



SPECIAL AUTHORIZATION REQUEST FORM

The Newfoundland and Labrador Prescription Drug Program (NLPDP) Methadone Maintenance Treatment: Take-Home Doses

Pharmaceutical Services

Department of Health and Community Services

P.O. Box 8700, Confederation Bldg.

St. John's, NL A1B 4J6

Phone: (709) 729-6507

Toll Free Line: 1-888-222-0533

Fax: (709) 729-2851

Patient

Patient Name	Date of Birth	NLPDP Drug Card/MCP Number
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Address

This form must be completed by Methadone Prescriber for Initiation and Renewal of Take-Home Dose coverage

Requesting coverage of _____ (number of doses) Take-Home Doses per Week

The criteria for determining appropriateness for take-home doses are based on patient and community safety, and on clinical stability, where clinical stability can be defined by (*Check all that apply*):

- Stable dose of methadone (with allowances for occasional dose increases or when tapering) Dose: _____
- Patient has been in Methadone Maintenance Treatment Program for: Program Initiation Date: _____
 - at least three months, or
 - for two months and either
 - Meets the conditions for accelerated schedule, or
 - Exceptional take-home doses on compassionate grounds. Explain: _____
 - for 4 weeks and lives in a community that does not have a pharmacy that is open on a weekend day, has no hospital available for weekend dispensing, does not have transportation to a pharmacy in a different community and the patient does not have any of the conditions where take-home doses shall not be prescribed, as listed in CPSNL MMT Standards and Guidelines.
- No recent drug or alcohol use with four consecutive weeks of documented negative random UDS tests before starting take-home doses
- Compliance with treatment directives
- Stable housing
- Emotional stability and good insight into take-home dose safety issues
- Capability to be reached in a timely fashion for notification of requirement for UDS (typically being accessible by telephone)

Has a written take-home dose agreement has been signed by the patient? Yes _____ No _____

Take-Home doses can be considered on a case by case basis for medical disability or compassionate basis with written request from the Methadone prescriber containing the appropriate documentation to support his/her request.

Take-Home Dose Schedule (select one)

- Schedule A: Starting with one take-home dose/week.
- Schedule B: Starting with two daily take-home doses on consecutive weekend days.
- Accelerated Schedule: First take-home dose given after two months, with one additional weekly dose every two to four weeks.

The following criteria must be met to regularly prescribe 13-day take-home on doses (*Check all that apply*):

- While on Maintenance Treatment, they have a documented history of full take-home doses and clinical stability (no positive UDS) for the preceding 5 years or more **AND**
- There have been no past reported mishaps with lost or stolen carries **AND**
- They are working, in school or have daily family commitments that make weekly attendance at a pharmacy difficult **AND**
- The methadone dose is 120 mg or less
- A maximum of 13 take-home doses with one witnessed ingestion prior to each dispensing.

Prescriber Name: _____ License Number: _____
 (please print)

Address: _____ Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

Pharmacist Name: _____ Pharmacy Name: _____
 (optional) (optional)



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Take-Home Dose Schedules

Schedule A Starting with one take-home dose/week increasing at a rate of no more than one take-home dose per week every 4 weeks, to a maximum of six take-home doses per week. Each additional take-home dose should be prescribed only after the patient has had at least 4 additional weeks without substance use.

Schedule B Starting with two daily take-home doses on consecutive weekend days. After a further eight weeks free of substance use take-home doses are increased to one carry of three consecutive days and one carry of two consecutive days with intervening witness. After an additional 12 weeks free of substance use take-home doses can be increased to six take-home doses a week.

Accelerated Take-Home Schedule Patients who have regular work, full-time educational programs or family commitments may find it difficult to attend the pharmacy daily, causing them to drop out of MMT. These patients may receive take-home doses at an accelerated rate if they are at lower risk for misuse of their take-home doses, (i.e., they are clinically stable, are not currently addicted to other substances and do not have active mental illness). The first accelerated take-home dose may be given after two months, with one additional weekly dose every two to four weeks. Patients should have at least four consecutive weeks free of substance use before receiving their first take-home dose and then continue to have negative UDS as they increase the number of take-home doses. Only a minority of MMT patients will likely require accelerated take-home doses. An accelerated take-home schedule may be prescribed if:

- There is good reason to believe that prolonged daily dispensing is likely to cause the patient to drop out of treatment AND
- The patient does not have any of the conditions where take-home doses shall not be prescribed, as listed in CPSNL MMT Standards and Guidelines

Occasional dose adjustment/increases may occur during take-home dose acquisition provided the patient is clinically stable.

