Prescribing, Supply and Administration of Methadone and Buprenorphine/Naloxone (Suboxone®)

Contents

Policy 1
Purpose 1
Scope 2
Exceptions: 2
Associated documents 2
Prescribing and supply 2
Patients being treated with methadone for chronic pain 2
Roles and responsibilities 3
Medical Team 3
Registered Nurse/Registered Midwife 4
Pharmacy 5
Responsibilities on Discharge 5
Medical team 5
Registered Nurse/Midwife 6
Measurement/Evaluation 6
References 6

Policy

Methadone and buprenorphine/naloxone (Suboxone®) may only be held as ward stock in clinical areas that have been granted authorisation by the Chief Medical Officer. All other areas will have these products dispensed by the pharmacy department for individual patients while they are an inpatient.

Purpose

- To ensure adherence to legislation governing the prescription and administration of methadone and buprenorphine/naloxone
- To facilitate the safe supply of methadone and buprenorphine/naloxone to clinical areas

- To minimise the potential for overdose
- To reduce the potential for diversion of these drugs

Scope

Registered Nurses (RN)/Midwives (RM) within their scope of practice, Medical Practitioners and Pharmacists in all CDHB clinical areas.

The policy relates to the following medication

- Methadone tablets 5 mg
- Methadone liquid 2 mg/mL
- Buprenorphine 2 mg with naloxone 0.5 mg tablets (Suboxone®)
- Buprenorphine 8 mg with naloxone 2 mg tablets (Suboxone®)

Exceptions:

Patients admitted to Ashburton hospital who are Ashburton residents enrolled with an opioid substitution programme will continue to have their treatment dispensed by their Community Pharmacy. Out of town patients would be treated as per the policy below.

Associated documents

- Opioid Substitution Programmes in Management Guidelines for Common Medical Conditions 15th Edition 2013 'The Blue Book'

Prescribing and supply

Please note: The following prescribing and administration restrictions only apply to those who are enrolled in an opioid substitution programme for the management of opioid dependence.

Patients being treated with methadone for chronic pain

Before prescribing methadone for patients being treated for chronic pain confirm the dose with a number of sources e.g. the GP, eSCRV and consider notifying the community pharmacy of the patient's admission to avoid the potential for the patient having extra supply.

Roles and responsibilities

It is an offence for a medical practitioner to prescribe controlled drugs for the treatment of dependence unless the practitioner is approved or authorised under the Misuse of Drugs Act 1975. This also applies in the hospital setting.

The Christchurch Methadone Programme (CMP) team can provide temporary approval to prescribe for their patients under the process outlined below. The CMP team are also available for consultation in the management of these patients

- Weekdays between 0800 and 1700 hours, (03) 335 4350
- After-hours, contact the Kennedy Detox Centre at (03) 339 1139.

Patients receiving opioid substitution therapy should be prescribed analgesia for pain as for other patients. It is recommended that you consult with the CMP doctors. In general, the CMP team do not recommend methadone dose adjustments to manage acute pain.

Medical Team

Patients who are enrolled with an opioid substitution programme are not to receive methadone or buprenorphine/naloxone in any CDHB hospital until the CMP team or Kennedy Detox Centre have been contacted to:

- Confirm the patient is enrolled with the programme (including those under the care of a General Practitioner)
- Confirm their daily dose (in milligrams)
- Confirm the last consumed dose
- Request written authorisation to prescribe and administer methadone or buprenorphine/naloxone

Some patients on buprenorphine/naloxone may only be prescribed a dose every 2 -3 days due to its long half-life.

On request from a doctor, pharmacist, nurse or midwife, the CMP team will fax the appropriate authorisation and include the daily dose, which should then be documented in the clinical notes. The faxed authorisation should be filed in the patient clinical notes. The CMP team can extend or cancel authorisations as required.

The CMP team or Kennedy Detox Centre will inform the community pharmacy that prepares the daily dose of methadone or buprenorphine/naloxone that the patient is an in-patient in a CDHB hospital, and will suspend the community prescription. This is so that

extra supplies cannot be collected by a third party while the patient is admitted.

For clients of an out of town opioid substitution programme contact the originating programme to confirm dosage, find out when it was last dispensed, and determine if the patient is in possession of any takeaway doses not yet consumed. Arrange for an authority form to be faxed to allow prescribing while in hospital. Ensure that the dispensing pharmacy is notified of the admission and halts the prescription.
Note there may have been arrangements made to collect methadone or buprenorphine/naloxone from a Christchurch pharmacy while the client is staying in Christchurch.

Obtaining confirmation of the last consumed dose protects against accidental overdose. Please check with the dispensing pharmacy to determine whether the patient has had their dose on the day of admission and if any 'takeaways' were provided. If unsure, do not prescribe until the following day when the situation can be clarified. Prescribers need to ensure that:

- The potential for overdose is minimised,
- The patient is not unsafely intoxicated with other drugs, and
- The potential for diversion is limited.

It is best to avoid supplying methadone or buprenorphine/naloxone in the evening to new admissions, as it is highly likely that they will have had their dose during the day. If they have not had a dose during the day, remember opiate withdrawal is not life-threatening whereas an overdose is. If you have any concerns or questions, contact the CMP team for further advice.

'*Takeaway' doses*: not all doses are consumed daily at the community pharmacy. Some patients will have a schedule where they visit their community pharmacy specific days per week and consume that days dose in the pharmacy and take doses home for the next few days until the next scheduled visit.

Note: Takeaway doses of methadone liquid are diluted.

Registered Nurse/Registered Midwife

To order a supply of methadone or buprenorphine/naloxone for a specific patient the RN/RM must fax a request to pharmacy with a copy of the patients medication chart and, where appropriate, the authorisation received from CMP.

The supply of methadone or buprenorphine/naloxone is documented in a controlled drug register specifically for these products with a new page for each patient. Note this is not a patients' own supply (a supply the patient brings in with them) and the patient will not take this home with them on discharge.

If the patient brings 'takeaway' doses into hospital these should not be used in the inpatient setting. These should be removed from the patient, locked in the controlled drug safe for the duration of the patients stay. Take care not to confuse this with the supply dispensed by CDHB pharmacy. The 'takeaway' supply should only be returned to the patient on discharge if approval has been given by the CMP team.

Wards authorised to hold stock cannot supply any methadone or buprenorphine/naloxone to other areas. Methadone and buprenorphine/naloxone supplies should only be used for the patient they have been dispensed for. If the patient is transferred to another ward the methadone or buprenorphine/naloxone dispensed for that particular patient should be transferred with the patient by an RN/RM. This should be signed out of the register for the initial ward and signed into the receiving ward register.

Note: Buprenorphine/naloxone is a sublingual tablet and should not be swallowed. Dissolution time can be up to 10 minutes; this can be reduced by crushing the tablet into rock salt consistency.

Pharmacy

On receipt of a fax cover sheet, the appropriate page of the QMR0004 and authorisation (where appropriate) dispense a supply of methadone or buprenorphine/naloxone for the patient, including on the label the patients name, NHI and ward as well as the dose in mg and mL or number of tablets.

Responsibilities on Discharge

Medical team

Contact the CMP team or the appropriate body responsible for prescribing for opioid dependence for the patient and inform them of the patients discharge. Do not supply the patient with any discharge prescriptions or supply of methadone or buprenorphine/naloxone; the CMP team will reinstate this on discharge. If the patient brought in a takeaway supply confirm with the CMP team whether or not it is to be returned to the patient.

Registered Nurse/Midwife

If confirmation has been given by the CMP team the RN/RM returns any takeaway doses to the patient. Once the patient has been discharged the RN/RM arranges the return of any remaining methadone or buprenorphine/naloxone to the pharmacy department.

Measurement/Evaluation

- Incidents or Root Cause Analysis activity related to methadone will be reported to the Fluid and Medication Committee and the Medication Safety Group.
- An audit of 15 patients prescribed methadone will be carried out to ensure the Policy is being followed. This will occur initially within the first 12 months and thereafter periodically with reports back to the Medication Safety Group and Fluid and Medication Committee.

References

Practice Guidelines for Opioid Substitution Treatment in New Zealand, 2008, which is available on the Ministry of Health website

Policy Owner	Pharmacy Manager, CDHB
Policy Authoriser	Chief Medical Officer, CDHB
Date of Authorisation	14 March 2014