

Prescriber Training and Authorisation

In this section you will...

- *Gain an understanding of the training and authorisation process for medical practitioners who prescribe buprenorphine and methadone for the treatment of opioid dependence.*

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15 Prescriber Training and Authorisation

Medical practitioners who prescribe buprenorphine and methadone for the treatment of opioid dependence must be authorised by the Clinical Director, Alcohol and Drug Services, Department of Health and Human Services.

Medical Practitioners who prescribe buprenorphine and methadone for the treatment of opioid dependence must be authorised.

15.1 Process of prescriber authorisation

15.1.1 Initial Application

To become an authorised prescriber, a medical practitioner must:

Make an application to the ADS Clinical Director, DHHS;

- Undertake training in opioid dependence and pharmacotherapy with an ADS medical officer. Prescribers will also be invited to attend ADS and observe pharmacotherapy practice during a clinic;
- Complete and return a multi question exam (and achieve a passing grade); and
- Agree in writing to prescribe in accordance with the policies and clinical practice standards described in the Tasmanian Opioid Pharmacotherapy Program: Policies and Clinical Practice Standards (TOPP, 2011).

Upon completion of the above requirements, a recommendation will be made by the ADS medical officer to the ADS Clinical Director that the practitioner be authorised to prescribe pharmacotherapy in Tasmania for a probationary period.

15.1.2 Probationary Period

An initial twelve month period of probationary authorisation will apply. This involves:

- Monthly peer support, review and advice sessions with an ADS medical officer for the first 6 months;
- Ongoing peer support, review, and advice sessions negotiated as required for a further six months; and
- Full authorisation by the ADS Clinical Director upon completion of the 12 month probationary period.

15.1.3 Ongoing Authorisation

Ongoing authorisation requires annual renewal, which involves the completion of a refresher program. This program is a competency based e-learning package accredited

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by the College of General Practitioners for ongoing professional development. Participation in professional development opportunities (e.g. interactive clinical practice review meetings and Pharmacotherapy Network Meetings facilitated by ADS) is strongly encouraged.

Prescribers wishing to cease prescribing opioid pharmacotherapy must notify the ADS Clinical Director to ensure that patients can be transferred to other treatment providers without disruption to treatment.

15.2 Regulations relating to pharmacotherapy prescribing

15.2.1 Authority to treat a patient

A patient must not be given a prescription for methadone or buprenorphine until an authority has been issued and an authority number provided by PSB. Consequently, medical practitioners must apply for an authority to prescribe a narcotic substance under Section 59E of the *Poisons Act 1971* for **every** patient commencing pharmacotherapy treatment.

A prescription for methadone or buprenorphine cannot be provided until an authority has been issued and an authority number provided by PSB.

The *Authority to Prescribe Opioid Pharmacotherapies* form must be completed, signed by the medical practitioner, and faxed or posted to Pharmaceutical Services Branch (PSB) DHHS. (Refer to Figure 15.1 S59 Authority Flow Chart, below and Figure 12.1, Section 12). In urgent cases, an authority number can be obtained over the telephone (6233 2064), and the signed application then forwarded by the practitioner.

The authority issued to the practitioner is valid only for that patient, and cannot be transferred. If the patient leaves treatment or the prescriber ceases to treat the patient for any reason, a *Notification of termination of Methadone/Buprenorphine treatment* form must be sent to PSB. Failure to forward this termination form prevents the patient from being treated by any other practitioner with pharmacotherapy or other drugs of dependence.

Furthermore, another practitioner planning to prescribe for the same patient must make a new application for authority, and this will only be approved once the previous authority is terminated.

A locum may prescribe under the authorised practitioner's authority, but cannot alter any doses or takeaway dose conditions. If a change in treatment is required, the locum can phone an ADS medical officer to seek further advice and support.

These procedures ensure that a patient does not receive pharmacotherapy from two prescribers concurrently.

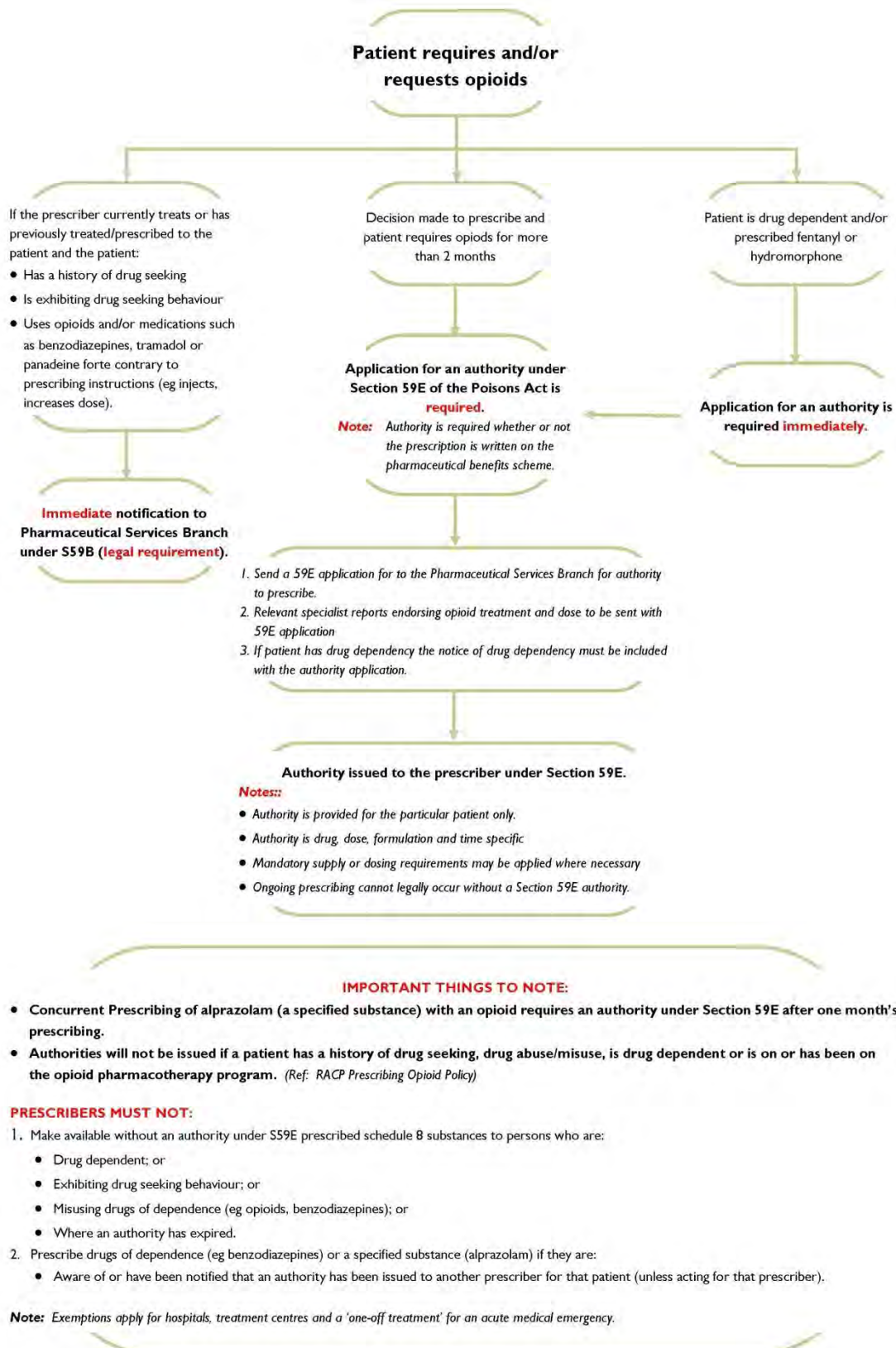


Figure 15.1: Prescribing S8 Opioids and Drugs of Dependence Quick Reference Guide.

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15.2.2 Maximum Caseload

The ideal caseload of opioid pharmacotherapy patients for each prescriber will vary depending on:

- The complexity of the patient presentations;
- The suitability of the practice setting; and
- The capacity of the practice setting to provide high quality and safe opioid pharmacotherapy treatment without compromising the quality of treatment provided to non-opioid pharmacotherapy patients.

A medical practitioner in full time General Practice can prescribe methadone or buprenorphine to a maximum of 20 patients. Practitioners with clinical skills and an interest in this area can apply to the Clinical Director ADS to increase this number.

A medical practitioner in full time general practice can prescribe methadone or buprenorphine to a maximum of 20 patients.

15.2.3 Dose limits

The maximum daily dose for methadone is 120mg. To exceed this dose, authorisation from the ADS Clinical Director is required. A thorough explanation of dose limits is provided in Section 8 – Maintenance treatment.

The registration of buprenorphine in Australia specifies that a maximum dose of 32 mg of buprenorphine can be prescribed (either per day or in a double or triple dosing regimen).

For patients requiring a daily dose of more than 24 mg of buprenorphine, the advice of an ADS Addiction Medicine Specialist is recommended.

Medical practitioners already exceeding these dose limits when this Policy and Clinical Practice standards document is first published are asked to contact an ADS Addiction Medicine Specialist to discuss each patient and review their clinical status and treatment plan.

15.2.4 Patients aged 16 and under

Opioid pharmacotherapy treatment is generally contraindicated for patients aged 16 years and under. Prior to commencing treatment for these patients, the prescriber must request an exemption in writing from the ADS Clinical Director. The request for an exemption should include a second opinion from a drug and alcohol medical specialist.

For further information regarding cautions and contraindications related to age, the concept of informed consent, and working with young people, see Sections 4, 6, & 11 respectively.

15.2.5 Takeaway doses

Takeaway doses may only be prescribed in accordance with the policy and clinical practice standards set out in Section 8 of this document.

15.2.6 Arrangements to cover absence from practice

Prescribers should take measures to ensure that all of their pharmacotherapy patients have sufficient prescription cover during periods of the prescriber's absence, such as annual leave. Ideally, each pharmacotherapy prescriber should have a practice colleague trained in pharmacotherapy who can provide cover; however, it is acknowledged that this is not possible in most current practices.

Prescribers should take measures to ensure that all of their pharmacotherapy patients have sufficient prescription cover during periods of the prescriber's absence.

In emergency situations, ADS will provide backup support for prescribers absent from their practice as needed, provided this may be done safely.

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Pharmacy Instructions

In this section you will...

- *Understand the role of pharmacies who participate in the opioid pharmacotherapy program; and*
- *Gain an overview of the requirements of pharmacies who participate in the opioid pharmacotherapy program.*

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