

### Application for Takeaway Doses

Client Details	
Name:	DOB:
Address:	
Clinical Details	
Date commenced OST:	
Current medication & dose:	Methadone <input type="checkbox"/> _____ Suboxone <input type="checkbox"/> _____ Subutex <input type="checkbox"/> _____ daily <input type="checkbox"/> second daily <input type="checkbox"/>
Current takeaway provision:	
New takeaway request:	No. of takeaways requested per week: _____ One-off request for _____ takeaway doses
Reason for request: (Why is dosing outside policy deemed appropriate?)	
1. Last two urine test results:	
	Date: _____ Results: _____
	Date: _____ Results: _____
2. Pharmacy report:	
	<input type="checkbox"/> No signs of gross intoxication in the last 3 months <input type="checkbox"/> No suspicion of diversion in past 6 months <input type="checkbox"/> Regular attendance for dosing <input type="checkbox"/> No behavioural issues or concerns expressed by pharmacist
Attached documentation: e.g. Letter from employer, pay slips, letter from specialist, travel documentation etc	
Takeaway contract discussed and signed by client <input type="checkbox"/> Yes <input type="checkbox"/> No	

Prescriber name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Western Australian Community Program for Opioid Pharmacotherapy (CPOP)

Please complete Risk Assessment below in order for this application to proceed through the Clinical Review Committee.

Circle most relevant. **Any absolute contraindications will automatically preclude takeaway doses and should not proceed.**

Criteria	Risk Profile				Absolute contraindication
	Lower risk			Higher risk	
<b>Treatment</b>					
Type of medication		<input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Methadone		
Duration of takeaway arrangement		<input type="checkbox"/> Temporary	<input type="checkbox"/> Regular		
Current Dose	<input type="checkbox"/> M < 20mg <input type="checkbox"/> B < 4mg	<input type="checkbox"/> M 20–60mg <input type="checkbox"/> B 4–16 mg	<input type="checkbox"/> M 60–120mg <input type="checkbox"/> B 16–24mg	<input type="checkbox"/> M > 120mg <input type="checkbox"/> B > 24mg	
<b>Treatment compliance</b>					
Time in continuous OST	<input type="checkbox"/> 24-36 months	<input type="checkbox"/> 12-24 months	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> <6 months	
Attendance for dosing (average missed weekly doses in previous 3 months)	<input type="checkbox"/> None	<input type="checkbox"/> 1 or 2 in any one month	<input type="checkbox"/> 3 in any one month	<input type="checkbox"/> 3 consecutive or 4 or more missed doses in any month	<input type="checkbox"/> 5 or more consecutive; or greater than 9 missed doses within the three month period
Attendances for pharmacotherapy review	<input type="checkbox"/> No DNAs		<input type="checkbox"/> 1 DNA in past 3 months	<input type="checkbox"/> >1 DNA in past 3 months	
Diversion	<input type="checkbox"/> None	<input type="checkbox"/> >2 yrs ago	<input type="checkbox"/> >12 months ago	<input type="checkbox"/> 6 – 12 months ago	<input type="checkbox"/> < 6 months ago
Lost/stolen takeaways	<input type="checkbox"/> None	<input type="checkbox"/> 2 – 5 yrs ago	<input type="checkbox"/> 6 – 24 months ago	<input type="checkbox"/> 3 – 6 months ago	<input type="checkbox"/> < 3 months ago
Mental health risk		<input type="checkbox"/> Low	<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
<b>Other drug use</b>					
Evidence of injecting	<input type="checkbox"/> None	<input type="checkbox"/> > 9 months	<input type="checkbox"/> 6 – 9 months	<input type="checkbox"/> 3 – 6 months	<input type="checkbox"/> < 3 months ago
Intoxicated presentations	<input type="checkbox"/> None	<input type="checkbox"/> > 9 months	<input type="checkbox"/> 6 – 9 months	<input type="checkbox"/> 2 – 6 months	<input type="checkbox"/> < 2 months ago
Unsanctioned or hazardous use of other substances (including other medications)	<input type="checkbox"/> None	<input type="checkbox"/> > 9 months	<input type="checkbox"/> 6 – 9 months	<input type="checkbox"/> 2 – 6 months	<input type="checkbox"/> < 2 months or Dr shopping
Alcohol use	<input type="checkbox"/> None	<input type="checkbox"/> Low level	<input type="checkbox"/> Medium level	<input type="checkbox"/> High risk	<input type="checkbox"/> Binge drinking
Daily Benzodiazepine use (valium dose equivalent)	<input type="checkbox"/> None	<input type="checkbox"/> 10mg	<input type="checkbox"/> 20mg	<input type="checkbox"/> 30mg	<input type="checkbox"/> >30mg or non-prescribed use
<b>Social</b>					
Current full time employment or study	<input type="checkbox"/> > 12 months	<input type="checkbox"/> 6 – 12 months	<input type="checkbox"/> < 6 months	<input type="checkbox"/> No employment or study	
Care of children		<input type="checkbox"/> 5 – 12 years	<input type="checkbox"/> < 2 years of age	<input type="checkbox"/> 2 – 5 years	
Current accommodation	<input type="checkbox"/> >12 months	<input type="checkbox"/> 6 – 12 months	<input type="checkbox"/> 6 – 2 months	<input type="checkbox"/> < 2 months	<input type="checkbox"/> No current fixed accommodation or living in supported accommodation
<b>Other</b>					
Clinical Review Team (If applicable)	<input type="checkbox"/> Supported			<input type="checkbox"/> Not supported	<b>Note</b> Any items circled in this column preclude all takeaway doses