

Complex cases: Reducing methadone script

New Opioid Treatment Program (OTP) script requirements for PBS arrangements from 1 July 2023 onward

PBS-RPBS authority prescription
Not valid unless authorised by delegate

Dr Judy Hamilton
Private Practice
Unit 4 Ottawa Health Centre
45 Slater Ave
OTTAWA NSW 2222
Phone: (02) 1111 1111

From:
10/7/23-
1/10/23
inclusive
20346704

Patient's Medicare no. 2 2 2 2 - 3 3 3 3 3 - 4 Patient's Ref no. 1

Patient's full name Ronald McDonald

Patient's address 17 Hamilton Avenue Ottawa NSW
DOB: 1/1/1990 Postcode 2222

Entitlement no. 1 1 1 - 2 2 2 - 3 3 3 X

Safety Net entitlement cardholder Concessional or dependent, RPBS beneficiary or Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare Australia
RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form
Methadone oral liquid 5mg/mL
120mg (24 mL) daily
May reduce by 5mg per fortnight at patient's request
to 60mg
Takeaway doses for pharmacy closures

Dosage directions 672 (six hundred seventy two) mL

Quantity 2 (every 25 days)

No. of repeats 1 / 7 / 23

Medicare Australia/DVA use Repeats Phone approvals

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature Date of supply
Agent's address

Please note: The information on this form, including your Medicare, Contraindication, and/or Department of Veterans' Affairs number, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme (PBS) or the Repatriation Pharmaceutical Benefits Scheme (RPBS) and to determine payments due to approved suppliers. This information will also be used to record details of all under-employment prescriptions unless there is an exemption for a patient of benefit under PBS or RPBS. With your consent, the Repatriation Delegate or PBS Prescriber may share your details for use on future prescriptions. The collection of this information is authorised by the National Health Act 1953. This information may be disclosed to PBS Prescribers, the Department of Health and Ageing, Department of Veterans' Affairs, Contraindication, the Department of Human Services or as authorized or required by law. 4006_05/11

Disease or purpose for which benefit required or clinical justification for use of item

Patient's age if under 18

Has the patient previously received an authority for this medicine? Yes No

Prescriber's phone no. ()

Phone approvals - retain this copy for 12 months.
Written approvals - forward all 3 copies to Medicare Australia/DVA.

4006_05/11

To ensure maximum flexibility, the quantity assumes no reduction (in case the patient chooses not to reduce)

Script will provide a total amount that can be decreased and how frequently (in this case, 5mg/fortnight), and can include a minimum daily dose floor (in this case, 60mg)

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Complex cases: Monthly depot buprenorphine every <28 days

New Opioid Treatment Program (OTP) script requirements for PBS arrangements from 1 July 2023 onward

PBS-RPBS authority prescription
Not valid unless authorised by delegate

Dr Judy Hamilton
Private Practice
Unit 4 Ottawa Health Centre
45 Slater Ave
OTTAWA NSW 2222
Phone: (02) 1111 1111

*Dose at:
Halifax
Pharmacy*

20346704
Patient's Medicare no. 2222-33333-4 Patient's Ref no. 1

Patient's full name **Ronald McDonald**
Patient's address **17 Hamilton Avenue Ottawa NSW**
DOB: 1/1/1990 Postcode 2222

Entitlement no. 1111-222-333 X
Safety Net entitlement cardholder Concessional or dependant, RPBS beneficiary or Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare Australia
RPBS prescription from the authorised delegate of the Registration Commission
Brand substitution not permitted

Only one item per form
Buprenorphine monthly 128mg injection (Bupival)

Dosage directions **Subcut every 3-5 weeks**

Quantity **1 (one)** Prescriber's signature _____ Date _____
No. of repeats **2 (every 28 days)** Repeats _____ Date **20/7/23**

Medicare Australia/DVA use _____

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature _____ Date of supply _____
Agent's address _____

Disease or purpose for which benefit required or clinical justification for use of item

Patient's age if under 18 _____

Has the patient previously received an authority for this medicine? Yes No

Prescriber's phone no. () _____

Phone approvals - retain this copy for 12 months.
Written approvals - forward all 3 copies to Medicare Australia/DVA.
4008_05/11

If the patient receives their depot injection every 3-6 weeks, the repeat interval should reflect the minimum number of days between dispensings (in these cases, every 21 or 26 days).

PBS-RPBS authority prescription
Not valid unless authorised by delegate

Dr Judy Hamilton
Private Practice
Unit 4 Ottawa Health Centre
45 Slater Ave
OTTAWA NSW 2222
Phone: (02) 1111 1111

*From:
1/8/23 -
23/10/23*

20346704
Patient's Medicare no. 2222-33333-4 Patient's Ref no. 1

Patient's full name **Ronald McDonald**
Patient's address **17 Hamilton Avenue Ottawa NSW**
DOB: 1/1/1990 Postcode 2222

Entitlement no. 1111-222-333 X
Safety Net entitlement cardholder Concessional or dependant, RPBS beneficiary or Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare Australia
RPBS prescription from the authorised delegate of the Registration Commission
Brand substitution not permitted

Only one item per form
Buprenorphine monthly 300mg injection (Sublocade)

Dosage directions **subcut every 26 to 42 days**

Quantity **1 (one)** Prescriber's signature _____ Date _____
No. of repeats **0 (every 26 days)** Repeats _____ Date **25/7/23**

Medicare Australia/DVA use _____

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature _____ Date of supply _____
Agent's address _____

Disease or purpose for which benefit required or clinical justification for use of item

Patient's age if under 18 _____

Has the patient previously received an authority for this medicine? Yes No

Prescriber's phone no. () _____

Phone approvals - retain this copy for 12 months.
Written approvals - forward all 3 copies to Medicare Australia/DVA.
4008_05/11

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Complex cases: Sublingual buprenorphine – dual script for two different strengths

New Opioid Treatment Program (OTP) script requirements for PBS arrangements from 1 July 2023 onward

2 mg script

PBS-RPBS authority prescription
Not valid unless authorised by delegate

Dose at: 12 Pharmacy

From: 5/7/23 - 29/9/23 inclusive

Dr Judy Hamilton
Private Practice
Unit 4 Ottawa Health Centre
45 Slater Ave
OTTAWA NSW 2222
Phone: (02) 1111 1111

Patient's Medicare no. 22 222 - 33333 - 4 Ref no. 1

Patient's full name Steven Smith

Patient's address 40 Hamilton Ave Toronto NSW
DOB: 1/1/1990 Postcode 2222

Entitlement no. []
Safety Net entitlement cardholder [] Concessional or dependant, RPBS beneficiary or Safety Net concession cardholder []

Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare Australia
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted

Only one item per form
Buprenorphine 2 mg + Naloxone 0.5 mg (Suboxone)
Sublingual film
4 mg S/L daily
TOTAL DOSE: 20mg daily (across 8mg+2mg films)

Dosage directions 6 takeaway doses per week

Quantity 56 (Fifty six)

No. of repeats 2 (daily)

Medicare Australia/DVA use []

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Disease or purpose for which benefit required or clinical justification for use of item

Patient's age if under 18 []

Has the patient previously received an authority for this medicine? Yes No

Prescriber's phone no. []

Phone approvals - retain this copy for 12 months.
Written approvals - forward all 3 copies to Medicare Australia/DVA.
4006_05/11

8 mg script

PBS-RPBS authority prescription
Not valid unless authorised by delegate

Dose at: 12 Pharmacy

From: 5/7/23 - 29/9/23 inclusive

Dr Judy Hamilton
Private Practice
Unit 4 Ottawa Health Centre
45 Slater Ave
OTTAWA NSW 2222
Phone: (02) 1111 1111

Patient's Medicare no. 22 222 - 33333 - 4 Ref no. 1

Patient's full name Steven Smith

Patient's address 40 Hamilton Ave Toronto NSW
DOB: 1/1/1990 Postcode 2222

Entitlement no. []
Safety Net entitlement cardholder [] Concessional or dependant, RPBS beneficiary or Safety Net concession cardholder []

Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare Australia
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted

Only one item per form
Buprenorphine 8mg + Naloxone 2mg (Suboxone)
Sublingual film
16 mg S/L daily
TOTAL DOSE: 20 mg daily (across 8mg+2mg films)

Dosage directions 6 takeaway doses per week

Quantity 56 (Fifty six)

No. of repeats 2 (daily)

Medicare Australia/DVA use []

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Disease or purpose for which benefit required or clinical justification for use of item

Patient's age if under 18 []

Has the patient previously received an authority for this medicine? Yes No

Prescriber's phone no. []

Phone approvals - retain this copy for 12 months.
Written approvals - forward all 3 copies to Medicare Australia/DVA.
4006_05/11

Each script will have the individual strength and daily dose

Both scripts will also have the combined total daily dose (in this case, 20 mg daily)

Each script will have a total quantity for the individual script (not a total quantity for both scripts)

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Complex cases: Sublingual buprenorphine – dual script for two different strengths and an increasing dose

New Opioid Treatment Program (OTP) script requirements for PBS arrangements from 1 July 2023 onward

2 mg script

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWANSW 2222
 Phone: (02) 1111 1111

Prescriber no. 2222222

Patient's Medicare no. 2222-33333-4-1

Pharmaceutical benefits entitlement no. [Redacted]

Patient's name **Donald Duck**
 Address **25 Pond Street HAMILTON 2042 D.O.B 01/01/2000**

Date 20/07/2023
 POS FPBS Brand substitution not permitted

Authority Form No.: 06968322
Buprenorphine 2 mg + Naloxone 0.5 mg
 Sublingual Film
 6mg daily, dose may increase by up to 8mg daily to a max of 22mg daily as a total buprenorphine + naloxone dose (across 8mg and 2mg films).
 Quantity: 84 (eighty-four)
 No repeats.

Authority approval number: [Redacted]
 Prescriber signature: [Signature]

Pharmacist to sign original and duplicate

Turn over for primary notice

I declare that I have received this (these medicine(s)) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature [Redacted] Date of supply / /

Agent's address [Redacted]

Dose at: PQR Pharmacy.
 Dose from 20/07/23 to 16/08/2023 inclusive

prescription details ONLY

8 mg script

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWANSW 2222
 Phone: (02) 1111 1111

Prescriber no. 2222222

Patient's Medicare no. 2222-33333-4-1

Pharmaceutical benefits entitlement no. [Redacted]

Patient's name **Donald Duck**
 Address **25 Pond Street HAMILTON 2042 D.O.B 01/01/2000**

Date 20/07/2023
 POS FPBS Brand substitution not permitted

Authority Form No.: 06968327
Buprenorphine 8 mg + Naloxone 2 mg
 Sublingual Film
 6mg daily, dose may increase by up to 8mg daily to a max of 22mg daily as a total buprenorphine + naloxone dose (across 8mg and 2mg films).
 Quantity: 56 (fifty-six)
 No repeats.

Authority approval number: [Redacted]
 Prescriber signature: [Signature]

Pharmacist to sign original and duplicate

Turn over for primary notice

I declare that I have received this (these medicine(s)) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature [Redacted] Date of supply / /

Agent's address [Redacted]

Dose at: PQR Pharmacy.
 Dose from 20/07/23 to 16/08/2023 inclusive

prescription details ONLY

Each script will have the individual strength

Both scripts will also have the combined total daily dose (in this case, 6 mg daily to start)

Both scripts will provide a total amount that can be increased and how frequently (in this case, 8mg/day), as well as the maximum daily dose ceiling (in this case, 22mg)

Ensure that the total quantity on each script is sufficient to account for different increasing scenarios

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Complex cases: Sublingual buprenorphine – two simultaneous scripts for two regular dosing points

New Opioid Treatment Program (OTP) script requirements for PBS arrangements from 1 July 2023 onward

Clinic script

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWA NSW 2222
 Phone: (02) 1111 1111

Prescriber no. 222222

Patient's Medicare no. 2222-33333-4-1

Pharmaceutical benefits entitlement no. [Redacted]

Patient's name **Donald Duck**
 Address **25 Pond Street
 HAMILTON 2042
 D.O.B 01/01/2000**

Date **24/07/2023**
 PBS FPBS Brand substitution not permitted

Authority Form No.: 06968327
Buprenorphine 8 mg + Naloxone 2 mg
 Sublingual Film
 24mg daily.
 Dose at: XYZ Clinic Mon-Fri (PQR Pharmacy WE, PH and days XYZ Clinic closed)
 Quantity: 60 (sixty)
 2 repeats (every 26 days).
 Authority approval number: 1 [Redacted]
 Prescriber signature: [Signature]

Pharmacist patient COPY

Medicare / DVA

Prescriber to sign original and duplicate

I declare that I have received this (these medicine(s)) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature _____ Date of supply / /

Agent's address _____
 PH023.1711

Dose from: 31/07/23 to 22/10/2023 inclusive

Pharmacy script

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWA NSW 2222
 Phone: (02) 1111 1111

Prescriber no. 222222

Patient's Medicare no. 2222-33333-4-1

Pharmaceutical benefits entitlement no. [Redacted]

Patient's name **Donald Duck**
 Address **25 Pond Street
 HAMILTON 2042
 D.O.B 01/01/2000**

Date **26/07/2023**
 PBS FPBS Brand substitution not permitted

Authority Form No.: 069683292
Buprenorphine 8 mg + Naloxone 2 mg
 Sublingual Film
 24mg daily.
 Dose at: PQR Pharmacy WE, PH and days XYZ Clinic closed (XYZ Clinic Mon-Fri)
 Quantity: 39 (thirty-nine)
 2 repeats (every 26 days).
 Authority approval number: 1 [Redacted]
 Prescriber signature: [Signature]

Pharmacist patient COPY

Medicare / DVA

Prescriber to sign original and duplicate

I declare that I have received this (these medicine(s)) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature _____ Date of supply / /

Agent's address _____
 PH023.1711

Dose from: 05/08/23 to 22/10/2023 inclusive

As there are two scripts, there will be two co-payments (where charged)

The scripts cannot be written on the same day

Weekend script provides additional quantity to accommodate potential public holidays and when the clinic is closed

The script length below assumes dispensing every 28 days, but the interval is shorter to accommodate unforeseen issues requiring earlier dispensing

Mon-Fri script starts earlier as starts on a Monday

Weekend script starts later (first weekend day)

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Complex cases: Methadone – regular script and travelling or temporary transfer script

New Opioid Treatment Program (OTP) script requirements for PBS arrangements from 1 July 2023 onward

SCENARIO: Prescriber writes a script in late July. In mid-August, the client says they are going on a trip in early September for two weeks.

Home script

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWA NSW 2222
 Phone: (02) 1111 1111
 Prescriber no. 2222222

Patient's Medicare no. 2222-33333-4-1

Pharmaceutical benefits entitlement no. [Redacted]

Patient's name **Donald Duck**
 Address **25 Pond Street
 HAMILTON 2042
 D.O.B 01/01/2000**

Date **24/07/2023**
 PBS FPBS Brand substitution not permitted

Authority Form No.: 06968327
Methadone oral liquid 5 mg/mL
 120mg (24 mL) daily.
 Quantity: 672 (six hundred and seventy-two) mL
 6 takeaway doses per week
 2 repeats (every 26 days).
 Authority approval number: [Redacted]
 Prescriber signature: [Signature]

If not a Medical Practitioner, tick your prescriber type:
 Dentist Nurse Practitioner Midwife Optometrist

Pharmacist patient COPY

Pharmacist to sign original and duplicate

Turn over for primary notice

I declare that I have received this (these medicine(s)) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature [Redacted] Date of supply / /

Agent's address [Redacted]
 PHILLIP

Dose from: 31/07/23 to 22/10/2023 inclusive

Medicare / DIVA

Travel script

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWA NSW 2222
 Phone: (02) 1111 1111
 Prescriber no. 2222222

Patient's Medicare no. 2222-33333-4-1

Pharmaceutical benefits entitlement no. [Redacted]

Patient's name **Donald Duck**
 Address **25 Pond Street
 HAMILTON 2042
 D.O.B 01/01/2000**

Date **21/8/2023**
 PBS FPBS Brand substitution not permitted

Authority Form No.: 06968392
Methadone oral liquid 5 mg/mL
 120mg (24 mL) daily.
 Quantity: 336 (three hundred and thirty-six) mL
 6 takeaway doses per week
 No repeats
 Authority approval number: 1 [Redacted]
 Prescriber signature: [Signature]

If not a Medical Practitioner, tick your prescriber type:
 Dentist Nurse Practitioner Midwife Optometrist

Pharmacist patient COPY

Pharmacist to sign original and duplicate

Turn over for primary notice

I declare that I have received this (these medicine(s)) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature [Redacted] Date of supply / /

Agent's address [Redacted]
 PHILLIP

Dose at XYZ Pharmacy
 Dose from: 04/09/23 to 17/9/2023 inclusive

Medicare / DIVA

As there are two scripts, there will be two co-payments (where charged)

Prescribers should communicate changes to the dosing arrangements to both pharmacists so the appropriate daily doses can be supplied

Because of the 2-week travel period, the home script can last an extra 2 weeks to use the remaining supply on the script

The dosing start and end date is not legally required and should be treated like other dosing instructions, which a prescriber can amend verbally or in writing to the dosing point (i.e. a new prescription is not required)

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Complex cases: Multiple takeaways and timing of repeat intervals

New Opioid Treatment Program (OTP) script requirements for PBS arrangements from 1 July 2023 onward

Hospital provider no.: 12345678A Dr Judy Hamilton 45 Slater Ave OTTAWA NSW 2222 Phone: (02) 1111 1111 Prescriber no. 2222222	Hospital provider no.: 12345678A Dr Judy Hamilton 45 Slater Ave OTTAWA NSW 2222 Phone: (02) 1111 1111 Prescriber no. 2222222
Patient's Medicare no. 2222-33333-4-1	Patient's Medicare no. 2222-33333-4-1
Pharmaceutical Benefits entitlement no. <input type="checkbox"/> PBS Safety Net entitlement cardholder (gross relevant box) <input type="checkbox"/> Concessional or dependent FPBS beneficiary or PBS Safety Net concession cardholder	Pharmaceutical Benefits entitlement no. <input type="checkbox"/> PBS Safety Net entitlement cardholder (gross relevant box) <input type="checkbox"/> Concessional or dependent FPBS beneficiary or PBS Safety Net concession cardholder
Patient's name Donald Duck Address 25 Pond Street HAMILTON 2042 D.O.B 01/01/2000	Patient's name Donald Duck Address 25 Pond Street HAMILTON 2042 D.O.B 01/01/2000
Date 24/07/2023 PBS <input checked="" type="checkbox"/> FPBS <input type="checkbox"/> Brand substitution not permitted	Date 24/07/2023 PBS <input checked="" type="checkbox"/> FPBS <input type="checkbox"/> Brand substitution not permitted
Pharmacist patient COPY Authority Form No.: 06968327 Methadone oral liquid 5 mg/mL 120mg (24 mL) daily. Quantity: 672 (six hundred and seventy-two) mL 6 takeaway doses per week 2 repeats (every 22 days). Authority approval number: [REDACTED] [Signature] If not a Medical Practitioner, tick your prescriber type: Dentist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Midwife <input type="checkbox"/> Optometrist <input type="checkbox"/> Prescriber to sign original and duplicate Turn over for privacy notice	Medicare / DVA Authority Form No.: 06968327 Methadone oral liquid 5 mg/mL 120mg (24 mL) daily. Quantity: 672 (six hundred and seventy-two) mL 6 takeaway doses per week 2 repeats (every 22 days). Authority approval number: [REDACTED] [Signature] I declare that I have received this (these medicine(s)) and the information relating to any entitlement to a pharmaceutical benefit is correct. Patient's or agent's signature _____ Date of supply ____ / ____ / ____ Agent's address _____ PBS 15191 Dose from: 31/07/23 to 22/10/2023 inclusive Turn over for privacy notice
Dose from: 31/07/23 to 22/10/2023 inclusive	Dose from: 31/07/23 to 22/10/2023 inclusive
ONLY	ONLY

If a client receives multiple takeaways, prescribers may wish to make the repeat interval shorter to allow for unforeseen circumstances.

For example, if a client attends on day 25 and would like to receive their 6 takeaways, the shorter repeat interval allows the pharmacist to dispense the next script and provide the full number of takeaways allowed.

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Complex cases: Micro-dosing

New Opioid Treatment Program (OTP) script requirements for PBS arrangements from 1 July 2023 onward

Methadone script

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWANSW 2222
 Phone: (02) 1111 1111

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWANSW 2222
 Phone: (02) 1111 1111

Prescriber no. 22222222

Patient's Medicare no. 2222-33333-4-1

Pharmaceutical benefits entitlement no. PBS Safety Net entitlement number (non-reimbursed) Concessional or Dependent RPIIS beneficiary or PBS Safety Net concessional number

Patient's name Donald Duck
 Address 25 Pond Street HAMILTON 2042 D.O.B 01/01/2000

Date 24/07/2023
 PBS PFBS Brand substitution not permitted

Authority Form No.: 06968327

Methadone oral liquid 5 mg/mL, 60mg (12 mL) daily.
 May reduce to 6mL on day 6
 May reduce to 3mL on day 7
 Quantity: 168 (one hundred + sixty-eight) mL
 No repeats.

Authority approval number: [REDACTED]
 Prescriber signature: [Signature]

If a Medical Practitioner, tick your prescriber type:
 Dentist Nurse Practitioner Midwife Optometrist

Pharmacist patient COPY

Pharmacist to sign original and duplicate

Turn over for privacy notice

I declare that I have read and understood the medication(s) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's agent's signature _____ Date of supply _____
 Agent's address _____
 POSTCODE _____

Dose from: 31/7/23 to 6/8/2023 inclusive

If transfer unsuccessful, may dose from: 31/7/23 to 13/8/2023 inclusive. Contact the prescriber.

Buprenorphine 400 microgram script

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWANSW 2222
 Phone: (02) 1111 1111

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWANSW 2222
 Phone: (02) 1111 1111

Prescriber no. 22222222

Patient's Medicare no. 2222-33333-4-1

Pharmaceutical benefits entitlement no. PBS Safety Net entitlement number (non-reimbursed) Concessional or Dependent RPIIS beneficiary or PBS Safety Net concessional number

Patient's name Donald Duck
 Address 25 Pond Street HAMILTON 2042 D.O.B 01/01/2000

Date 24/07/2023
 PBS PFBS Brand substitution not permitted

Authority Form No.: 06967777

Buprenorphine 400 microgram sublingual tablet
 Day 1 - 200 mcg BD - 1 tablet
 Day 2 - 400 mcg BD - 2 tablet
 Day 3 - 2 mg - 5 tablets
 Day 4 - 4 mg - 10 tablets
 To be provided alongside methadone 12mL daily.
 (Contact prescriber in case of missed doses)
 Quantity: 18 (eighteen) tablets
 No repeats.

Authority approval number: [REDACTED]
 Prescriber signature: [Signature]

If a Medical Practitioner, tick your prescriber type:
 Dentist Nurse Practitioner Midwife Optometrist

Pharmacist patient COPY

Pharmacist to sign original and duplicate

Turn over for privacy notice

I declare that I have read and understood the medication(s) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's agent's signature _____ Date of supply _____
 Agent's address _____
 POSTCODE _____

Dose from: 31/7/23 to 3/8/2023 inclusive

If transfer unsuccessful, may dose from: 31/7/23 to 3/8/2023 inclusive

Buprenorphine 8mg script

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWANSW 2222
 Phone: (02) 1111 1111

Hospital provider no.: 12345678A
Dr Judy Hamilton
 45 Slater Ave
 OTTAWANSW 2222
 Phone: (02) 1111 1111

Prescriber no. 22222222

Patient's Medicare no. 2222-33333-4-1

Pharmaceutical benefits entitlement no. PBS Safety Net entitlement number (non-reimbursed) Concessional or Dependent RPIIS beneficiary or PBS Safety Net concessional number

Patient's name Donald Duck
 Address 25 Pond Street HAMILTON 2042 D.O.B 01/01/2000

Date 24/07/2023
 PBS PFBS Brand substitution not permitted

Authority Form No.: 06968999

Buprenorphine 8 mg sublingual tablet
 To be provided alongside methadone for days 5-7 only.
 Must have received 4mg buprenorphine sublingual on day prior to initiating script (refer to 400mcg script for days 1-4)
 Day 5 - 8 mg - 1 tablet (methadone dose = 12mL)
 Day 6 - 16 mg - 2 tablets (methadone dose = 6mL)
 Day 7 - 16-32 mg - 2-4 tablets (methadone dose = 3 mL)
 Subsequent days - 16-32 mg - 2-4 tablets
 (Contact prescriber in case of missed doses)
 Quantity: 107 (one hundred + seven) tablets
 No repeats.

Authority approval number: [REDACTED]
 Prescriber signature: [Signature]

If a Medical Practitioner, tick your prescriber type:
 Dentist Nurse Practitioner Midwife Optometrist

Pharmacist patient COPY

Pharmacist to sign original and duplicate

Turn over for privacy notice

I declare that I have read and understood the medication(s) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's agent's signature _____ Date of supply _____
 Agent's address _____
 POSTCODE _____

Dose from: 4/8/23 to 31/8/2023 inclusive

If transfer unsuccessful, may dose from: 4/8/23 to 31/8/2023 inclusive

Methadone script:

- Assuming the transfer may not be successful, the script quantity allows for 14 days of 60mg/daily
- Allows for reduction on day 6 and 7 in line with the [Interim Clinical Guidance](#).

Buprenorphine 400 microgram script:

- Includes note of concurrent methadone doses
- May provide buprenorphine 2 mg sublingual tablets for days 3 and 4, but this will require another prescription and will incur another co-payment
- Allows for buprenorphine initiation in line with the [Interim Clinical Guidance](#).

Buprenorphine 8mg script:

- Includes note of concurrent methadone doses on days 1 and 2 only
- Quantity assumes the client will receive the maximum amount (32mg) for 26 days
- Allows for buprenorphine continuation in line with the [Interim Clinical Guidance](#).

Disclaimer: The NSW Ministry of Health drafted these example scripts based on expert clinical accommodation of the new PBS arrangements, balancing PBS requirements and clinical safety in an OTP context. They are based on publicly available information on PBS authority prescription requirements, including the factsheet for Opioid Dependence Treatment (ODT) prescribers provided by the Australian Government. The Australian Government has not reviewed these example prescriptions for compliance, but the NSW Pharmaceutical Regulatory Unit reviewed for compliance in NSW.