Key differences between the 2006 OTP Guidelines and the 2018 NSW Clinical Guidelines: Treatment of Opioid Dependence

• The 2018 Guidelines increase the patient limit for non-accredited prescribers for methadone, buprenorphine, and buprenorphine-naloxone from the previous 5 patients to 10 or 20 patients, as follows (see 2018 Guidelines, page 72, Section 3.2.3):

For methadone, unaccredited medical practitioners may apply to the Pharmaceutical Regulatory Unit (PRU) for individual patient authority to prescribe for up to ten low-risk patients who are being transferred from an accredited prescriber. (Previously they could prescribe for five such patients).

For buprenorphine and buprenorphine-naloxone, unaccredited medical practitioners may apply to the PRU for individual patient authority to <u>initiate</u> patients with buprenorphine or buprenorphine-naloxone. Unaccredited prescribers may be authorised for up to 20 buprenorphine or buprenorphine-naloxone patients. (Again, they could previously prescribe for five such patients).

- The 2018 Guidelines endorse the initiation of non-high risk patients in primary care settings, with the aim of supporting increased provision of treatment through primary care and generalist settings (see 2018 Guidelines, page 17). This is providing clinicians have adequate training, skills, and resources, particularly to regularly monitor patients; that they communicate effectively with patients and carers and there are pathways for accessing specialist support if complications arise. (Previously most patients were initiated generally in public OTP clinics).
- The 2018 Guidelines move to a risk based model for case-management and take-away dosing (Categorising treatment needs (case flagging) as high, moderate, or low; see 2018 *Guidelines, page 32*).
- The 2018 Guidelines have changes to the recommended dosing limits at initiation (e.g. most patients should have a day 1 dose of 8 mg buprenorphine, 2018 Guidelines, page 26) (previously, usually 4mg); and for transfers between treatment drugs (e.g. for transfers from methadone to buprenorphine, the initial dose is 2 mg (previously 4mg), and an additional dose of 6 mg is administered 1 hour after the initial dose 2018 Guidelines, page 27).
- Changes to recommendations for action following missed doses (see 2018 Guidelines, page 51).
- Updated and new information in the Child Protection section (see 2018 Guidelines, page 73, Section 3.3).
- Inclusion of NSW OTP Community Pharmacy Dosing Point Protocol (TG201/2) (see 2018 Guidelines, page 88, Section 3.6).
- Updated information about 'Assessing and managing fitness to drive' (see 2018 Guidelines, page 47).