



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte, Seirbhís Aisíocaíochta Cúraim Phríomhúil
Bealach amach 5 an M50, An Bóthar Thuaidh, Fionnghlas
Baile Átha Cliath 11, D11 XKF3
Guthán: (01) 864 7100 Facs: (01) 834 3589

Health Service Executive, Primary Care Reimbursement Service
Exit 5, M50, North Road, Finglas, Dublin 11, D11 XKF3
Tel: (01) 864 7100 Fax: (01) 834 3589

25th April 2018

Circular 012/18

Opioid Substitution Treatment Prescription Form

Dear Doctor,

The Misuse of Drugs (Supervision of Prescription and Supply of Methadone and Medicinal Products containing Buprenorphine Authorised for Opioid Substitution Treatment) Regulations 2017 came into effect on the 22nd November 2017. The Methadone Treatment Prescription Form has been updated to the Opioid Substitution Treatment Prescription Form as a result of the new legislation. A copy of the new prescription form is enclosed for your reference.

Please find attached some Frequently Asked Questions that have been developed to assist you following the issue of the new prescription format.

Your co-operation with these arrangements are appreciated.

Yours faithfully,

Anne Marie Hoey
Primary Care Reimbursement & Eligibility



Opioid Substitution Treatment Prescription Form

The Misuse of Drugs (Supervision of Prescription and Supply of Methadone and Medicinal Products containing buprenorphine authorised for Opioid Substitution Treatment) Regulations 2017 add certain buprenorphine medicinal products authorised for opioid substitution treatment to the Schedule of products that fall within the scope of these Regulations. These regulations replace the Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations 1998 (S.I. No 225 of 1998).

The Methadone Prescription Form has been replaced with the Opioid Substitution Treatment Prescription Form to reflect the new regulations (copy enclosed).

Frequently Asked Questions

1. How does the Opioid Substitution Treatment Prescription form differ from the Methadone Treatment Prescription Form?

The new form allows for the prescribing of Methadone, Buprenorphine and Buprenorphine/Naloxone in line with the new regulations. The prescriber can indicate on the prescription the opioid substitution treatment they are prescribing.

The prescription must comply with the prescription writing requirements for Schedule 2 controlled drugs and the details are inserted on the prescription according to the Misuse of Drugs Regulations 2017 (S.I. No. 173 of 2017). The total quantity (in both words and figures) of the preparation must be supplied.

The 'Supervision Instructions' section of the prescription provides for dosing for Buprenorphine/Naloxone (Suboxone®) where the prescriber can indicate a double dose every second day.

2. Who can be prescribed opioid substitution treatment?

Persons who present to the registered medical practitioner for treatment must be notified to the Health Service Executive (HSE) and placed on the Central Treatment List (01-6488640, 9am to 5pm Monday to Friday). The HSE issue an 'opioid substitution treatment card' in respect of a person participating in a programme of treatment in accordance with the regulations. The individual will have a treatment card number beginning with PH which is unique to them.

3. Who can issue an Opioid Substitution Prescription?

General practitioners who are contracted by the HSE to provide treatment on the basis of one of two levels – Level 1 or Level 2 can issue an Opioid Substitution Prescription Form. In order to prescribe buprenorphine containing products, additional training has to be completed. In the first instance, the roll out of these products is to HSE Services and Level 2 GPs outside Dublin.

A registered medical practitioner cannot issue a prescription for a medicinal product set out in the regulations other than on an Opioid Substitution Prescription Form (or Methadone Treatment Prescription Form until supplies are exhausted). The person for whom the opioid substitution treatment is prescribed must have a valid opioid substitution treatment card.



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4. What duration of treatment can be supplied on an individual Opioid Substitution Treatment Prescription?

Prescriptions are for a supply period of not greater than seven days. Where 'Additional Bank Holiday Supply' is required and indicated on the prescription under 'Supervision Instructions', a total of eight days duration can be provided.

5. Is a separate Opioid Substitution Treatment Prescription Form required for each strength of Suboxone®?

Yes- if a patient is prescribed both strengths of Suboxone® (i.e. Suboxone® 2 mg/ 0.5 mg and Suboxone® 8 mg/ 2 mg), a separate prescription form must be issued for each.

6. Are Methadone Prescription Forms still valid?

Whilst new prescriptions forms will be issued going forward, Methadone Prescription Forms are still in circulation and will remain valid until exhausted.

7. How are pharmacy claims submitted for Methadone and Suboxone®?

Prescriptions must be forwarded to the HSE no later than 14 days after the last day of the month in which the supply was completed. Claims are submitted in the normal manner and should be posted to: *Health Service Executive (HSE), Primary Care Reimbursement Service (PCRS), P.O. Box 6422, Exit 5 M50, North Road, Finglas, Dublin 11.*

OPIOID SUBSTITUTION TREATMENT PRESCRIPTION FORM

PHARMACY SEQUENCE NO.

SERIAL NO.

PATIENT DETAILS

SURNAME

FIRST NAME

ADDRESS

PATIENT'S AGE IF UNDER 12 YEARS

TREATMENT CARD NO.

P.H.

PRESCRIPTION DETAILS DRUG NAME, FORM AND STRENGTH

DATE PRESCRIBED

FROM	TO	DOSAGE (QTY PER DAY)	NO. OF DAYS AT DOSE	TOTAL (QTY) (IN FIGURES)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL IN WORDS

(NOT MORE THAN 7 DAYS SUPPLY SHOULD BE PRESCRIBED EXCEPT IN EXCEPTIONAL CIRCUMSTANCES)

DOCTOR'S SIGNATURE

REGISTRATION NO.

DOCTOR'S GMS NO.

DOCTOR'S NAME, ADDRESS AND TELEPHONE NUMBER OR STAMP

OPIOID SUBSTITUTION TREATMENT

- METHADONE
 BUPRENORPHINE
 BUPRENORPHINE/NALOXONE

INSTALMENT INSTRUCTIONS

INTERVALS

DAILY

DAILY (WITH DOUBLE ON SAT.)

OTHER (TICK)

MON TUES WED THURS FRI SAT SUN

SUPERVISION INSTRUCTIONS

SUPERVISED

*YES NO

DAILY

DAYS FOR SUPERVISION

MON TUES WED THURS FRI SAT SUN

DOUBLE DOSE EVERY SECOND DAY (FOR BUPRENORPHINE/NALOXONE ONLY)

ADDITIONAL BANK HOLIDAY SUPPLY

*Only with prior agreement of Pharmacist

PHARMACY SECTION

PHARMACY GMS NO.

NO. OF

PHARMACY NAME & ADDRESS STAMP

DRUG CODE

QUANTITY

NO. OF INSTALMENTS

SUPERVISED DAYS

YES NO SUPERVISED

DATE DISPENSED

QUANTITY

PHARMACIST'S INITIALS

DATE DISPENSED	QUANTITY	PHARMACIST'S INITIALS
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I VERIFY THAT I HAVE DISPENSED THE ITEM(S) SPECIFIED HEREON

PHARMACIST'S SIGNATURE _____

I VERIFY THAT I HAVE RECEIVED THE ITEM(S) SPECIFIED HEREON

SIGNATURE _____

OF PATIENT OR PATIENT'S REPRESENTATIVE

TO BE COMPLETED IN THE CASE OF NON-OPIATE DEPENDENT PERSON (FOR METHADONE USE ONLY)

NAME AND ADDRESS OF INITIATING CONSULTANT

HOSPITAL

CARD NO.

HEALTH SERVICES SCHEME

GMS DPS LTI

EEA OTHER