New Pharmacotherapy Program

The Victorian Addiction Unit (VAU) at North Eastern Rehabilitation Centre is a private, Melbourne-based centre that runs a 28 day rehabilitation program for addictive behaviours based on Cognitive Behaviour Therapy.

General practitioners (GPs) and pharmacists often describe the difficulties they experience in providing referral options for patients on Opioid Replacement Therapy (ORT) due to the emphasis on abstinence.

Patients on ORT, such as methadone or buprenorphine, who wish to access treatment for, say, alcohol dependence, are unable to access residential rehabilitation programs in Victoria unless they are on a dose low enough to enable them to withdraw during the program.

The VAU has commenced a unique program that allows clients admitted for the 28-day residential alcohol and drug rehabilitation program to continue ORT. This option acknowledges the benefits of ORT and provides a treatment option for clients to address the addiction and underlying issues that are currently in focus.

Initially, in the trial phase, all clients prescribed ORT were assessed by the Medical Director, Professor Whelan, to ensure that this was appropriate. Once this was established, temporary transfers of both the prescribing permit and dispensing pharmacy were arranged.

Upon completion of the trial phase, the feedback from both medical staff and patients was positive, particularly regarding improved access to the program for clients who would previously not have met the hospital admission criteria.

The VAU GPs have now completed their pharmacotherapy prescriber training to enable them to manage the ongoing care of these clients whilst in the program. A negotiated transfer back to the original prescriber and dispenser is arranged prior to discharge.

To date, 20 clients on ORT have completed the rehabilitation program. Of these, 15 were on buprenorphine and 5 on methadone.

All these clients will be followed up for the next eighteen months as per the usual protocol of the Unit.

Following the positive results, the VAU plans to involve the medical, nursing, counselling and psychiatric members of the team in designing formalised procedures to enable standardisation of processes, consistency of management and more effective measurement of treatment outcomes.

The results suggest that residential rehabilitation programs, as distinct from total abstinence based programs, may be effective in the treatment of secondary addictions in conjunction with ORT.

For further information regarding this Program or to refer clients, please contact the Coordinator on 03 9474 8932.

Amended Schedule 8 permit and notification: Non-trained prescribers in multiple-practitioner practices

Recent changes to the Drugs Poisons and Controlled Substances Act 1981 authorise practitioners in multiple-practitioner practices to prescribe ORT without a permit, provided another practitioner in the practice holds a permit and the treatment is in accordance with that permit. This change may produce circumstances where non-ORT authorised practitioners prescribe ORT to patients on a reasonably regular basis. While this is now lawful, it may not be good practice.

The authorised prescriber holding the permit might consider encouraging colleagues to complete training and become authorised ORT practitioners in their own right.

Please find enclosed a copy of the changes that were enacted from 1 March 2009.

Note: In this edition, we have changed our terminology to opioid replacement therapy (ORT) in line with international convention.
GP Training Workshop dates for 2009

Sunday 26th April
Saturday 23rd May
Saturday 20th June

For more information contact Mal Doreian at Turning Point Alcohol and Drug Centre on 8413 8413 or mald@turningpoint.org.au.

Minimal Supervision Regimens

Minimal Supervision Regimens (MSR) may be considered for a small percentage of very stable, low risk patients who can be provided with buprenorphine/naloxone combinations for longer periods than listed under low-level supervision. (See page 30 “Policy for Maintenance Pharmacotherapy for Opioid Dependence” Victoria, 2006 and Table 1: Levels of supervised dosing with either methadone or a combined buprenorphine /naloxone product.)

Authorisation to prescribe MSR is managed through a separate permit approval system. Before initiating these regimens, a prescriber should reapply to the Drugs and Poisons Regulation Group and, if the permit is approved, terminate the current permit to prescribe buprenorphine.

To grant approval to prescribe MSR, the Drugs and Poisons Regulation Group will need to be satisfied that the prescriber has completed specialised training and is able to submit his or her practice to clinical audit. Generally, prescribers should be Fellows of the Australasian Chapter of Addiction Medicine – and have successfully completed the Chapter training on treatment with a buprenorphine/naloxone combination – before approval will be granted.

The maximum prescriptions provided are for twenty-eight (28) days supply of a combined buprenorphine/naloxone product.

Following release of the policy, the Drugs of Dependence Advisory Committee (DDAC) was consulted on how this section should be applied in practice. The advice of the Committee has been adopted by the department such that: The department now considers all Fellows to be qualified to apply for permits to treat patients under MSR.

This meant that MSR patients had to be treated by the Fellow holding the permit to prescribe. Since this runs counter to the principle that GPs should be able to treat stable patients, with specialist resources available for treating complex cases, DDAC advised a change allowing GPs to apply for a MSR permit once the treatment has been endorsed by a Fellow. Endorsement would require a consultation by the Fellow. While the permit to treat would not be time-limited, the GP would be advised to refer the patient to the Fellow for regular reviews while in treatment. The interval between these reviews should be agreed with the endorsing Fellow and based on the circumstances of the individual case.

Summary of new Medicare Benefits Schedule (MBS) item numbers: general practice and allied health

The Department of Human services is working to provide information and support to Victorian primary health care agencies that are looking to build or extend evidence-based models of care that incorporate MBS item numbers.

New MBS item numbers

Over the past nine years, a suite of new MBS item numbers has been introduced to support new models of primary care. These item numbers focus on the prevention or management of chronic diseases and many mental health conditions.

The new items:
- help facilitate a more integrated approach to health care provision, including interagency care planning; and
- provide a catalyst for state-funded services to strengthen partnerships with GPs and other public and private primary health providers through the Primary Care Partnerships (PCP) planning framework, including Divisions of General Practice which have expertise in general practice engagement.

By working together, community health services, Aboriginal community-controlled health organisations and general practices can explore ways to enhance client access to primary care services by constructing service models that are supported by the MBS.

The Department of Human Services has summarised the new MBS item numbers and grouped them into nine categories:

1. Bulk billing incentives
2. Prevention
3. Health assessments
4. Care planning and case conferencing
5. Allied health
6. Service Incentive Payments
7. Mental Health
8. Quality use of medicines
9. Services that can be performed by a practice nurse, on behalf of a GP

New ORT Pharmacies

John Fawkner Hospital Pharmacy
275 Moreland Road
COBURG 3058
Phone: 9383 4299
Fax: 9384 2436

Carlton North Guardian Pharmacy
751 Nicholson Street
Carlton North
Phone: 9387 3288
Fax: 9381 0257

Albert Road Clinic Dispensary
31 Albert Road
SOUTH MELBOURNE 3205
Phone: 9279 3580
Fax: 9279 3582

Davis Pharmacy
247A Belmore Road
BALWYN NORTH 3105
Phone: 9859 9706
Fax: 9859 2592

Phillip Island Pharmacy
Shop 2 164-166 Thompson Avenue
COWES 3922
Phone: 5952 3922
Fax: 5952 1188

Pharmacy 517
517 St Kilda Road
MELBOURNE 3004
Phone: 9866 9892
Fax: 9866 2133

Prahran Pharmacy
Shop 25 Prahran Central
PRAHRAN 3181
Phone: 9525 0888
Fax: 9525 1877

My Chemist Frankston
Shop G035Q 28 Beach Street
FRANKSTON 3199
Phone: 9783 1844
Fax: 9781 3512

Nova Pharmacy Sunshine
2 City Place
SUNSHINE 3020
Phone: 9311 1159
Fax: 9311 1159

Langwarrin Pharmacy
Shop 11/12
385 Cranbourne Road
LANGWARRIN 3199
Phone: 9789 5500

Pharmacy Advice Frankston
4/40-2 Young Street
FRANKSTON 3199
Phone: 9783 4047
Fax: 9783 8692

Priceline Benalla
83 Bridge Street
BENALLA 3672
Phone: 5762 2888
Fax: 5762 3445

Pulse Pharmacy Lygon Street
279 Lygon Street
CARLTON 3053
Phone: 9349 1067
Fax: 9347 7459

Bairnsdale Amcal Pharmacy
90-120 Nicholson Street
BAIRNSDALE 3875
Phone: 5152 4074
Fax: 5152 6869

Campbellfield Discount Drug Store
Shop 1B Campbellfield Plaza
Corner Hume Highway & Mahoneys Road
CAMPBELLFIELD 3061
Phone: 9359 6882
Fax: 9359 0273

Kinglake Community Pharmacy
3/1 Victoria Road
KINGLAKE 3763
Phone: 5786 1049
Fax: 5786 1049

Charles Beirakdar Pharmacy
1510B Heatherton Road
DANDENONG 3175
Phone: 9792 5988
Fax: 9793 9203

Alistair Folley Pharmacy
602 Hampton Street
BRIGHTON 3186
Phone: 9569 5681
Fax: 9592 9037

Yea Pharmacy
72 High Street
YEA 3717
Phone: 5797 3025
Fax: 5797 2384

South Melbourne Pharmacy
103 Cecil Street
SOUTH MELBOURNE 3205
Phone: 9690 5240
Fax: 9682 8690

11,928 reasons to celebrate

Congratulations to our wonderful doctors and pharmacists for enabling the Victorian Opioid Replacement Therapy system to grow and treat 11,928 clients in January 2009, an increase of more than 160 in three months.

The number in treatment has increased by 30 per cent in the last five years. This reflects the great strength of Victoria’s community-based ORT system and the ability of a network of private GP practices and community pharmacies to meet demand for this effective treatment. If you experience difficulty in finding a treatment place for someone, DirectLine is currently reporting that they are placing all referrals they receive.

You can access the DirectLine referral service on 1800 888 236.
A new blueprint for alcohol and other drug treatment services 2009-2013

The recently released *A new blueprint for alcohol and other drug treatment services 2009-2013* identifies a number of actions relevant to ORT, including:

- improving pathways to treatment by reviewing Victoria’s pharmacotherapy model and the role of addiction medicine, focusing on primary health connections and access to GPs;
- addressing clients’ complex medical conditions by developing stronger GP support systems (particularly for rural GPs) through addiction medicine specialists, the Drug and Alcohol Clinical Advisory Service (DACAS), specialist pharmacotherapy clinics and community health services to support improved shared care treatment models, as well as convening a forum to investigate the impacts of formal recognition of addiction medicine as a speciality and options for improving responses to clients with medically complex and co-occurring conditions; and
- building stronger links between treatment and health protection services by improving awareness of health protection services and pharmacotherapy treatment options among treatment services and other health and welfare services.


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**Consumer Packs**

Following extensive market research, Reckitt-Benckiser, the company that markets Subutex and Suboxone, has produced a suite of publications to assist clients to make informed decisions about treatment. This includes posters, postcards and booklets explaining treatment options for opioid dependence. These options are not limited to Reckitt Benckiser products but consider several treatment modalities ranging from no treatment to abstinence. Doctors and pharmacists may find it useful to have copies of these resources. You will find an order form included with this newsletter.

There is also an interactive website that can be accessed at [www.mytreatmentmychoice.com.au](http://www.mytreatmentmychoice.com.au)

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**Centrepay: A convenient way to receive pharmacotherapy dispensing payments from Centrelink clients.**

Centrepay is a direct bill-paying service offered free to customers receiving payments from Centrelink. Clients can choose to pay their pharmacotherapy dispensing fees to their pharmacy using Centrepay.

To offer this service to clients, a pharmacy must apply to Centrelink to become a registered Centrepay provider. Deduction and Confirmation Services provides a Centrelink Business Application form for Centrepay. This can be found at: [www.centrelink.gov.au/internet/internet.nsf/businesses/deduction_confirmation.htm](http://www.centrelink.gov.au/internet/internet.nsf/businesses/deduction_confirmation.htm)

Once the pharmacy is registered, clients can nominate to have their pharmacotherapy dispensing fees paid before they receive their payment from Centrelink. They can arrange their direct debit by completing a Centrepay deduction form.

**Pregnancy and ORT**

Veronica Love from the Royal Women’s Hospital Chemical Dependency Unit (CDU) has expressed her concern regarding pregnant women being able to access treatment with buprenorphine in the non-combination form (Subutex). We would encourage those pharmacies that do not dispense Subutex to make an exception for these women as Suboxone is definitely not recommended. Pregnant women are also able to have take away doses of Subutex if they meet the stability criteria we encourage doctors to employ.

For further information, please refer to page 25 of the Victorian Policy for Maintenance Pharmacotherapy for Opioid Dependence 2006.

Staff from the Women’s CDU also expressed concern at the number of pregnant women who are in ORT treatment who are presenting on alprazolam (Xanax) prescribed by doctors other than their ORT prescribers.