**[Service name]**

Shared Care of [service name] patients with an Approved Prescriber\* (AP) under the Queensland Opioid Treatment Program (QOTP)

\*While the Approved Prescriber will most commonly be a General Practitioner (GP), at times this may be a specialist (e.g. Psychiatrist) or Nurse Practitioner.

The purpose of shared care for QOTP is to promote a model of service delivery where the specialised Alcohol and Drug Service (ADS) is recognised as a tertiary care provider and stable patients are managed by their AP as part of chronic health condition monitoring. Under this approach, patients will have their QOTP facilitated through their AP with periodic reviews and support provided by the ADS.

Shared Care Arrangement Conditions:

* The patient will remain registered on QOTP with [service name] and continue to have a [service name] Medical Officer/Nurse Practitioner (MO/NP) and Case Manager (CM).
* The AP will provide regular patient reviews and continued prescription of QOTP pharmacotherapy.

AP requirements for QOTP shared care:

* The Healthcare Approvals and Regulation Unit (HARU) will approve one prescriber for the patient’s pharmacotherapy. Please note that approval is for **a specific patient and a specified medication only** and is **not**transferable to other medical or nurse practitioners in your practice.
* The AP will conduct QOTP reviews in accordance with the Queensland Medication-Assisted Treatment of Opioid Dependence (MATOD) - Clinical Guidelines 2018. The maximum period between review is 3 months.
* The AP must provide monthly QOTP prescriptions to the nominated dosing pharmacy.
  + At the initial shared care appointment, the AP will complete the initial QOTP prescription and send to the nominated pharmacy (a signed copy should be kept on the patient’s file).
  + The QOTP prescription must be provided directly (e.g. mailed) to the pharmacy. Do not provide to the patient.
  + A faxed copy of the QOTP prescription can be provided to the pharmacy if required urgently.
  + QOTP prescriptions can provide a maximum 6 month supply of medication. It is recommended to provide a 3 month supply to match with your patient reviews.
* If the AP is planning leave, they must provide the nominated pharmacy with QOTP prescriptions for the period of leave.
* If unexpected and urgent circumstances result in the AP being unavailable, [service name] will provide interim QOTP prescriptions on their behalf. The AP should ensure practice staff provide relevant information (required dates, last patient review) to [service name] in a timely manner.
* The AP is **not approved to change the patient’s dose** without consultation with [service name] CM in the first instance.
* The AP can change take away dose (TAD) arrangements in line with MATOD guidelines.
* For Suboxone®, the AP may alter the dosing regimen from single (daily) dosing to double or triple (every 2nd or 3rd day respectively) dosing, providing the daily dose does not exceed 32mg.
* The AP can change the nominated dispensing pharmacy in consultation with the patient and pharmacies.
* The AP **must** contact [service name] for advice if any concerns about patient stability arise.
* The AP **must** contact [service name] for advice before prescribing any new benzodiazepines, gabapentinoids, antipsychotics or antidepressants.
* In addition to consulting with [service name] the AP must consult QScript before prescribing additional monitored medicines.
* If psycho-social support is required referrals can be made to NGO support agencies with patient consent. Please contact the [service name] CM for review/guidance.
* The AP will encourage the patient to attend **annual reviews at** [service name], or sooner **if there are treatment stability concerns.**
* If for any reason the AP cannot continue the shared care arrangement, [service name] will resume treatment management for the patient. The AP should contact the CM in the first instance.

ADS Case Manager Role:

* First point of contact for AP within [service name]; link to specialist Medical Officers/Nurse Practitioners.
* Provide advice, assistance and guidance on any issue or concern regarding the patient’s treatment under the QOTP.
* Assist the AP in co-ordinating intra/interstate dosing for the patient if requested.

Support Services:

Adis 24/7 alcohol and drug support - 1800 177 833 (for patients)

Alcohol and Drug Clinical Advisory Service – 1800 290 928 (for clinicians 8am – 11pm daily)

Mental Health Acute Care Team - 1300 MHCALL (1300 642 255)

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| **Patient Name:** |  | | **D.O.B:** |
| **Contact:** | **PH:** | | |
| **Case Manager** | **Clinic:** |  | |
| **Name:** |  | **Ph:** |
| **Email:** |  | **Fax:** |
| **Alt**  **Contact** | **Name:**  **Email:** |  | |