

Supporting patients with problematic opioid use in Queensland

A QUICK REFERENCE GUIDE FOR GENERAL PRACTITIONERS

Supporting and managing patients who are dependent on either prescribed or illicit opioids can be challenging.

It is important to intervene in a timely manner before the patient's opioid use escalates and other physical, psychological, social or financial problems emerge or intensify.

Unfortunately, there can be significant wait times to accessing opioid dependence treatment (ODT) through the public health alcohol and other drug (AOD) service system, especially for patients with lower-level acuity.

Many patients also delay accessing help for months or sometimes years due to stigma, embarrassment, or shame.

Supporting patients experiencing opioid use disorder has never been easier.

The process for GPs to become authorised to prescribe ODT medications in Queensland has been simplified.

ODT medications are now subsidised through the Pharmaceutical Benefits Scheme (PBS), making them affordable for patients.

There are no extra patient charges for consultation, administration, dosing or dispensing at community pharmacies.

Telephone-based clinical advice with Addiction Medicine Specialists is available 7-days a week in Queensland.

You can enter into a collaborative care arrangement with your local public AOD service to co-support your patient.

This booklet is designed to provide concise, step-by-step guidance and advice to GPs who wish to provide better care to their patients who use opioids either by becoming an authorised ODT prescriber or by better understanding collaborative care options that are available.

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What is the Queensland Opioid Treatment Program?

The Queensland Opioid Treatment Program (QOTP) is administered by the Queensland State Department of Health for the treatment of people with a diagnosed opioid use disorder.

The QOTP is delivered to patients via:

- **private prescribers** - commonly GPs or psychiatrists working in the private and non-government sectors.
- **public sector prescribers** - providing treatment from public health AOD services and correctional facilities.
- **shared care prescribers** - GPs who have established a shared care arrangement with an AOD service to deliver ODT medications to a particular patient.
- **pharmacists** - medication provision and administration in community and hospital pharmacies.

The QOTP operates under provisions of the Medicines and Poisons Act (2019) and the Medicines and Poisons (Medicines) Regulation (2021).

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An overview of opioid dependence treatment medications

The Commonwealth supports access to the following medicines for the treatment of opioid dependence through the Pharmaceutical Benefits Scheme.

Long-acting injection buprenorphine products (Buvidal® and Sublocade®)

- Weekly and monthly buprenorphine preparations administered via subcutaneous injection.
- Provides greater convenience and improved medication adherence for patients who previously had to attend pharmacies or clinics on a frequent basis for supervised dosing.

Buprenorphine + naloxone (Suboxone®) - sublingual film

- This buprenorphine product also contains naloxone - an opioid antagonist - to discourage unprescribed routes of administration.
- When taken sublingually as directed, the naloxone has no effect on the patient or the medication's effectiveness.

Buprenorphine-mono (Subutex®) - sublingual tablets

- This product is generally prescribed in instances where there have been documented adverse reactions to Suboxone®.

Methadone oral liquid – (Biodone™ liquid / Methadone® syrup)

- Methadone (a long-acting, full agonist synthetic opioid) was the original first-line ODT medication.
- Whilst many patients are stable on methadone, buprenorphine is considered a safer and more effective medication when initiating a new patient on to treatment.

ODT medicines are part of the Section 100 Highly Specialised Drugs (HSD) program. This means the way these medicines are prescribed, ordered, supplied, dispensed, and remunerated just like other PBS medicines under the Section 100 HSD Program (Community Access).

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QOTP prescriber types

Whilst there are a range of different prescriber types available in Queensland, the most relevant ones for GPs are as follows:

LEVEL 1

Full QOTP Prescriber

This prescriber can prescribe the full suite of pharmacotherapy options (long-acting injection buprenorphine, buprenorphine-naloxone, buprenorphine-mono and methadone) for the treatment of opioid dependence following approval being given by Queensland Health.



Training Pathway

Successful and sequential completion of a series of three brief eLearning packages, followed by an individualised clinical placement with an approved and practising Level 1 Full QOTP prescriber.

LEVEL 2

Buprenorphine-naloxone and long-acting injection buprenorphine QOTP prescriber (highly recommended for new prescribers)

This prescriber can prescribe sublingual buprenorphine-naloxone and long-acting injection buprenorphine only for the treatment of opioid dependence following approval being given by Queensland Health.



Training Pathway

Successful and sequential completion of two brief eLearning packages. No supervised placement is required.

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Step-by-step guide to becoming an authorised QOTP prescriber in Queensland.

Becoming authorised to prescribe ODT medications in Queensland is quick and simple.

1

Create a free learner account with Insight: Centre for Alcohol and Other Drug Training and Workforce Development at insight.qld.edu.au

2

Open the Queensland Opioid Treatment Program (QOTP) Prescriber Course toolkit at insight.qld.edu.au/toolkits/qotp/detail

3

Complete the relevant training pathway depending on which level prescriber you wish to become:

- If you want to register to become a 'Level 2 - Buprenorphine-naloxone and long-acting injection buprenorphine QOTP prescriber' – you will only need to complete the first two eLearning modules in the series.
- If you would prefer to register as a 'Level 1 – Full QOTP prescriber' you will also need to complete the third eLearning module in the series and then arrange a supervised clinical placement with an existing Level 1 prescriber.

4

Complete and lodge the '[Application for prescribing approval for QOTP approved opioids](#)' application form with the Medicines Approvals and Regulation Unit (MARU), attaching your Insight eLearning completion certificates (plus a record of your [Supervised Clinical Attachment Tool](#) if seeking to become a full Level 1 prescriber).

Submit all documents to 'The Chief Executive, Queensland Health c/o Medicines Approvals and Regulation Unit (MARU)' via email to QOTP@health.qld.gov.au

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Await formal written approval from MARU before commencing prescribing ODT medications with your patients.

A few key things to know:

- If you become an authorised QOTP prescriber, **your name and GP clinic details will not be advertised or shared externally for referrals**, and you will not be required to become a specialist prescriber to a large number of patients. You may wish to do so, or you may wish to prescribe ODT medicines to your existing patients only.
- Free clinical advice and support is available to you via the [Alcohol and Drug Clinical Advisory Service \(ADCAS\)](#) - a telephone support service staffed by Medical Addiction Specialists for health professionals in Queensland available from 8.00am - 11.00pm, 7 days a week – by calling 1800 290 928.
- You can still refer patients experiencing severe or complex opioid dependence to your local public AODS for specialist treatment and support at any time.

* For more information about the training pathway, contact Insight. Phone: 3837 5655 email: insight@health.qld.gov.au
For more information about the QOTP authorisation & approval process, contact MARU. email: MARU@health.qld.gov.au

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What is Shared Care?

Shared care is a process for managing and supporting patients already registered with the QOTP that is established between a local public AOD service and their regular GP (or Nurse Practitioner) who becomes their 'approved prescriber' (AP).

Under Shared Care, the patient remains registered with the local public AOD service (who will resume management if the patient de-stabilises) and the AP provides the day-to-day treatment of the patient alongside their other primary healthcare needs.

The patient's suitability for shared care is ultimately decided by the AODS in consultation with the patient, the GP, the patient's pharmacy, and other service providers (where relevant).

These patients will generally:

- be over 18 years of age.
- not be pregnant (a pregnant patient may require more frequent reviews with the AOD service).
- have a well-documented adherence to treatment.
- be psychosocially stable.
- not have a current or recent history of high-risk presentations (e.g., intoxicated presentations, missed doses etc).
- not have significant issues with alcohol or other substances.

Shared Care arrangements require a prescribing approval from MARU, who will approve **one prescriber for a specific patient and a specified medication only**, which is not transferable to other practitioners in the practice. Prescriptions are provided directly to the pharmacy (not to the patient) and require review every 3 months.

Take away doses (TADs) are also usually offered to patients under Shared Care arrangements given that they are stable on treatment. This allows the patient to better engage with normal daily activities and encourages autonomy in the management of their treatment.

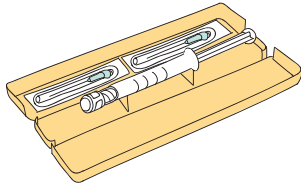
NB: No mandatory training is required for the GP / AP under Shared Care.

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The importance of naloxone



Nyxoid® intranasal spray



Prenoxad® pre-filled syringe

Naloxone is an opioid antagonist used to reverse an opioid overdose.

All patients prescribed opioid medications (including ODT medicines) should be provided with education on naloxone, including how to access and administer it in an emergency.

The National Take Home Naloxone (THN) program has made naloxone available for free to people who may experience, or witness, an opioid overdose.

Find out where to access naloxone by scanning the QR code below.



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Where to go for more information and support

FOR PRESCRIBERS

For more detailed information see Queensland Health's Queensland Opioid Dependence Treatment Guidelines (2023).

For information on the Queensland Opioid Treatment Program visit www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/monitored-medicines/queensland-opioid-treatment-program

For clinical advice and support contact the Alcohol and Drug Clinical Advisory Service (ADCAS) between 8.00am - 11.00pm, 7 days a week on 1800 290 928.

For free alcohol and drug training, including the QOTP Prescriber Course, visit insight.qld.edu.au

FOR PATIENTS

Adis 24/7 Alcohol and Drug Support is a 24 hour, 7 day a week confidential support service for people in Queensland with alcohol and other drug concerns, their families and health professionals.

Phone 1800 177 833 or visit www.adis.health.qld.gov.au

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Medicare rebates

While there are no specific MBS codes for ODT medicine provision, there are a range of MBS items available to support patient management.

- Consultation (3,23,36,44)
 - ◊ Telehealth (Telehealth codes may also apply)
- Care plans (721, 723, 732)
- Mental health consultation (2713)
- Mental health care plan (2700, 2701, 2715, 2717)
- Education by nurse in relation to chronic disease (10997)
- Case conference (735,739,743)
- Health assessments (701,703,705,707)
- Aboriginal and Torres Strait Islander Health Assessment (715)
- Home Medicines Review (HMR) (900)
- ECG (11700)

Note: This is a guide only and you should check rebate numbers are suitable for activities performed.



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While the Australian Government helped fund this document, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.