Opioid dependence treatment

Frequently Asked Questions

This factsheet clarifies detailed questions regarding opioid dependence treatment (ODT) medicines reform not addressed elsewhere in the factsheets available online on the [PBS website](http://www.pbs.gov.au/browse/section100-md).

## Prescriptions

The management of prescriptions until a patient’s next review did not have to have been resolved before or on 1 July 2023. There are a number of solutions available, including prescription extension, new appointments, and new prescriptions. Therefore, where necessary these can be resolved throughout the patient’s remaining prescription while ensuring continuity of care for the patient.

**Can patients who receive ODT medicines at multiple pharmacies access ODT medicines under the Pharmaceutical Benefits Scheme (PBS)?**

PBS prescriptions cannot be written for a patient on the same day for the same PBS medicine.

Under the PBS, early supply of repeats can occur where necessary and can occur at different pharmacies, however prescriptions for ODT medicines are also subject to individual state and territory regulations (which may limit this).

It is important for prescribers and dosing pharmacists to work with patients to ensure the patient’s treatment needs are met and give consideration to the most appropriate clinical care, acknowledging that in some circumstances take-away doses or medicines, such as long-acting injectable buprenorphine, may not be suitable.

States and territory governments should be contacted for advice regarding respective jurisdictional policies regarding dosing at multiple pharmacies.

**What happens if my patient wants to go on a holiday for more than 28 days?**

Prescribers can annotate a PBS ODT medicine prescriptions as a Regulation 49 (previously Regulation 24) prescription. Regulation 49 provides that in certain circumstances, the quantity of the original and repeats of a medicine can be supplied at the same time.

Please visit the [PBS website](https://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_2_Explanatory_Notes#Regulation-49) for further information on Regulation 49 PBS prescriptions.

However, prescribers and pharmacists are reminded that relevant state and territory legislation, guidelines, and policies for ODT medicines continue to apply. States and territory governments should continue to be contacted for advice regarding arrangements for patients that need to travel.

**Can prescriptions be prescribed for 6 months’ supply?**

The maximum quantities and repeats for ODT medicines are a recommendation of the Pharmaceutical Benefits Advisory Committee (PBAC).

Changes to the eligibility criteria including maximum quantities and repeats will require a consideration by the PBAC and are being reviewed by the Department of Health and Aged Care (department) post-implementation of the ODT reforms on 1 July 2023.

**What happens if my patient misses a dose, or the dose is changed?**

Under the PBS, patients are supplied with a quantity of ODT medicines (sometimes referred to as an allocation) and prescriptions are not valid for a specific period of time, other than being valid for 12 months from the date written.

Clinical aspects relating to ODT medicine dosing, such as changes to a patients’ dose or missed doses, can continue to be provided from the patient's allocation until the allocation is exhausted and a new prescription is dispensed.

Appropriate communication of clinical changes from prescriber to pharmacist is encouraged so the appropriate daily doses can be supplied.

In line with the ODT Community Pharmacy Program Rules, where a dose has been prepared but has not been collected by a patient, this dose can still be recorded and claimed as an in-store or take-away dosing day.

For stock management, refer to the dispensing workflow and stock management factsheet on the [PBS website](https://www.pbs.gov.au/browse/section100-md).

**Why are PBS ODT medicines required to be dispensed in quantities of 28 days with 2 repeats, when 3 months can exceed 90 days?**

Buprenorphine-containing tablets and films are available in pack sizes suitable for 28 days (i.e., tablets come in boxes of 7, films in boxes of 28). Methadone is aligned with this for consistency with other ODT medicines.

Maximum quantities for ODT medicines are equivalent to 28 days of the maximum dose per day in line with national guidelines, which is 150 mg for methadone and 32 mg for buprenorphine and buprenorphine with naloxone preparations.

**Can nurse practitioners continue to prescribe ODT medicines on the PBS?**

Yes, nurse practitioners can prescribe PBS-subsidised ODT medicines.

Information for applying for a prescriber number is available on the [Services Australia website](https://www.servicesaustralia.gov.au/how-to-apply-for-provider-number-if-youre-health-professional?context=34076).

**Are Section 100 programs eligible for the Closing the Gap (CTG) co-payment measure?**

The CTG co-payment measure does not include section 100 medicines and therefore, does not apply to ODT medicines.

Currently, the CTG measure can be accessed by eligible, registered patients to access PBS General Schedule medicines only.

The department is exploring avenues to improve access to Section 100 medicines for First Nations Australians.

**Can a prescription written in the community be dispensed in a hospital?**

PBS ODT prescriptions written by an approved community prescriber can be dispensed by any PBS approved supplier, including section 94 (public or private) hospitals.

Prescriptions for medicines listed under PBS section 100 HSD Community Access arrangements, like ODT medicines, can be dispensed by any PBS approved supplier able to dispense HSD medicines.

Prescribers are reminded to follow state and territory legislation when writing ODT medicine prescriptions.

**Can prescribers write non-PBS prescriptions post 1 July 2023?**

Prescriptions written after 1 July 2023 must be written as PBS prescriptions to be dispensed and claimed on the PBS.

If a prescription written after 1 July 2023 does not meet PBS requirements, pharmacists should contact the prescriber for a new, PBS prescription as they would for other PBS medicines.

## Dispensing

**Is the Commonwealth continuing to pay for the cost of ODT medicines?**

The Commonwealth subsidises the cost of medicines through the PBS.

In line with usual PBS arrangements, the pharmacy orders medicines through their pharmaceutical wholesaler/manufacturer subject to wholesaler/manufacturer trading terms.

PBS approved suppliers receive reimbursement from the Commonwealth through claims for payment which are submitted to Services Australia.

Remuneration for HSD medicines includes:

* the cost of the medicine (approved ex-manufacturer price)
* PBS fees (dispensing fee, HSD mark up and dangerous drug fee).

In addition, section 90 community pharmacies can also claim the ODT Community Pharmacy Program staged supply and buprenorphine injection fee through the Pharmacy Programs Administrator (PPA).

**Do I need to label the full PBS quantity for my patient and store separately?**

No, as long as pharmacists have a method of keeping track of a patient’s PBS quantity (there are a variety of ways to do this), the full amount does not need to be packaged.

**Is dose management software being updated to include PBS dispensing?**

The department is working with vendors of dose management software to include ODT medicines dispensed under the PBS Section 100 HSD Program.

**How do I keep track of a patient’s PBS supply for claiming the staged supply fee under the ODT Community Pharmacy Program?**

For pharmacies that do not have dose management software, an ‘ODT Staged Supply Temporary Data Capture Form’ is available on the [PPA website.](https://www.ppaonline.com.au/programs/medication-adherence-programs-2/odt)

**Can buprenorphine injections be dispensed early?**

Similar to other PBS medicines, patients can receive early supply of ODT medicines if necessary. If the minimum interval of 20 days has passed since the previous supply, the PBS co-payment amount will contribute to the patient’s PBS Safety Net threshold.

**What do I do if my patient does not have a Medicare card?**

Patients must have a Medicare card to access PBS subsidised ODT medicines.

However, continuity of care is vital. If necessary, pharmacists can continue to supply patients privately for a short period of time until patients can be safely transitioned to the PBS.

There are some situations in which a [Medicare special number](https://www.servicesaustralia.gov.au/improved-monitoring-entitlements-to-pharmaceutical-benefits?context=22861) can be used for an eligible patient who cannot present their own Medicare number on the day. This includes emergency situations or if the patient is an eligible overseas visitor. Temporary residents who hold a current visa may be able to access Medicare if they meet certain [criteria](https://www.servicesaustralia.gov.au/enrolling-medicare-if-youre-temporary-resident-covered-ministerial-order?context=60092).

Please note, eligible patients can apply for their own Medicare card online by enrolling in Medicare on the [Services Australia website](https://www.servicesaustralia.gov.au/medicare-card).

Usually, patients who are not eligible PBS subsidy will either access their medicines privately or through state and territory services. Prescribers and pharmacists may wish to liaise with state and territory governments regarding ongoing ODT access for patients who are not Medicare eligible and are unable to access ODT medicines privately.

**Do ODT medicines receive a wholesale mark-up under the HSD Program?**

No. The wholesale mark-up is a fee that is applied to pharmaceutical benefits listed on the PBS General Schedule (section 85).

ODT medicines are listed under the Section 100 HSD Program (Community Access) arrangement which have a different remuneration structure to medicines listed on the PBS General Schedule and includes an HSD mark-up available to community pharmacies and private hospitals.

**Are PBS fees indexed?**

The PBS ready-prepared dispensing fee and dangerous drug fee are indexed annually on  
1 July each year.

Fees for the ODT Community Pharmacy Program can be considered in the context of the next Community Pharmacy Agreement in line with other Community Pharmacy Programs.

**Can I charge delivery fees under the PBS?**

Under the PBS, an approved PBS supplier may make a special charge equal to the cost of delivery for delivery of a pharmaceutical benefit to a place other than the premises of which an approved pharmacist is approved.

**Can I charge my patient additional fees after 1 July 2023?**

Under the PBS, patients pay the PBS co-payment, and no additional private dosing or dispensing fees can be charged.

Section 90 approved community pharmacies can only claim ODT Community Pharmacy Program staged supply fees for ODT medicines dispensed under the Section 100 Highly Specialised Drugs (HSD) Program

**What do I do if there is a medicine shortage for an ODT medicine?**

Information about medicine shortages, including current shortages, is available on the Therapeutic Goods Administration (TGA) [Shortages website](https://www.tga.gov.au/safety/shortages).

The TGA is aware that pharmaceutical wholesalers have experienced an increase in demand for ODT products.

Please note, there are two brands of methadone oral liquid available (Aspen Methadone Syrup® and Biodone Forte®).

In addition, transitional arrangements for authorised non-PBS dosing sites are in place until 30 June 2024 (extended from original end date of 30 November 2023) so dosing sites can continue to order directly from pharmaceutical companies.

There is no need for dosing sites to stockpile medicines.

**Are ODT medicines supplied under Community Service Obligation arrangements?**

As with other Section 100 medicines, ODT medicines are not part of the [Community Services Obligation Funding Pool](https://www.health.gov.au/resources/publications/community-service-obligation-cso-for-pharmaceutical-wholesalers-funding-pool-operational-guidelines?language=en) (CSO) arrangements.

CSO distributors are not required to supply PBS Section 100 medicines to community pharmacies at or below CSO price, including non-dual listed items or dual listed items.

Note: CSO arrangements extend only to section 90 community pharmacies.

**Do ODT medicines still need to be stored in line with state and territory regulations?**

Yes, state and territory policies, guidelines, and regulations should continue to be observed when handling and storing ODT medicines.

**How do I manage the PBS stock for a patient?**

Refer to the dispensing workflow and stock management factsheet on the [PBS website](https://www.pbs.gov.au/browse/section100-md).

## ODT Community Pharmacy Program

**Can I claim for other Staged Supply medicines as well as ODT medicines?**

Section 90 PBS approved community pharmacies can claim different services for the same patient in line with the Program Rules for each Community Pharmacy Program.

Information regarding Community Pharmacy Programs is available on the [PPA website](https://www.ppaonline.com.au/).

**Can hospitals submit claims for the ODT Community Pharmacy Program?**

The ODT Community Pharmacy Program is available to section 90 PBS approved community pharmacies only, who are authorised by their relevant state or territory to supply ODT medicines. Hospital pharmacies are not eligible to claim fees under the ODT Community Pharmacy Program.

Details for ODT Community Pharmacy Program eligibility is available in the Program Rules on the [PPA website](https://www.ppaonline.com.au/wp-content/uploads/2023/06/ODTCP-Program-Rules.pdf).

**Can prescribers claim the injection fee under the ODT Community Pharmacy Program?**

The ODT Community Pharmacy Program is available to section 90 community pharmacies only.

Prescribers can continue to treat and provide clinical services, including administration of buprenorphine injections, to patients which includes services rebated under the Medicare Benefits Schedule.

**Do all my patients need to sign the PPA consent form for the ODT Community Pharmacy Program?**

Community pharmacies are required to obtain written consent from the patient (or carer) prior to providing services under the ODT Community Pharmacy Program.

The consent relates to patient access to the program, reporting, and claiming. Further information about collected information, including the information statement and consent form is available from the [PPA website](https://www.ppaonline.com.au/wp-content/uploads/2023/06/ODT-Information-and-Consent-Form.pdf).

## Patients

**Will ODT medicines be visible in My Health Record? Can I change this?**

Dispensing of ODT medicines on the PBS will appear in My Health Record (MHR). This is a change to previous practice, as previously ODT medicines were dispensed as a private prescription.

MHR is a consumer-controlled system. MHR is a safe and secure system, and patients are in control of it. Patients can manage their important information, control who has access to it, and see what has been accessed.

Patients can choose to restrict access to your [record](https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/manage-your-record/privacy-and-access/restrict-access-to-your-record) or to specific [documents](https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/manage-your-record/privacy-and-access/restrict-access-to-documents-in-your-record).

* You can decide which of your healthcare providers can access your record by setting a record access code.
* You can set particular records to Restricted Access, meaning a health professional will need an access code to access that record.

Once patients log into their My Health Record, select the 'Privacy and Access' tab from the home bar. Patients can then select either:

1. ‘My Healthcare Organisations’ and set an access code for health professionals which you will need to provide them to access your MHR
2. ‘Manage My Document Access’ and select the documents you wish to restrict access to and then set an access code for health professionals which you will need to provide them to access your MHR.

## General

**Can I continue prescribing and/or dispensing ODT medicines privately?**

Patients can choose not to have their ODT medicines dispensed on the PBS, and instead choose a private prescription. However, if a patient or pharmacy opts for a private prescription, the patient will likely be charged privately for the cost of the medicine, as well as any outgoing daily dosing fees (and would not be charged the PBS co-payment). These charges are not regulated and can vary between pharmacies.

Amounts paid by patients for private prescriptions do not count towards their PBS Safety Net threshold.

In addition, as the pharmacy would be dispensing privately, pharmacies are not eligible to claim the ODT Community Pharmacy Program Staged Supply fees through the PPA Portal.

**How can I provide opportunistic dosing for my patients from my practice?**

Longer-term, medical practices and clinics should liaise with PBS pharmacies as to the most suitable arrangements to support PBS dispensing and provision of opportunistic dosing.

While arrangements with PBS pharmacies are being established, authorised non-PBS dosing sites, like GP practices, can continue to order directly from pharmaceutical companies for a transition period until 30 June 2024. The department is continuing to work with states, territories, and stakeholders on matters for consideration post the 1 July 2023 implementation of the ODT reforms.

**Can private clinics continue to charge private dosing fees?**

Under the PBS, private clinics or non-PBS dosing sites can charge private dosing fees to patients, even if supplies of ODT medicines are made under the PBS (with the private clinic acting as an agent).

While PBS approved suppliers are limited by the *National Health Act 1953* in the charges they can seek from patients, this does not extend to private clinics.

Patients who choose to access ODT medicines through private clinics may be asked to pay the PBS co-payment and additional private dosing fees.

**Can GPs become section 92 dispensing medical practitioners for injectable buprenorphine?**

Under section 92 of the *National Health Act 1953*,approval may be granted to a [medical practitioner](https://www1.health.gov.au/internet/main/publishing.nsf/Content/medical-practitioners) to supply PBS medicines in a particular area, typically remote or isolated, where the community does not have convenient and efficient access to PBS medicines supplied by an approved community pharmacy in that area or surrounding locality.

The medical practitioner must:

* be practising medicine in the area for which approval is being sought
* hold a current registration with the relevant state or territory medical board
* be willing to supply PBS medicines to any person in that area who presents a valid PBS prescription.

Information for applying to become a PBS approved supplier is available on the [Department of Health and Aged Care website](https://www1.health.gov.au/internet/main/publishing.nsf/Content/pharmaceutical-benefits-scheme-approved-supplier-administrative-functions).

**How can public hospital inpatients access ODT medicines?**

The Australian Government provides the states and territories funding through the National Health Reform Agreement for public hospital services.

This means state and territory governments manage access to medicines for inpatients of public hospitals, including ODT medicines outside the PBS.

**Will the changes mean there will be PBS data for ODT medicines in the same way there is for other PBS medicines?**

Yes, data relating to the PBS is captured by Services Australia as part of the PBS claim for payment.

**Who can I call if I have trouble prescribing or dispensing PBS prescriptions?**

Prescribers, pharmacists, and patients can contact the Services Australia PBS general enquires line 132 290 or the Medicare general enquiries line 132 011 which are open 24 hours, 7 days.

State and territory governments remain the first point of contact regarding the operation of ODT programs in their respective jurisdictions.

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| **State** | **Helpline/organisation** | **Contact** | **Availability** |
| ACT | Alcohol and Drug Service Intake & Helpline | (02) 5124 9977 | 8:00am to 5:00pm Monday, Tuesday, Thursday, and Friday |
| NSW | Opioid Treatment Line | 1800 642 428 | 9:30am to 5:00pm Monday to Friday |
| NT | Alcohol and Drug Information Service (ADIS) | 1800 131 350 | - |
| NT | Drug and Alcohol Clinical Advisory Service (DACAS) | 1800 111 092 | 24 hours, 7 days |
| QLD | Queensland Opioid Treatment Program | [QOTP@health.qld.gov.au](mailto:QOTP@health.qld.gov.au) | - |
| SA | Alcohol and Drug Information Service | 1300 131 340 | - |
| TAS | Alcohol and Drug Service  (appointments or info) | 1300 139 641 | 9:00am to 5:00pm Monday to Friday |
| TAS | Alcohol and Drug Information Service | 1800 250 015 | 24 hours, 7 days, free call |
| WA | Community Pharmacotherapy Program | (08) 9219 1907 | 8:30am to 4:30pm Monday to Friday |
| WA | Alcohol and Drug Support Service | (08) 9442 5000 or toll free 1800 198 024 | 24 hours, 7 days |
| WA | Next Step Drug and Alcohol Services | (08) 9219 1919 | - |
| VIC | Drug and Alcohol Clinical Advisory Service (DACAS) | 1800 812 804 | 24 hours, 7 days |
| VIC | DirectLine | 1800 888 236 | 24 hours, 7 days |
| VIC | Pharmacotherapy advocacy, mediation and support (PAMS) service | 1800 443 844 | - |
| VIC | Victorian Opioid Pharmacotherapy Program | [pharmacotherapy@health.vic.gov.au](mailto:pharmacotherapy@health.vic.gov.au) | - |