#### Methadone pharmacotherapy for Opioid Use Disorder





#### Flowchart 1.1 Process for patients newly admitted to hospital

#### **Target Audience: Prescribers and Pharmacists**

Medical practitioner or pharmacist to confirm usage and administration of methadone preadmission with patient and/or carer.

- •Confirm pharmacy supplying, dose and methadone prescriber.
- Obtain a copy of the current/valid methadone prescription and check Safescript.



Contact methadone-dispensing pharmacy to inform them that the patient is admitted, and to confirm adherence, date of last supervised dose, and quantity of takeaways supplied (if applicable).

• Confirm the date that the patient is expected to present to the pharmacy for next supply.



Confirm location of takeaway doses with patient (if applicable). Refer to Flowsheet 1.2 to coordinate access to methadone dose as an inpatient.



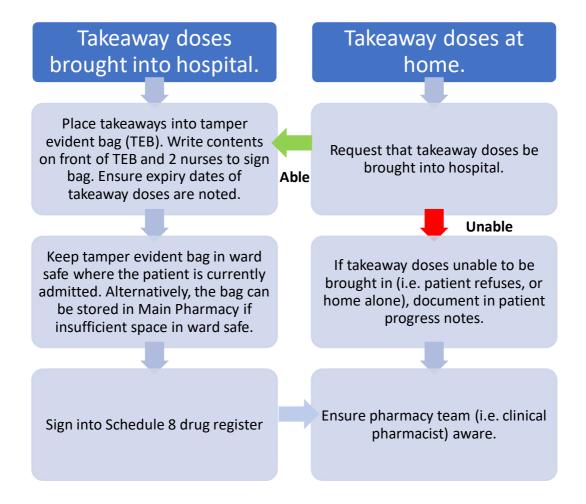
If methadone treatment has been interrupted by 72 hours or more, contact the Drug & Alcohol Clinical Advisory Service (DACAS) on 1800 812 804 for advice.



Pharmacist to complete admission section on MR092.4 Methadone/Buprenorphine Record eFORM on Bossnet, print and leave form in the patient records.

## Flowchart 1.2 Handling of methadone liquid takeaway doses on/during admission

#### **Target Audience: Nursing staff and Pharmacists**



## Flowchart 1.3 Organising supply of methadone liquid for inpatients during BHS Pharmacy operating hours

**Target Audience: Nursing staff** 

Areas/wards with no clinical pharmacist service

Nurse to contact dispensary directly x94111

Areas/wards with a clinical pharmacist service.

Nurse to contact relevant clinical pharmacist (based on admitting medical team)

## Flowchart 1.4 Organising supply of methadone for inpatients outside BHS Pharmacy operating hours

#### **Target Audience: Prescribers and Nursing staff**

The use of patient's own methadone takeaways whilst admitted to hospital is NOT ENDORSED, as the contents of the takeaway CANNOT be verified.

•This should be explained to the patient and takeaways be managed according to Flowchart 1.2.



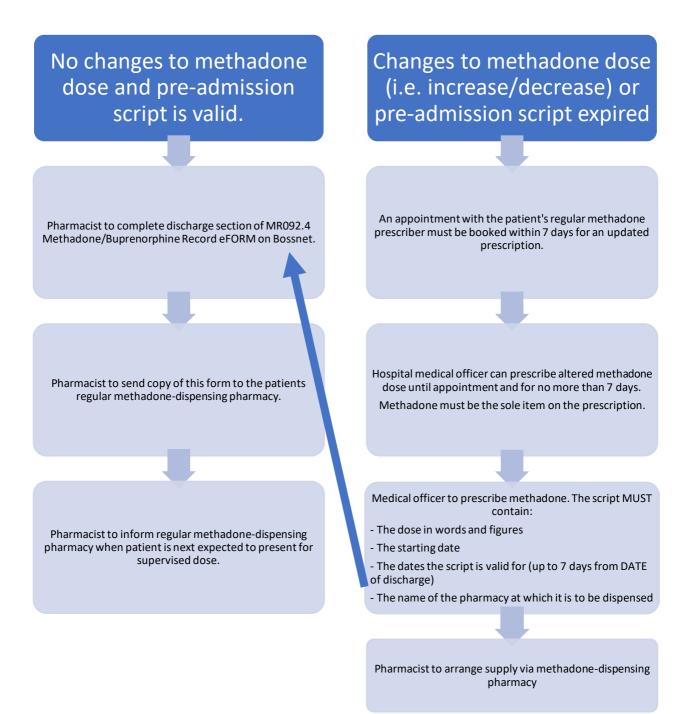
Medical officer to contact the Drug & Alcohol Clinical Advisory Service (DACAS) which is a 24 hours a day phone service on 1800 812 804 for advice as alternative agents may be recommended for use until BHS pharmacy next opens.



If required, medical officer to contact the on-call pharmacist for advice (last line).

## Flowchart 2.1 Handling of methadone prescription and communication to community pharmacy on discharge

#### **Target Audience: Prescribers and Pharmacists**



#### Flowchart 2.2 Handling of methadone takeaways on discharge

#### **Target Audience: Prescribers, Nursing staff, Pharmacists**

Under no circumstances, should any inpatient methadone prepared by BHS be supplied to the patient on discharge.

# Takeaway doses brought into hospital.

If discharged BEFORE all take-away doses would have been used, return the balance of takeaways remaining to patient until regular collection date at methadone-dispensing pharmacy

If methadone dose changed on discharge, takeaways are NOT to be returned.

Pharmacy team to discard remainder of takeaway doses as per CPP0496 Medication Safety.

## Takeaway doses at home.

Determine when patient will run out of takeaway doses and when they will need to present to regular methadone-dispensing pharmacy for supply.

Communicate with methadone-dispensing pharmacy the date that patient will attend for supply.

If methadone dose changed on discharge, inform community pharmacy that takeaway doses with the previous dose are still at home.

Relay this information to the patient.