



Waitemata

District Health Board

Best Care for Everyone

AOTS 7. Managing your scripts

Collecting your script

Prescriptions for OST meds are written for no more than 28 days.

Until you have transferred to shared care with your GP you need to collect your prescription **every 28 days** from AOTS

- You need to keep track of the dates of your own prescriptions so that you know when a new script is due. If you lose track of the dates give your key worker a call
- Your script can be collected any time between 8.30am and 4.30 pm Monday to Friday in the 2 weeks before it is due to start
We recommend that you call ahead to your key worker to ensure that your script has been prepared for you
- Most AOTS clients collect their script at planned appointment/s
- **Every third month** you need an appointment with the doctor so you can pick up your script then. However if your dose needs changing this prescription might be amended after the appointment and may be posted to the pharmacy by AOTS
- Pharmacists cannot dispense or authorise changes without a script signed by a doctor – but as long as you keep a note on your calendar to collect your script each month there should never be any problems. Your key worker is there to help you all the way.



One of the main reasons for clients collecting their own scripts is to help prepare for Shared Care: keeping track of your monthly script, collecting it and taking it to the pharmacy will be up to you when you are scripted by your GP. The longer term goal is to normalise OST so it becomes just like any other aspect of your health care that you manage. AOTS will support you in reaching this goal at your own pace.



If you don't collect your script there won't be any medication ready for you at the pharmacy

Making changes to your script

Life never stays the same and there will be times when you will need to change pharmacies, or have your dispensing arrangements changed.

- It's best to discuss any proposed changes with your key worker or doctor *before* your next prescription is due. AOTS policy states that wherever possible changes to prescriptions will happen when a new script is written
- Short notice changes to scripts are often not possible because of practical things like no doctor being available. (There is not a doctor at each CADS unit every day.) AOTS asks for at least 3 working days' notice for changes and depending on what your request is changes may not come into effect straight away
- Contact your key worker straight away if any emergency type situations arise so they can help you. If your key worker is away another key worker from your local AOTS team will help you
- Any time you are admitted to hospital let AOTS know (or ask the hospital or a support person to do so on your behalf) as it is very important the medical staff involved in your care liaise with AOTS to ensure you receive your OST and correct medications

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When AOTS changes your script

New Zealand law requires that only an authorised registered medical practitioner can change your prescription. This means a doctor **not** a pharmacist.

- AOTS staff members and pharmacists **can** cancel a medication or takeaway dose because of unexpected circumstances (e.g. you're admitted to hospital) or because of concerns about your stability
- If your prescription or dose is to be cancelled you will be informed by phone so it's important that AOTS has your current phone number. If you can't be contacted by phone you'll get a letter at the pharmacy or at your home address stating the reasons for cancellation. If this happens you need to contact your key worker as soon as possible.

When you're reducing your dose and/or coming off

- Some people find a flexible reduction regime works well for them. This means the doctor will prepare a script which allows you to take a drop in dose 'as requested' so it's at your own pace and you decide which day you feel ready for the reduced dose
- If you want to slow the reduction down it's a good idea to let your pharmacist know by how much **before** your next pick-up as many pharmacists prepare your takeaways in advance
- 'Flexible dosing options' refers to reductions **not** increases. This means the pharmacist can reduce but not increase your dose until they get a new script. If you feel your dose isn't holding you and you want to go back up tell your key worker who can arrange for the script to be signed off by the prescribing doctor
- You might choose to do 'blind dosing' which means the doctor will write the script for reductions on particular days but you will agree to not know which days it will happen. Some people find that if they are not expecting a reduction they do not seem to notice it as much
- You can also choose a fixed reduction which is when the doctor and you work out the rate and only the doctor can make changes to the regime; this is you handing control of the withdrawal over to someone else – which works well for some people
- Once you reach a methadone dose of 20 mgs or less you can ask the doctor to change the prescription to a different methadone formulation from the 5:1 (5 mgs per ml) to the 2:1 (2 mgs per ml). This makes it easier for the pharmacist to measure out what might become even smaller dose changes like $\frac{1}{4}$ or $\frac{1}{2}$ mg. The pharmacist might need to specially order the new formulation so the change may not happen immediately.

If you are in Shared Care and are reducing your dose your key worker is there to discuss all of these options and ideas, to help you to individualise your treatment plan around what feels best for you.

Other AOTS info sheets available

1. Opioid treatment with AOTS
2. Facts about OST meds
3. Accidental OD
4. Recovery and treatment planning
5. Clinical tests
6. OST at a community pharmacy
7. Managing your scripts
8. OST and holidays in NZ and overseas
9. Shared care: OST and your GP
10. Coming off OST
11. Involuntary withdrawal
12. Pregnancy and OST
13. Driving and OST
14. Methadone and medication interactions
15. First aid box

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