

Tips for writing valid PBS opioid pharmacotherapy prescriptions.

From 1 July 2023 all ODT medications require a PBS authority prescription – **it won't be possible to dispense prescriptions as PBS if not correctly authorised.**

Refer to tables provided for maximum quantities and corresponding streamline authority codes.

1. **Calculate the exact quantity of medication required for up to 28 days' supply. For example:**
50mg methadone daily = 280ml of 5mg/ml solution
16mg buprenorphine daily = 56 x 8mg films/tabs
2. A maximum of 84 days' supply can be prescribed – 28 days and 2 repeats. *No expiry date needed - schedule the next appointment for when the quantity prescribed would run out.*
3. For a dosage range (e.g., titrating doses), prescribe for the upper range value – the pharmacist can legally account for any undispensed doses.
4. All ODT medicines are now **AUTHORITY ITEMS**
In most cases a **streamline authority** is needed
Higher doses require a **phone authority**:
Methadone > 150mg daily (> 840ml / 28 days)
SL Buprenorphine > 32mg daily (> 112 films / 28 days)
5. If more than one strength of SL buprenorphine is required, **a separate script for each strength is needed** e.g., a 10mg daily dose requires both 2mg and 8mg strengths – and a script for each strength.

PBS ODT Streamline Authority codes

| Approval type | Number/Code |
|--|-------------|
| Streamline Authority Code (Methadone oral liquid) | 14178 |
| Streamline Authority Code (Buprenorphine sublingual tablets) | 14157 |
| Streamline Authority Code (Buprenorphine with naloxone film) | 14074 |
| Streamline Authority Code (Buprenorphine injections - weekly) | |
| - Buvidal Weekly® (all strengths) | 14075 |
| Streamline Authority Code (Buprenorphine injections – monthly) | |
| - Buvidal Monthly® (all strengths) | 14139 |
| - Sublocade® (all strengths) | 14138 |

Maximum quantities of ODT medicines

| Pharmaceutical Benefit | Brands available | Maximum Quantity | Packs |
|--|--|------------------|-------------------------|
| Methadone hydrochloride 5 mg/mL oral liquid 1L | Aspen Methadone Syrup ® Biodone ® | 840 mL | 0.84 bottles |
| Methadone hydrochloride 5 mg/mL oral liquid 200 mL | Aspen Methadone Syrup ® Biodone Forte ® | 840 mL | 4.2 bottles |
| Buprenorphine 2 mg + naloxone 500 microgram sublingual film | Suboxone ® | 84 | 3 packs |
| Buprenorphine 8 mg + naloxone 2 mg sublingual film | Suboxone ® | 112 | 4 packs |
| Buprenorphine 0.4 mg sublingual tablet | Subutex ® | 28 | 4 packs |
| Buprenorphine 2 mg sublingual tablet | Subutex ® | 84 | 12 packs |
| Buprenorphine 8 mg sublingual tablet | Subutex ® | 112 | 16 packs |
| Buprenorphine modified release injection, 8 mg, 24 mg, or 32 mg syringe | Buvidal Weekly ® | 4 | 1 injection per pack x4 |
| Buprenorphine modified release injection, 16 mg 64 mg, 96 mg 128 mg, or 160 mg syringe | Buvidal Monthly ® | 1 | 1 injection per pack |
| Buprenorphine modified release injection, 100 mg or 300 mg syringe | Sublocade ® | 1 | 1 injection per pack |

Tables adapted from PBS Fact Sheet for Prescribers

<https://www.pbs.gov.au/files/opioid-dependence-treatment-program-files/ODT-medicines-Factsheet-for-Prescribers-4-July-2023.pdf>

Opioid Dependence Treatment medicines are now treated like other Schedule 8 PBS medicines. We prescribe a **quantity of medicine**, rather than selecting a date on which the script expires. If we need to prescribe **two different strengths**, we need **two separate scripts**.

Prescribing 'monthly' long-acting buprenorphine (LAIB) where the dose interval is < 28 days.

Although increased quantity phone authorities are not provided for LAIB, it is possible to prescribe a reduced dose interval for the 'monthly' injection (< 28 days) when clinically appropriate. Manufacturer's guidelines advise no less than 21 days for Buvidal®, and 26 days for Sublocade® administration.

Prescribe a single injection and up to 2 repeats and indicate the reduced interval clearly on the script.

- The pharmacist can supply at the reduced interval under normal PBS rules.

The corollary of this is that a new prescription will be required more often.

- 'Monthly' LAIB administered every 21 days requires a new script at 63 days (not 84 days)

Direct supplies of pharmacotherapy agents to doctors and nurse practitioners.

Clinicians currently receiving direct supply of LAIB are encouraged to arrange alternative supply from a PBS accredited provider (a community pharmacy or approved hospital pharmacy) before 30 June 2024 (*transition period extended from the previous date, 30 November 2023*).

Complete rules to the PBS changes can be found at <https://www.pbs.gov.au/browse/section100-md>

Example prescriptions

PBS/DVA AUTHORITY PRESCRIPTION No. 123456789
 Dr Andrew Practitioner
 99 High Street
 Someplace Vic 3456
 Prescriber no. 7654321 Phone: (03) 9876 1234

Patient's Medicare no. 1234 56789 1/2
 Pharmaceutical benefits entitlement no. PBS Safety Net entitlement cardholder (cross relevant box) Concessional or dependent FPBS beneficiary or PBS Safety Net concession cardholder

Patient's name Jenny Citizen
 Address 25 Smith Street
 Someplace Vic 3456 D.O.B. 01/01/2000

Date 31/10/2023
 PBS FPBS Brand substitution not permitted
 Script No. 67891234

methadone 5mg/ml oral liquid
 8ml daily, 3 takeaway dose per week.
 For dispensing only at Smith's Pharmacy, Someplace.
 Do not supply past 2/1/2024 without prescriber's approval.
 QTY. 224ml Repeats: 2 (PBS: 13334T)

1 item
 methadone 5mg/ml oral liquid
 8ml daily, 3 takeaway dose per week.
 QTY. 224ml (two hundred and twenty four millilitres) Repeats: 2 (two)

Dr Andrew Practitioner
 MBBS FRACGP *A.Practitioner*

Authority approval No. 14178
 Qty. 224ml 2 repeats

I declare that I have received this/these medicine(s) and the information relating to any entitlement to a pharmaceutical benefit is correct. Turn over for privacy notice

Patient's or agent's signature _____ Date of supply ____/____/____
 Agent's address _____

All PBS prescriptions for ODT are now authority prescriptions (streamline or phone).

If you intend for your patient to make an appointment to see you before their scripted supply would run out, consider using "do not supply past <date> without prescriber's approval" rather than writing an expiry date. The patient can continue to use this prescription until they have completed the PBS 28 days' supply. Any additional ODT scripts supplied can be dispensed after this period.

Prescribe the exact calculated quantity for 28 days treatment (or less as appropriate), plus up to 2 repeats.

For computer-generated prescriptions, the drug name, form, dose, instructions should be handwritten. The quantity and number of repeats must also be handwritten in both words and figures.

Ensure the streamline authority code is included, OR the telephone authority code (where quantity required for 28 days of treatment exceeds the maximum PBS quantity).

PBS/DVA AUTHORITY PRESCRIPTION No. 123456789
 Dr Andrew Practitioner
 99 High Street
 Someplace Vic 3456
 Prescriber no. 7654321 Phone: (03) 9876 1234

Patient's Medicare no. 1234 56789 1/2
 Pharmaceutical benefits entitlement no. PBS Safety Net entitlement cardholder (cross relevant box) Concessional or dependent FPBS beneficiary or PBS Safety Net concession cardholder

Patient's name Jenny Citizen
 Address 25 Smith Street
 Someplace Vic 3456 D.O.B. 01/01/2000

Date 31/10/2023
 PBS FPBS Brand substitution not permitted
 Script No. 67891234

buprenorphine 8mg + naloxone 2mg sublingual film
 16mg daily, 4 takeaway dose per week.
 For dispensing only at Smith's Pharmacy, Someplace.
 Do not supply past 2/1/2024 without prescriber's approval.
 QTY. 56 Repeats: 2 (PBS: 13321D)

1 item
 buprenorphine 8mg + naloxone 2mg sublingual film
 16mg daily, 4 takeaway dose per week.
 QTY. 56 (fifty six) Repeats: 2 (two)

Dr Andrew Practitioner
 MBBS FRACGP *A.Practitioner*

Authority approval No. 14074
 Qty. 56 2 repeats

I declare that I have received this/these medicine(s) and the information relating to any entitlement to a pharmaceutical benefit is correct. Turn over for privacy notice

Patient's or agent's signature _____ Date of supply ____/____/____
 Agent's address _____

PBS/DVA AUTHORITY PRESCRIPTION No. 123456789
 Dr Andrew Practitioner
 99 High Street
 Someplace Vic 3456
 Prescriber no. 7654321 Phone: (03) 9876 1234

Patient's Medicare no. 1234 56789 1/2
 Pharmaceutical benefits entitlement no. PBS Safety Net entitlement cardholder (cross relevant box) Concessional or dependent FPBS beneficiary or PBS Safety Net concession cardholder

Patient's name Jenny Citizen
 Address 25 Smith Street
 Someplace Vic 3456 D.O.B. 01/01/2000

Date 31/10/2023
 PBS FPBS Brand substitution not permitted
 Script No. 67891234

buprenorphine 96 mg/0.27 mL modified release injection, 0.27 mL syringe
 96mg for sub-cutaneous injection every 21 to 28 days
 For dispensing only at Smith's Pharmacy, Someplace.
 NOT FOR DIRECT SUPPLY TO PATIENT.
 Repeat interval 21 days.
 QTY. 1 Repeats: 2 (PBS: 13309L)

1 item
 buprenorphine 96 mg/0.27 mL modified release injection, 0.27 mL syringe
 96mg for sub-cutaneous injection every 21 to 28 days
 QTY. 1 (one) Repeats: 2 (two)

Dr Andrew Practitioner
 MBBS FRACGP *A.Practitioner*

Authority approval No. 14139
 Qty. 1 2 repeats

I declare that I have received this/these medicine(s) and the information relating to any entitlement to a pharmaceutical benefit is correct. Turn over for privacy notice

Patient's or agent's signature _____ Date of supply ____/____/____
 Agent's address _____

Include a repeat interval if supply within 28 days may be required. Early supply is provided for in PBS rules.