no reasonable need is established, prescribers should discuss the appropriateness of take-away doses with the pharmacist if take-away doses are still being considered.

OST takeaways – key changes in Victoria 2018 (1)



Key changes:

- Maximum number of methadone take-away doses per week is **four** (down from five).
- No single methadone supply should exceed **three** consecutive take-away doses (down from five).
- **Minimum period of stability** in treatment before take-away methadone doses may be considered is three months.
- Reiteration that unsupervised take-away pharmacotherapy doses are highly dangerous and should be restricted to “**very stable and continuous dosing**” clients.
- Time in treatment should not be the only consideration when it comes to assessing eligibility for a client to receive unsupervised take-away doses.

OST takeaways – key changes in Victoria 2018 (2)



The department are of the view that:

prescribers are entitled to operate outside of the policy's guidelines in “exceptional circumstances, at their professional discretion”.

Resources have been created to complement the revised policy, and are available on the department's website. They include a:

- checklist for assessing appropriateness of take-away doses;
- patient agreement form: methadone take-away doses;
- patient agreement form: buprenorphine take-away doses;
- starting methadone or buprenorphine information sheet; and
- a methadone treatment in Victoria user information booklet.

COVID-19 moderated guidelines

In March 2020, temporary moderated guidelines were added to the Vic OAT guidelines to provide support for physical distancing in pharmacy and medical practice environments during the COVID-19 pandemic.

Changes to minimise face-to-face contact for MATOD were recommended where clinically appropriate and with careful consideration of risk vs benefit.

- providing longer prescription durations
- allowing for more takeaway doses
- third-party collection of doses

It is important to note that these measures remain in place for the duration of Victoria's public health emergency directives – at this time, until at least December 31, 2021.

COVID-19 moderated guidelines



METHADONE	
LOW RISK	Up to 6 TAs per week. Some low risk patients with documented long-term stability (> 12 months), no other substance use, stable psychosocial situation, and secure storage can be considered for up to 13 take away doses per fortnight of methadone. Stability must be confirmed with pharmacist
MODERATE RISK	Up to 4 take away doses per week, with no more than 3 at a time
HIGH RISK	Possible alternate day attendance with only one take away dose at a time; use of deliveries/3rd person pick up if not suitable for unsupervised dosing and in self-isolation or quarantine

BUPRENORPHINE-NALOXONE	
LOW RISK	13 TAs per fortnight, or if clinically appropriate, monthly pick-up
MODERATE RISK	Up to 6 take away doses per week with weekly attendance for a supervised dose
HIGH RISK	If suitable for unsupervised doses possible alternate day attendance with only one take away dose at a time; consider use of deliveries/3rd person pick up if not suitable for unsupervised dosing and in self-isolation or quarantine

List of online forms

The following forms are available to complete and submit online:

- 1. Application for a permit to treat a patient with Schedule 8 drugs**
- 2. Application for a permit to treat an opioid dependent person with methadone or buprenorphine**
- 3. Notification of drug-dependent person**
- 4. Notification of termination of methadone or buprenorphine program**
- 5. Cancellation of Schedule 8 treatment permits**
- 6. Application for a warrant to obtain, use, supply or prescribe restricted Schedule 4 medicines**
- 7. Notifications and records to be submitted to Drugs and Poisons Regulation (for pharmacists to complete)**
- 8. Notification of forged or altered prescription (for pharmacists to complete)**
- 9. Propose changes or review an existing licence or permit to obtain (and possibly supply) scheduled substances**
- 10. Apply for a new licence or permit to obtain (and possibly supply) scheduled substances**
- 11. Make a notification of lost scheduled substance (for organisations to complete)**
- 12. Notification of lost and stolen prescriptions (for prescribers to complete)**

Management by deputising prescribers



All deputising prescribers should manage the patient as described:

- Continue the usual prescriber's management plan and dosage regimen as documented in the clinical record. (It is acceptable to reduce the dose if the patient is experiencing toxicity.)
- Note on the prescription that you are temporarily deputising for the patient's usual prescriber.
- Limit the duration of the prescription to the expected period of absence of the usual prescriber, indicating precise starting and finishing dates.
- Arrange for the usual prescriber to review the patient as soon as possible thereafter.
- Document details of the consultations and pharmacotherapy prescriptions in the patient's notes.

In summary



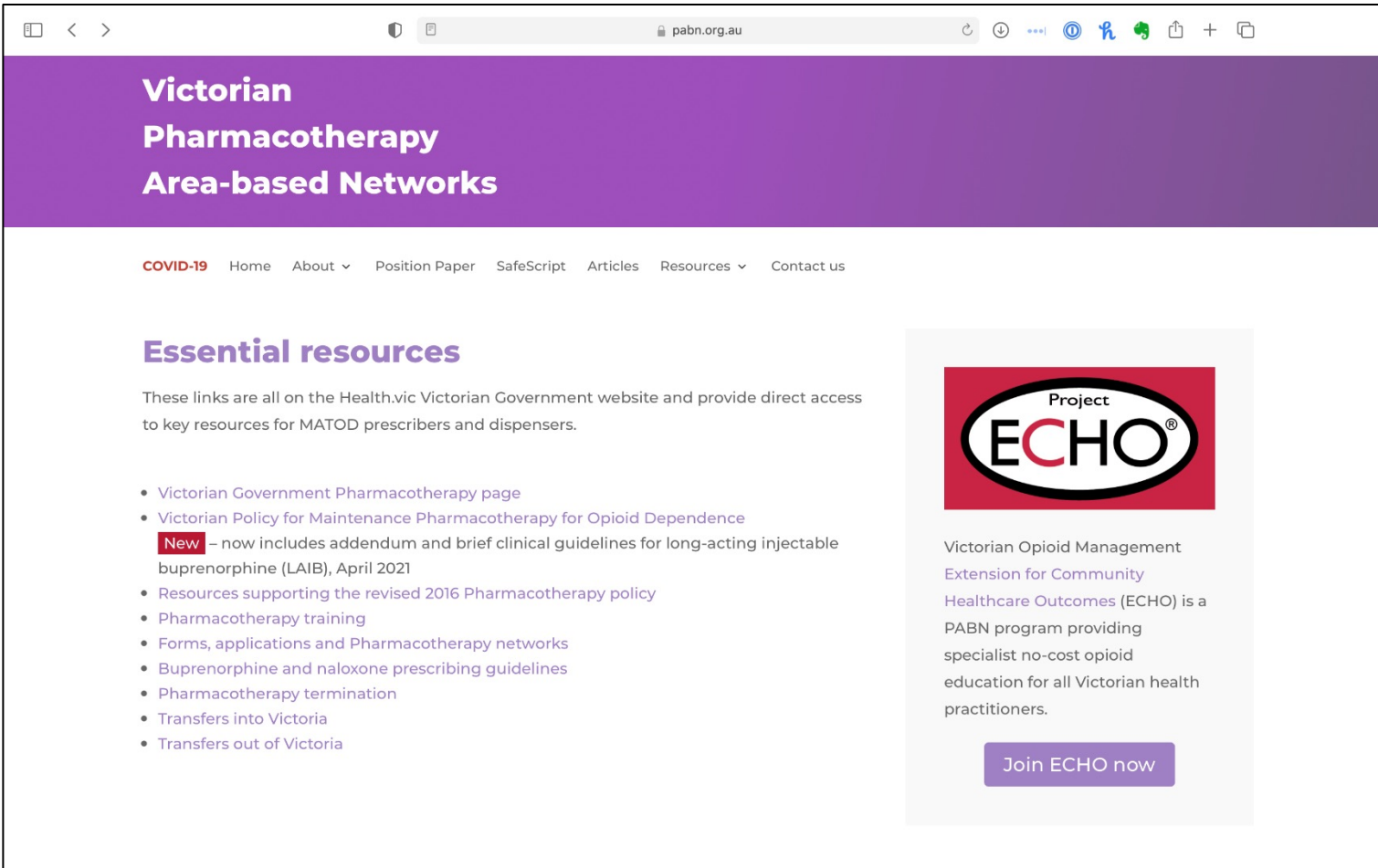
If a course of opioid is being prescribed for a period > 8 weeks then a permit IS required unless the patient has terminal cancer, is in prison or in a hospital

In all other cases an S8 permit is required, or an ORT permit

DPRG Tel: 1300 364 545 Fax: 1300 360 830 (1000-1600 Monday-Friday)

Online forms at: <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/smart-forms-drugs-and-poisons>

DACAS 1800 812 804



The screenshot shows the PABN.ORG.AU website. The browser address bar displays 'pabn.org.au'. The main header is a purple banner with the text 'Victorian Pharmacotherapy Area-based Networks'. Below the banner is a navigation menu with links: COVID-19, Home, About, Position Paper, SafeScript, Articles, Resources, and Contact us. The 'Essential resources' section contains a paragraph about links to the Health.vic website and a list of resources. A 'New' tag highlights the addition of an addendum to the buprenorphine guidelines. On the right, a 'Project ECHO' box describes the program and includes a 'Join ECHO now' button.


Victorian Pharmacotherapy Area-based Networks

COVID-19 Home About Position Paper SafeScript Articles Resources Contact us

Essential resources

These links are all on the Health.vic Victorian Government website and provide direct access to key resources for MATOD prescribers and dispensers.

- [Victorian Government Pharmacotherapy page](#)
- [Victorian Policy for Maintenance Pharmacotherapy for Opioid Dependence](#)
New – now includes addendum and brief clinical guidelines for long-acting injectable buprenorphine (LAIB), April 2021
- [Resources supporting the revised 2016 Pharmacotherapy policy](#)
- [Pharmacotherapy training](#)
- [Forms, applications and Pharmacotherapy networks](#)
- [Buprenorphine and naloxone prescribing guidelines](#)
- [Pharmacotherapy termination](#)
- [Transfers into Victoria](#)
- [Transfers out of Victoria](#)



Victorian Opioid Management Extension for Community Healthcare Outcomes (ECHO) is a PABN program providing specialist no-cost opioid education for all Victorian health practitioners.

[Join ECHO now](#)