

Checklist for assessing appropriateness of take-away doses

Patient name:

Date of birth: / /

(Mark each box that applies)

Review date: / /

The misuse of take-away doses by patients or others who have gained access to another person's take-away doses has contributed to a number of deaths in Victoria.

The supply of take-away doses is a significant clinical decision that requires thorough consideration of the risks and benefits. Prescribers should use this assessment tool when reviewing a patient to assess the appropriateness of take-away doses. Pharmacists may also use this assessment tool to provide treatment updates to the prescriber. **Follow steps 1 to 4 in sequential order.**

There are increased risk and safety concerns for the patient and others if ANY of the following contra-indications are observed within the last 3 months:

1. ABSOLUTE CONTRA-INDICATIONS

Overdose reported to any substance	<input type="checkbox"/>
Reported diversion of doses to others, sharing or trading doses	<input type="checkbox"/>
No safe and secure storage facility available	<input type="checkbox"/>
Concerns about risk of harm to self or others	<input type="checkbox"/>

STOP: DO NOT SUPPLY TAKE-AWAY DOSES IF ANY ABSOLUTE CONTRA-INDICATIONS HAVE BEEN OBSERVED.

2. RELATIVE CONTRA-INDICATIONS

Attendance at medical/case manager reviews Irregular attendance missed ≥ 1 in 4 appointments	<input type="checkbox"/>
Missed doses Missed doses (confirmed with pharmacist) missed ≥ 1 dose per week	<input type="checkbox"/>
Provision of urine drug screens (UDS) UDS not provided on request or reveals unsanctioned drug use	<input type="checkbox"/>
Unsanctioned use of other drugs Reported misuse of prescription medicines, alcohol or illicit drugs Evidence of recent injecting sites Intoxicated presentations at medical clinic or pharmacy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Concerns about misuse of take-away doses Reported use of take-away doses in advance Reported hoarding or 'stockpiling' of take-away doses Reported lost or stolen take-away doses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Accommodation No stable accommodation Persons with histories of drug misuse are present or likely to visit the home	<input type="checkbox"/> <input type="checkbox"/>
Physical and mental state assessment Concerns about other medical condition (e.g. severe liver or respiratory disease)	<input type="checkbox"/>

Caution: If any relative contra-indications have been observed, prescribers should discuss the appropriateness of take-away doses with the pharmacist if take-away doses are still being considered.

Checklist for assessing appropriateness of take-away doses (cont.)

3. REASONABLE NEED

A reasonable need for take-away doses should be established when considering take-away doses.

At least one of the following should be present:

Work, study or family commitments where daily attendance at a pharmacy is not possible	<input type="checkbox"/>
Living in a rural or remote area where daily travel to a pharmacy is difficult	<input type="checkbox"/>
Significant medical condition restricting ability to attend a pharmacy on a daily basis	<input type="checkbox"/>
Urgent travel where alternative arrangements for supervised dosing cannot be organised	<input type="checkbox"/>
Incentive and reward for stability and progress in treatment	<input type="checkbox"/>

Caution: If no reasonable need is established, prescribers should discuss the appropriateness of take-away doses with the pharmacist if take-away doses are still being considered.

ENSURE STEPS 1 TO 3 OF THE ASSESSMENT HAVE BEEN COMPLETED BEFORE PROCEEDING TO STEP 4.

4. CONTINUOUS PERIOD OF STABILITY

Supply of take-away doses may be considered after a continuous period of stability in treatment.

The following schedule is recommended.

METHADONE	
< 3 MONTHS	No take-away doses
3 MONTHS – 6 MONTHS	Zero (0) to two (2) take-away doses per week
> 6 MONTHS	Zero (0) to four (4) take-away doses per week, with no single supply exceeding three (3) take-away doses

BUPRENORPHINE/NALOXONE	
< 2 WEEKS	No take-away doses
2 WEEKS – 2 MONTHS	Zero (0) to two (2) take-away doses per week
2 MONTHS – 6 MONTHS	Zero (0) to five (5) take-away doses per week
> 6 MONTHS	Zero (0) to six (6) take-away doses per week

Caution: Prescribers considering varying from this schedule are strongly advised to discuss with the pharmacist regarding the patient's stability in treatment and suitability for take-away doses. Mutually agreed treatment decisions should be reached and documented.

If take-away doses are supplied, prescribers should consider advising patients to carry naloxone injection with them and provide education on its use and how to recognise and respond to an opioid overdose.

Comments: (e.g. overall assessment, matters for follow-up at the next review)

Review conducted by: _____ (prescriber / pharmacist)

**If the review has been conducted by the pharmacist, forward the assessment to the prescriber.
Contact the prescriber if there are immediate risks and safety concerns to the patient or to others.**

Date of next review: / /