This Fact Sheet provides Community Pharmacists with information about how to complete monthly dosing sheets (medication administration charts) for clients receiving opioid pharmacotherapy treatment.

**General requirements**

* Three formats of the dosing sheets are available for use. These include PDF, Word, and Excel formats. Choose a format which best suits your needs.
* All dosing sheets can be printed as a blank form and then completed manually.
* When completing the dosing sheets manually, please ensure all details are written clearly so they are legible and easy to read. If an error is made when completing the dosing sheets, simply rule a line through the incorrect text and clearly re-write the correct details.
* Alternatively certain areas of the dosing sheets can be completed electronically prior to printing. Only those fields that require information are able to be edited – the remainder of the dosing sheet is locked and cannot be changed.
* Dosing sheets are required to be provided to the Pharmaceutical Services Branch when required by a Poisons Inspector. Fax to 6173 0820; or scan and email to [pharmserv@health.tas.gov.au](mailto:pharmserv@health.tas.gov.au).

**Individual patient dosing sheets** **(Medication Administration Charts)**

* A separate dosing sheet must be used for each individual patient every month. Please ensure you fill out all required fields of information on each dosing sheet.
* You may use pharmacy dispensing labels for pharmacy and patient detail fields in the header of each dosing sheet. All required information must be present.
* Each dosing sheet has an end of month summary table for completion and sign off by the pharmacist. The end of month summary table is slightly different for each opioid pharmacotherapy as follows:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Suboxone®/Subutex® Summary**  **END OF MONTH SUMMARY (for payment)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Total no. Bupe. Doses: | Last daily dose of month: | Total no. TAD: | Total no. missed doses: | Pharmacist signature: | |  | *mg* |  |  |  |  * **Total no. of Bupe. doses:**  If the patient is dosed every second day (and therefore receives 15 doses for a 30 day month) the total number of buprenorphine doses received for the month is 15. If the patient is given five (5) take away doses and ten (10) observed doses, this equates to a total of 15 buprenorphine doses for the month. * **Last daily dose of month:** This is recorded as the last equivalent **daily** dose i.e. if the patient is given 16mg of buprenorphine every second day (double dose), this equates to a dose of 8mg per day and should be entered in the summary as 8mg per day. * **Total no. TAD:** This is the total number of takeaway doses given to the patient for the month. * **Total no. of missed doses:** This is the total number of doses the patient missed for the month. |
| **Methadone Syrup/Liquid (Biodone®) Summary**  **END OF MONTH SUMMARY (for payment)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Total no. doses: | Last daily dose of month: | Total no. TAD: | Total no. missed doses: | Pharmacist signature: | |  | *mg* |  |  |  |  * **Last dose of the month:** The last methadone dose given to the patient for the month. * **Total no. TAD:** This is the total number of takeaway doses given to the patient for the month. * **Total no. of missed doses:** This is the total number of doses the patient missed for the month. |
| **Long-Acting Injectable Buprenorphine (Sublocade® or Buvidal®) Summary**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **END OF SHEET SUMMARY (for payment)** | |  | |  |  | |  | | | Total no. doses June: | Last dose June: | Total no. doses November | Last dose November | | | Pharmacist signature: | | |  | ***mg*** |  | ***mg*** | | |  | |  * **Last dose of the month:** This is the last LAIB dose given to the patient for the required reporting month. * **Total no.** **doses in June/November:** This is total number of LAIB doses given in the required reporting month. |

**Monthly summary report and cover sheet**

* Complete the Report by listing the name of each patient/client who has dosed at your Community Pharmacy for the month.
* Use the drug key (*M = Methadone Syrup; ML = Methadone Liquid – Biodone Forte; S = Suboxone; B = Subutex; LAB = Long-acting injectable Buvidal®; LAS = Long-acting injectable Sublocade®* ) to identify what drug each patient is supplied each month.
* Copy over the matching dosing information from each individual patient’s dosing sheet from the end of month summary section located at the base of each sheet.
* If there is a change from one agent to another during the month, please enter both pieces of information on the summary sheet.

**For more information**

The dosing sheets (relevant to each pharmacotherapy medication) are available online at: <http://www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug/services/opioid_pharmacotherapy/community_pharmacy_program>

Queries in relation to the Tasmanian Opioid Pharmacotherapy Program Policy and Clinical Practice Standards, incentive payment issues or suggested changes to the forms can be directed to the Alcohol and Drug Service on:

* North West Tasmania – [adsnw@ths.tas.gov.au](mailto:adsnw@ths.tas.gov.au)
* Northern Tasmania – [alcohol.north@ths.tas.gov.au](mailto:alcohol.north@ths.tas.gov.au)
* Southern Tasmania – [ads-southernareamanager@ths.tas.gov.au](mailto:ads-southernareamanager@ths.tas.gov.au)

If you have any queries in relation to legislative requirements for record keeping for the supply of narcotic substances, including TOPP dosing forms, and the need to provide these records upon demand to a Poisons Inspector please contact Pharmaceutical Services Branch on telephone 6166 0400 or email [pharmserv@health.tas.gov.au](mailto:pharmserv@health.tas.gov.au)