

Pharmacotherapy Newsletter

VIVAIDS has moved

The new details for VIVAIDS are:

Address: 128 Peel Street, North Melbourne

Postal: PO Box 720, 410 Elizabeth Street,
Melbourne 3000

Phone: 9329 1500

Fax: 9329 1501

The Pharmacotherapy Advocacy and Complaints Resolution Service (PACS) is co-located with VIVAIDS and the phone number is unchanged **1800 443 844**.

Pharmacotherapy clients or service providers may contact PACS when there are problems within the program. It is often preferable to have problems resolved by advocates who are one step removed from the actual problem.

Rosie's Reminders

Take away doses (TADs) of methadone are available to clients who are stable and have been attending their pharmacy regularly for at least two months. Any doctor wanting to give more than one TAD per week must apply for a permit to do so. DPU officers check with pharmacists when applications for TADs are received. They often find that the client has missed sufficient doses in the previous 8 weeks to indicate instability, and the application is not approved. Methadone TADs **must be made up to 200 millilitres** with juice or cordial. The policy does not provide for exceptions to this.

Pharmacists are reminded that they **must not dose** on expired prescriptions. It is acceptable to dose upon telephone directions, followed by a fax and then the actual prescription in an emergency.

Storage of Subutex

Reckitt Benckiser is the sponsor of Subutex tablets in Australia. It appears that some Health Care professionals have been removing Subutex tablets from the blister packs and storing the tablets in bulk containers to facilitate dispensing. Please note that the shelf life of Subutex tablets (1 year) is based on stability tests conducted on Subutex tablets stored in the existing blister packaging material.

Reckitt Benckiser is unable to guarantee the stability of Subutex tablets once it is removed from the existing packaging and transferred to another form of packaging.

Interstate transfer numbers

NSW: 02 9879 5246 / 02 9879 5239
ACT: 02 6244 2591 / 02 6205 1000
QLD: 07 3896 3900
SA: 08 8226 7166
WA: 08 9388 4980 / 08 9219 1919
TAS: 03 6233 2064

Introducing new colleagues

Chris Boag has recently joined the Department as Manager, Pharmacotherapy Development. Maureen Chesler has also joined us as the second Pharmacotherapy Development Officer alongside Barbara Taylor. Chris, Maureen and Barb are the team who will be building on the strength of our community based system in Victoria.

Chris is a pharmacist with recent pharmacotherapy experience in community pharmacy, and within the corrections system. Chris has many years experience in private sector management in pharmaceuticals, publishing, medical devices and consulting.

Maureen has worked on a number of public health projects over many years in the Department. In addition, she has experience in building small businesses in regional Victoria.

The main priority of our development team is to increase the number of pharmacotherapy prescribers and pharmacies doing supervised dosing. At the same time they are working to improve some of the support systems for existing practitioners.

Between now and the end of 2005, they hope to meet with as many current service providers as possible to provide updates and to listen to how the Department can better support and grow pharmacotherapy services.

SUBOXONE

Pharmacology

Suboxone is a new substitution treatment for opioid dependence. It is a 4:1 mixture of buprenorphine and naloxone, as a tablet for sublingual administration. When administered in this manner the effect is virtually the same as buprenorphine alone. The naloxone has almost no effect at all. Buprenorphine is a partial agonist at the mu-opioid receptor and antagonist at the kappa-opioid receptor and naloxone is an antagonist at the mu-opioid receptor.

The presence of naloxone is intended to deter intravenous abuse by persons dependent on other opioids.

Suboxone is highly likely to produce marked and intense withdrawal symptoms if misused parenterally by individuals dependent on opioids. Sublingually, it may cause opioid withdrawal symptoms in the same manner Subutex does in such persons if administered before the agonist effects of opioid have subsided.

Suboxone has been approved for use in Australia. National clinical guidelines, and a Victorian policy pertaining to its use are being developed.

Side effects

The most common adverse events reported in clinical trials with Suboxone were headache, withdrawal syndrome, pain, nausea, insomnia, sweating, abdominal pain, back pain, constipation, infection, asthenia, rhinitis, anxiety and depression.

Suboxone may impair the mental or physical abilities required for the performance of potentially dangerous tasks such as driving a car or operating machinery.

Clients should be cautioned not to drive or operate complex machinery until they know how they are affected by this treatment.

Clients should be advised that serious overdose might occur if benzodiazepines, sedatives, tranquillisers, antidepressants or alcohol are taken at the same time as Suboxone.

Welcome to the August 2005 Pharmacotherapy Newsletter in which we are featuring the new substitution pharmacotherapy treatment Suboxone, a combination of buprenorphine and naloxone.

Your feedback and contributions are always welcome, particularly any good news stories about clients and services.

We look forward to developing a forum for the exchange of opinions and information.

Contact

Chris.boag@dhs.vic.gov.au or
Barbara.taylor@dhs.vic.gov.au

or

Maureen.chesler@dhs.vic.gov.au
to have your say.

Keith Moyle

Manager

Drugs and Poisons Unit

How will the Suboxone be supplied?

Suboxone will be supplied in packs of 2 and 8 mg strength sublingual tablets.

What have the Suboxone trials shown?

Both international and local trials have shown that Suboxone can be successfully used by stable patients in an unsupervised dosing regimen.

There is some evidence from the international studies that retention in treatment may be better when patients don't have to present for daily supervised dosing.

Who will be able to prescribe Suboxone?

The Victorian policy will detail exactly what the training requirements will be. It is expected that existing authorised prescribers will be able to apply for Suboxone permits for supervised dosing without extra training.

Extra training may be required to be authorised to commence an unsupervised regimen.

Will all buprenorphine clients be able to have Suboxone?

The clinical guidelines and the policy will define the criteria for clients to be treated with Suboxone. These criteria may be different to qualify for supervised dosing, for take-away doses, or to move to an unsupervised dosing regimen.

Will Suboxone be on the PBS?

The manufacturer has applied to have Suboxone listed as a Pharmaceutical Benefit in the same category as the existing buprenorphine and methadone listings. It is difficult to predict the timeline for this process.

Will clients be able to have Suboxone to take home?

It is envisaged that the Victorian policy will allow for take-away doses of Suboxone, and under certain circumstances, for unsupervised dosing regimens. Specific criteria will be applied in each case, and meeting these criteria will determine if a permit will be issued to the prescriber.

What factors will influence whether an unsupervised dosing regimen can be considered?

In the trials, clients were carefully screened to ensure diversion and abuse were minimised. A history of stable treatment was also one of the criteria. Homelessness, sharing residence with current users, anticipated incarceration and some psychiatric conditions precluded inclusion. The Victorian policy may apply similar restrictions when considering a permit application from a prescriber for unsupervised treatment in the future.

Will Suboxone be safe for pregnant women?

Suboxone has not been approved for use during pregnancy.

Will the pharmacy be specified on the prescription like the Subutex prescriptions are at present?

Yes, the prescriptions will have specified pharmacies included on them.

Will all pharmacies be able to supply Suboxone or will only pharmacies that now supply pharmacotherapies dispense it?

The pharmacies that are authorised to dispense pharmacotherapies will be able to supply Suboxone.

Treatment options for heroin and other opioid dependence

The National Drugs and Alcohol Research Centre (NDARC) has published three booklets about treatment options for heroin and other opioid dependence. A copy of each booklet accompanies this newsletter.

Copies of these booklets are for

- Users
- Frontline workers
- Families and carers.

More copies of the three booklets can either be ordered on an order form or be accessed directly online at this website:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-drugpubs.htm>

Pharmacotherapy Dispensing Support

Pharmacists claiming payment under the Pharmacotherapy Program Dispensing Support Initiative are reminded that the DHS invoices need to be completed correctly to ensure prompt payment. If any pharmacists need copies of the invoice please contact us on 9637 4030 and one will be faxed to you. It is necessary that you have a copy of the letter advising the eligibility of a client prior to claiming payment.

The claim form should include:

- Pharmacy address.
- Signature of pharmacist.
- Client name provided with a date of birth.
- Where dosages have been coordinated between two pharmacies actual dosing dates should be provided.

Prescribing doctors need to advise the Drugs and Poisons Unit of a change of pharmacy or of new clients to the program.

For help with these forms please contact the Drugs and Poisons Unit on 1300 364 545.

Fungal endophthalmitis in intravenous drug users injecting buprenorphine contaminated with oral Candida species

It was reported in MJA in April 2005 that four injecting drug users (IDUs) who had been injecting buprenorphine presented to the Royal Victorian Eye and Ear Hospital with endogenous fungal endophthalmitis (EFE) involving Candida species. The buprenorphine had been diverted after partial absorption from the oral cavity and then dissolved in water prior to injection.

Patients presented with eye pain and erythema. On examination, one could only detect hand movement with one eye. Fundoscopy showed vitritis with a "snowball appearance" consistent with EFE.

Intravenous drug use is a known risk factor for EFE and both Candida and Aspergillus have been implicated. In the past Iranian or "brown" heroin has been involved. It was difficult to dissolve in water and lemon juice has been used, as an acidic substance was required for dissolution. The lemon juice was the source of the contaminant.

In the present cases, lemon juice was not involved in contamination. The Candida was orally derived.

Doctors, pharmacists and drug users need to be aware of the risk of this sight-threatening complication.

Health Insurance Commission Prescription Shopping Information Service

The Health Insurance Commission (HIC) now operates the Prescription Shopping Information Service, 24 hours a day and 7 days a week. However, to obtain information from the service, a medical practitioner must first obtain an individual Access Number, by forwarding the appropriate Registration Form to the HIC.

Phone the information service **1800 631 181 (free call)**.

- Quote your full name, date of birth and **Access Number**.
- Supply the patient's full name, Medicare number and date of birth.
- HIC will only be able to inform you whether the patient has been identified under the criteria* of the Prescription Shopping Project.

*The criteria relate to a person having obtained more than a specified number of **PBS** items and/or having obtained **PBS** items from six or more different prescribers (excluding specialists) in a three-month period.

The Prescription Shopping Information Service **Registration Form** (to obtain an Access Number) and the **Voluntary Agreement** for PBS Information Form (to obtain additional information from HIC) may be located, at the HIC website, (**www.hic.gov.au**) by sequentially accessing the following sections of the website: Health Care Providers / HIC Programs & Services / Pharmaceutical Benefits Scheme / Forms / Medical Practitioners