

Valid

Safe

Professional

Prescription

Prescriptions for OTP can be presented in different formats.

All OTP prescriptions legally require:

- a) Date of issue and the name and address of the patient
- b) The name, designation, address and contact details of the prescriber
- c) The **name** and **strength** of the medication
- d) The quantity in words and figures **OR** a clearly defined **duration of treatment** represented by a date range
- e) **Adequate directions** for use- including clear directions for take-away supplies and any required dilutions
- f) **Points c, d and e are required to be handwritten** by the prescriber on paper prescriptions.
- g) Patient date of birth

- All OTP prescriptions including e-prescription tokens must be sent **directly** to the dosing point pharmacy by the prescriber.
- Reference to the current prescription and the patient photograph must occur at each dosing. This must occur whether the prescription is a hard copy or electronic. Pharmacies should have a process in place to ensure this occurs.
- The maximum dosing patient number per dosing point is 65, excluding patients who only need to be dosed onsite once weekly.

Dilutions

Dilution of takeaway doses must be specifically ordered by the prescriber on the prescription. Takeaway doses should not be diluted with water. Please refer to the current version of the Australian Pharmaceutical Formulary (APF) for guidance on dilution.

New Patient

Required Documents:

- Current prescription- only the current prescription is to be kept on file. Cancelled, expired, or superseded prescriptions should be stored separately.
- Clear and recent photo
- Proof of Identity- including DOB and completed ID sheet
- Pharmacy/Patient Agreement
- Contact details and Emergency Contacts- this should be reviewed regularly to ensure patients can be contacted urgently in the case of a dispensing error.

Discuss:

- Concomitant drug and alcohol use
 - Safe use and storage of take-away doses
 - Procedures for missed doses
 - Driving safety
 - Expectations of pharmacist and patient
- These discussions should be documented in the patient file along with records of incidents and any communication with the prescriber such as dose adjustments.

Concomitant Drug Use:

- Be alert to prescriptions for centrally acting medicines such as benzodiazepines and other opioid from different prescribers.
- Use of monitored medicines can be checked on Safe Script.

Dosing

- Confirm patient identity- even if the patient is a regular
- Check the prescription every time for every patient and ensure it is valid and in date
- Speak to the patient before dosing to assess for signs of intoxication and do not dose if intoxicated
- Confirm the correct dose against the prescription and observe the patient correctly administers the dose
- Provide take-away doses as per the prescription only. Changes to take-away arrangements can only be made by the prescriber.
- An observed dose should be given prior to any supply of authorised TA doses

Records

- Entries should be made at the time of dosing.
- If subsidiary drug registers are used, the daily totals must be transferred to the drug register at the end of every day.
- Stock checks for Subutex and Suboxone are required to be conducted every March and September however more frequent stock checks are recommended.
- Stock checks for Methadone should be conducted monthly or at the completion of a bottle- whichever comes first. Overage may occur, in this case the actual volume must be recorded in the drug register.
- Report any discrepancies to PRU immediately.

Pharmacists are expected to practise safely, effectively and in partnership with patients and health practitioners

This flow chart has been prepared for NSW pharmacists by the Pharmacy Council of NSW, PDL, Pharmacy Guild of Australia (NSW), PSA (NSW) and SHPA

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