*Continuation of opioid management plans for new patients originating from external healthcare provider’s protocol*

Purpose:

To clarify the standards under which opioid management plans are continued (e.g., for patients with chronic non-malignant pain).

For more information, please refer to the RACGPs [Prescribing drugs of dependence in general practice – Part A – Clinical Governance Framework](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-a).

USQ Health Service continuation of opioid management plans initiated by external providers protocol

*Current as of: September 2021*

*Version no: 1.0*

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The purpose of this protocol is to document the standards under which this practice agrees to continue the management of opioid treatment programs.

Patients often arrive from other practices or institutions requesting continuation of their opioid management programs. These practices and institutions can have prescribing practices which are variable, and may not be evidence based or safe. To ensure the safety of these programs and the quality of services provided by this practice, the following standards are to be observed.

**Policy statement** – Doctors at this practice should not prescribe drugs of dependence until evidence of clinical need is established.

* Opioids should not be prescribed until satisfactory evidence of need is established. Such evidence may be in the form of a full clinical assessment, medical records or direct communication with the previous prescriber. This is necessary to avoid the risk of outdated records, recent changes to therapy or aberrant drug-seeking behaviour.
* If it is difficult to confirm prior appropriate prescribing, you may request that the patient ask previous prescribers or pharmacists to contact you before you will continue the purported prescribing. Difficulty in obtaining this information may signal that the patient may be involved in deceptive behaviour. Drug-seeking patients often attend a practice after hours or when such information is difficult to obtain. Do not allow the patient to pressure you into prescribing. Politely inform the patient that a prescription will be considered only when the information becomes available.
* All records are required to enable a comprehensive evaluation of the patient. A signed release of information form is required.

**Policy statement** – Doctors at this practice should not continue to prescribe drugs of dependence until reasonable steps have been undertaken to exclude problematic drug use.

* Given that there is a high prevalence of drug-seeking behaviour for opioids, and there is a high risk these drugs may be sought and diverted for misuse or trafficking, it is important that each doctor independently makes a thorough clinical assessment of each patient’s opioid use, and develops a pain management treatment plan consistent with clinical guidelines. Doctors must satisfy themselves that the full range of treatment options is used, which may or may not include opioid medications.
* Examination of the patient should include checking for evidence of intravenous or other injecting drug use, or drug or alcohol intoxication.
* Evidence that the state or territory drugs and poisons unit or pharmaceutical services unit has a notification of dependence or has issued a permit for long-term opioid prescribing may be sought (for contact details, visit www.tga.gov.au/industry/scheduling-st-contacts.htm).
* Information may be sought from the Prescription Shopping Information Service (PSIS) operated by the Pharmaceutical Benefits Scheme. This requires prior registration with the PSIS (telephone 1800 631 181 or, for more information, www.medicareaustralia.gov.au/provider/pbs/prescription-shopping/index.jsp).
* A baseline urine drug test (UDT) will be performed at the initial visit, with a request to include detection of oxycodone and other drugs not usually recognised by immunoassay. Detection of oxycodone requires a gas chromatography mass spectrometry (GC–MS) test.
* Schedule a follow-up visit for when UDT results and medical records are available.
* A patient information leaflet regarding the practice policies and procedures for pain management should be provided.

**Policy statement** – In the event of problematic drug use being identified, doctors at this practice should:

* offer remedial programs if this is within the practitioner’s skill set
* offer referral to appropriate drug misuse agencies. Appropriate nearby referral agencies include:
* AODS, Toowoomba Hospital

**Policy statement** – This practice deems the following to be high risk and in need of referral to public alcohol and drug facilities, or a general practitioner with advanced training in addiction medicine:

* patients with serious mental illness, or antipsychotic medication
* past family or personal history of substance misuse
* mixed use of opioids and illicit drugs
* mixed use of opioids and benzodiazepines
* recent discharge from correctional services facility
* patients discharged from other general practices due to problematic behaviour.

**Policy statement** – In the event that clinical need for opioid therapy is justified, doctors at this practice should observe the following practice requirements:

* There is a comprehensive evaluation of the patient’s condition and analgesic modalities which are documented within a treatment plan and recorded in the notes.
* Doctors should prescribe opioids according to their best clinical judgement, particularly if this is less than the wishes of patients, the recommendations of consultants, or the practices of the patient’s previous doctors.
* Patients taking inappropriate doses should be advised that the dose will be tapered in the near future.
* Patients who are unwilling to comply with the taper should be referred to specialist or public health services.
* Relevant permits to prescribe should be obtained from the state or territory drugs and poisons unit or pharmaceutical services. In the case of continuing prescribing, this should be sought immediately if the patient has been receiving opioid treatment for 8 weeks or longer. This will enable coordination of treatment and reduce the risk that previous prescribers will continue prescribing concurrently.

**Policy statement** – Patients who satisfy criteria and are accepted under the continued care of a single doctor will be prescribed ongoing medication according to the practice protocols. This includes:

* continued prescribing and management by a single GP within the practice
* a comprehensive assessment
* a continued use of allied therapies
* a contractual approach to opioid use
* the adoption of universal precautions
* a treatment agreement based on informed consent regarding the risks of dependence
* clear boundaries surrounding the use of opioids
* registration with or under state or territory health laws.

Disclaimer

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