

AOTS 7. Managing scripts

AOTS now has a system that generates e-scripts which means they are sent electronically to the community pharmacist. This eliminates the need for postage or for you to come in to collect them.

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 may not be 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 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
- 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 happens you need to contact your key worker as soon as possible.

Choosing how to reduce and/or come off

Making the decision to reduce your dose – or to come off – doesn't have to be set in concrete. There are different ways you can do this:

- **Flexible reduction** – this is when the doctor prepares 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 let your pharmacist know by how much before your next pick-up as many pharmacists prepare your takeaways in advance

- It's important to know that if you see 'Flexible dosing options' on your script it refers to reductions *not* increases. The pharmacist can reduce your dose until they get a new script but they can't increase it.

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

- **Blind dosing** is when the doctor writes the script for reductions on particular days but you agree to not know those days. Some people find that if they are not expecting a reduction they do not seem to notice it as much
- **Fixed reduction** is when the doctor and you work out the rate, and only the doctor can make changes to the regime. It means you are handing control of the withdrawal over to someone else – and that works well for some people





Regardless of which option you choose, it is not set in concrete – you can change it at your next appointment with the doctor.

Also, 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.

For more info see *OST and You* p.22 - 25