

Pharmacy Ready Reference

This reference guide contains summary information from the *WA Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence* (2014). Refer to this publication for more detailed information.

Supervising Doses

Always check the identity of the patient, the validity of the script, recently missed doses, the prescriber's instructions and the amount and type of pharmacotherapy prescribed before dosing.

Methadone and buprenorphine must be consumed under the direct supervision of the pharmacist except where dispensed as an authorised takeaway dose. Buprenorphine (Subutex) tablets must be crushed (to coffee granule consistency) prior to sublingual administration and clients must be supervised until the tablets are completely dissolved. Buprenorphine film (Suboxone) must be supervised for a minimum of one minute. All buprenorphine preparations should be consumed through direct contact with the oral mucosa (i.e. no overlapping of films) without swallowing the saliva until the dose has completely dissolved.

Takeaway Doses

Takeaway doses of methadone must be diluted to 100mL with water and dispensed in an appropriately labelled bottle with a child-proof lid. Takeaway doses of buprenorphine tablets (Subutex) must not be crushed and should be dispensed intact in foil blister pack in an appropriately labelled container. Takeaway doses of buprenorphine film (Suboxone) should be dispensed intact in the original foil wrapper in an appropriately labelled container.

Missed Doses

Recommencing methadone or buprenorphine after missed doses should be in accordance with the following:

Equivalent of Daily Doses missed	Response
1 to 2 days dosing missed	If no evidence of intoxication dose as usual
3 days dosing missed	Pharmacists must consult with the prescriber or CAS before dosing. Approval to dispense treatment can be given over the phone, however the prescriber may decide to authorise a reduced dose if tolerance is considered to be reduced
4 or more days dosing missed	Client must be seen by the prescriber

Intoxication

Patients should be assessed for intoxication prior to being dosed. Client safety is the key consideration. Intoxicated patients should not be dosed or be given takeaway doses and intoxicated presentations should be reported to the prescriber via a Pharmacy Incident Report. If the client presents early in the day and appears mildly intoxicated they can be asked to re-attend 3 hours later for reassessment. Where this is not practicable, or the client returns still in an intoxicated state, consultation with the prescriber or CAS.

Important numbers

Clinical Advisory Service (CAS): 9442 5042 or 1800 688 847 - 24 hour service for health professionals requiring advice on clinical issues (phone number not to be given to clients)

Community Pharmacotherapy Program: 9219 1907 or 9219 1913 - 8.30-4.00 weekday service for patient management issues involving prescribing and dispensing issues and resources.

WA Dept. of Health Pharmaceutical Services Branch: 9222 6883 - 8.30-4.00 weekday service for information on regulatory controls for medicines including drugs of dependence (S8 medicines).

Opioid Replacement Pharmacotherapy Advocacy & Complaints Service (ORPACS): 9321 2877 - 9.00-5.00 weekday service for assisting CPOP clients with service provider issues and complaints.

Clinical Advisory Service
 CAS 9442 5042
Country Toll-free 1800 688 847
Clinical Advice – 24 hour – Statewide

Incorrect Dosing

It is essential for the safety of CPOP clients that all pharmacists, including locums and part time staff, are familiar with each client's dose requirements. All prescriptions, client identification records and other information should be readily accessible. A basic check prior to administration of doses includes:

- assessing the client for signs of intoxication
- verifying a current script with clearly written instructions
- checking their dosing history (including checks for missed doses)
- checking that correct drug and formulation is being provided
- verifying the identity of the client
- ensuring the dose is provided on the correct day
- ensuring the correct dose is provided

Methadone Overdose

A client who receives a methadone dose in excess of that prescribed is at risk of overdose. To prevent accidental methadone overdose, procedures should be established for easy and accurate identification of clients to minimise the risk of inappropriate dosing. In all cases of dosing error the following procedures should be followed and a Pharmacy Incident Report form completed and forwarded to the prescriber and CPP.

1. Advise the client of the mistake and carefully explain the possible seriousness of the consequences. Ask the client to wait in the pharmacy until the situation is discussed with the prescriber.
2. Contact the prescribing doctor immediately to obtain advice. If the client's prescriber (or another prescriber within the same practice) is not able to be contacted, consult with CAS.
3. If it is decided by the prescriber or CAS doctor that hospitalisation is required, the reasons should be explained to the client and they should be accompanied to the hospital to ensure admitting staff receive clear information on the circumstances.
4. If the client has left before the mistake is realised, every attempt must be made to contact the client. This may warrant a welfare check conducted by the police.

Buprenorphine Overdose

The risks associated with an incorrect dose of buprenorphine are not as severe as with other opioid medications. In the event of an incorrect dose being administered:

1. Advise the client of the mistake and carefully explain the seriousness of the consequences. Ask the client to wait in the pharmacy until the situation is discussed with the prescriber.
2. If the prescriber cannot be contacted then consult with CAS. Complete a Pharmacy Incident Report and fax to the prescribing doctor and to CPP.
3. If the client has left before the mistake is realised, every attempt must be made to contact the client. This may warrant a welfare check conducted by the police.

A lower dose, or no dose will be prescribed for the following day as in effect, a 2 or 3 day dose may have been administered.

For all dosing errors:

1. Complete the form Pharmacy Dosing Errors - Recommended Action Plan.
2. Contact PDL (ph. 1300 854 838) and complete the advice form on the PDL website.
3. Complete a Pharmacy Incident Report and forward to CPP and to the prescribing doctor.

Contact the Prescribing Doctor Prior to Dosing When:

- the client presents in an intoxicated state,
- the client reports feeling drowsy 3-4 hours after dosing,
- the client reports heavy snoring when sleeping,
- the client misses any dose during the first 4 weeks of treatment,
- the client presents a prescription for benzodiazepines or other sedatives, schedule 8 medication or antipsychotics from another doctor,
- the client has missed 3 or more doses once stabilised,
- where there are other concerns regarding a client's stability, or
- the client's treatment is compromised, such as dosing errors, dose diversion or vomiting.

