

 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>CLINICAL PRACTICE MANUAL</b></p>	<p><b>PHARMACIST DISPENSING OPIOID SUBSTITUTION TREATMENT (OST)</b></p>	<p><b>Protocol CPM.M9.2</b></p>
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## PURPOSE

Bay of Plenty District Health Board's (BOPDHB) opioid substitution treatment (OST) providers, prescribers and dispensing Pharmacists follow robust local protocols.

## OBJECTIVE

- Provide the basis for a co-operative and supportive relationship between OST prescribers and dispensing pharmacies.
- Establish and reinforce good clinical practice in line with the above guidelines.
- Ensure safety mechanisms and risk minimisation for service users of OST programmes.
- Establish pharmacy dispensing and communication procedures between OST providers, prescribers and dispensing Pharmacists in the BOP area.

## STANDARDS TO BE MET

### 1. Adherence to OST Guidelines

	ACTION	RATIONALE
a.	<ul style="list-style-type: none"> <li>• All Pharmacies dispensing Opioid Substitution Treatment to consumers on an Opioid Substitution Programme have a copy of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>	<ul style="list-style-type: none"> <li>• BOPAS, stipulates adherence to these guidelines.</li> </ul>

### 2. Shared Responsibilities Of Pharmacists And Prescribers

	ACTION	RATIONALE
a.	<p>OST providers and Prescribers and their teams will:</p> <ul style="list-style-type: none"> <li>• Acknowledge the Pharmacist as an integral part of a multidisciplinary team caring for OST service users.</li> <li>• Adhere to the guidelines on prescribing set out in the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> <li>• Acknowledge that pharmacists, in supplying OST medications are constrained by legislative requirements and prescribers must supply written prescriptions and authorisations within the required time.</li> <li>• Provide support to community pharmacies dispensing Opioid substitution medications and communicate with them regularly.</li> </ul>	<ul style="list-style-type: none"> <li>• This adheres to section 9.1 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>
b.	<ul style="list-style-type: none"> <li>• The Pharmacist will dispense OST medications in accordance with the prescription and relevant legislation and maintain confidentiality of the personal information and treatment. If they are unclear, or have concerns about, any prescription they are expected to seek clarification from the prescriber.</li> </ul>	<ul style="list-style-type: none"> <li>• This adheres to section 9.1 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>

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	ACTION	RATIONALE
c.	<p>The Pharmacist will provide the following services:</p> <ul style="list-style-type: none"> <li>• Supervise consumption of OST medications on the pharmacy premises on the days the pharmacy is open for the supply of OST medications.</li> <li>• Liaise with the OST provider on a regular basis and maintain a communication network with the specialist service's case workers, other pharmacists and prescribing medical officers or GP and after-hours pharmacy where appropriate.</li> <li>• Listen to, and be aware of, any relevant problems that the service user may be having and communicate these to the case worker or the prescribing GP.</li> <li>• Direct the service user back to the specialist service or prescribing GP if they have any problems (nausea, drowsiness) seemingly due to the OST prescribed.</li> </ul>	<ul style="list-style-type: none"> <li>• This adheres to section 9.1 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>

### 3. Methadone Formulation

	ACTION	RATIONALE
a.	<ul style="list-style-type: none"> <li>• BOPAS stipulates the use of methadone produced by Biodone. Only Biodone Forte, 5 mg / mL, oral solution is to be dispensed, as per the BOPAS prescription. If this cannot be tolerated by an individual the Pharmacist should contact BOPAS to discuss the use of other formulations.</li> </ul>	<ul style="list-style-type: none"> <li>• Preferred formulation of use for Methadone providers in the BOPDHB area.</li> </ul>

### 4. Procedures for Administration and Dispensing

	ACTION	RATIONALE
a.	<p>A Pharmacist must ensure that the correct medication is given to the right person in the right dose at the right time. This should include:</p> <ul style="list-style-type: none"> <li>• ensuring the legality of the prescription</li> <li>• sighting of photographic identification if the person is not known to the Pharmacist. A detailed description by specialist service staff or the prescriber may suffice</li> <li>• following correct labelling, record keeping and filing procedures</li> <li>• observation of dose consumption when on the pharmacy premises according to the requirements of the medication.</li> </ul>	<ul style="list-style-type: none"> <li>• This adheres to section 9.2 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>

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## 5. Administration of Consumed Dose

	ACTION	RATIONALE
a.	<p>The Pharmacist will ensure that the person receiving OST must consume the full dose of medication dispensed under observation at the time of each administration. The procedure should include:</p> <p><b>For Methadone:</b></p> <ul style="list-style-type: none"> <li>a measured dose.</li> <li>giving the disposable cup to the person.</li> <li>observing the client swallowing the dose and confirm by having them speak and/or drink additional fluid.</li> <li>disposable cups must not be recycled and should, where possible, be disposed of in a biohazard container.</li> </ul> <p><b>For buprenorphine / naloxone:</b></p> <ul style="list-style-type: none"> <li>Providing the client with the appropriate number of tablets. Crumble all observed doses and allow service user to dissolve under tongue.</li> <li>Observing client while tablet / tablets absorbed sublingually</li> <li>Check tablet(s) fully dissolved</li> </ul>	<ul style="list-style-type: none"> <li>This adheres to section 9.2 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>
b.	<ul style="list-style-type: none"> <li>The Pharmacist will observe the requirement that <b>all</b> OST clients will have some weekly consume on premises (cop) days. Dispensing arrangements will vary from daily cop's including Sundays, through to twice weekly and occasionally once weekly cop's, depending on the client's treatment plan. The dispensing pharmacist cannot vary nominated cop days unless authorised to do so by the prescribing team. The majority of maintenance (stable) clients will cop three (3) or four (4) times per week. Changes in client stability are likely to be reflected by changes in dispensing regimes and this will be communicated to the pharmacist in writing by the prescribing team.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>

## 6. Takeaway Doses Of Opioid Substitution Treatment Medications

	ACTION	RATIONALE
a.	<ul style="list-style-type: none"> <li>The Pharmacist will ensure that the prescription (for methadone on form H572M, buprenorphine / naloxone on a standard prescription form) is legal and if it provides for takeaway doses, that these are for days specified on the script (<i>e.g. Takeaway doses are authorised for the following days: Tuesday, Thursday, Saturday and Sunday in the case of someone consuming on premises 3 times per week</i>).</li> </ul>	<p>See:</p> <ul style="list-style-type: none"> <li>Pharmacy Act 1970</li> <li>Misuse of Drugs Act 1975</li> <li>Medicines Act 1980</li> </ul>

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## 7. Cancellation Of Administered Or Dispensed Doses

	ACTION	RATIONALE
a.	<p>GPs, OST service clinical staff (including case workers and clinical team leaders) or the dispensing Pharmacist may cancel doses of opioid substitution medications or cancel takeaway arrangements for people in order to:</p> <ul style="list-style-type: none"> <li>prevent a person from receiving a double dose of medication</li> <li>prevent an intoxicated person from receiving additional medication</li> <li>prevent situations that may endanger a person's health and life</li> <li>ensure that an accurate medication serum level is obtained</li> <li>re-establish contact with a client/service user where all other attempts have failed.</li> </ul>	<ul style="list-style-type: none"> <li>This adheres to section 9.3 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>
b.	<ul style="list-style-type: none"> <li>Notification of all cancellations of OST medication doses will be in writing.</li> </ul>	<ul style="list-style-type: none"> <li>This adheres to section 9.3 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>
c.	<ul style="list-style-type: none"> <li>Any of the above persons who initiate an OST dose cancellation must attempt to notify the person directly of any cancellation.</li> <li>If direct contact is unable to be made with the person, a confidential letter will be sent to the person, via the pharmacy, outlining the reasons for this intervention.</li> </ul>	<ul style="list-style-type: none"> <li>This adheres to section 9.3 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>
d.	<ul style="list-style-type: none"> <li>When a Pharmacist cancels a dose, they must notify the appropriate prescriber or specialist service by phone on the day on which the dose was cancelled and follow up by providing written (email, letter or fax) verification of the intervention and the reason for that intervention within two (2) business days.</li> </ul>	<ul style="list-style-type: none"> <li>This adheres to section 9.3 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>

## 8. Risk Management

	ACTION	RATIONALE
a.	<p>The Pharmacist will notify the prescriber by phone or in writing as soon as practicable when the person:</p> <ul style="list-style-type: none"> <li>fails to present for their OST medication.</li> <li>presents as intoxicated at the point of dispensing.</li> <li>exhibits abusive or threatening behaviour.</li> <li>diverts or makes a serious attempt to divert their OST medication.</li> <li>is believed to have administered takeaway oral methadone intravenously.</li> <li>Attempts to purchase over-the-counter medications known for potential abuse.</li> <li>exhibits withdrawal symptoms.</li> <li>deteriorates in their physical, emotional or mental state.</li> </ul>	<ul style="list-style-type: none"> <li>This adheres to section 9.1 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>

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	ACTION	RATIONALE
b.	<p>The Pharmacist will not dispense methadone to a service user who has not collected their medication for three consecutive days without authorization of the specialist service or GP as the prescriber will need to:</p> <ul style="list-style-type: none"> <li>review the service user's situation before dispensing resumes.</li> <li>notify the Pharmacist in writing if authorisation to resume dispensing is given.</li> </ul>	<ul style="list-style-type: none"> <li>This adheres to section 9.3 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>
c.	<ul style="list-style-type: none"> <li>The Pharmacist will contact the prescriber for clarification of any administration or dispensing instructions that are unclear on the prescription.</li> </ul>	<ul style="list-style-type: none"> <li>This adheres to section 9.2 of the <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>
d.	<ul style="list-style-type: none"> <li>In the event of under or over prescribing, the prescriber / specialist service must be notified as soon as possible.</li> </ul>	<ul style="list-style-type: none"> <li>Section 9.3 of <a href="#">New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.</a></li> </ul>

## REFERENCES

- [Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017, Ministry of Health Dec 2012](#)
- Medicines Act 1980.
- Misuse of Drugs Act 1975.
- [New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Ministry of Health, 2014.](#)
- Pharmacy Act 1970.

## ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.13 Consumer Participation – MH&AS](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.23 Mental Health and Addiction Services Monitoring & Review](#)
- Case Managers Handbook, Mental Health & Addiction Services, Bay of Plenty Addiction Service
- Client Handbook, Mental Health & Addiction Services, Bay of Plenty Addiction Service
- [Bay of Plenty District Health Board, Welcome to the Bay of Plenty Addiction Service pamphlet](#)

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