

Opioid Substitution Therapy - Missed Dose Guidance Updated November 2022

It is important to contact the relevant prescriber / ADRS service when a patient does not attend the pharmacy to collect their opioid substitution therapy (OST). The OST NEO Module reporting tool is the preferred option for reporting missed doses to ADRS teams. Messages should be sent by 10am each weekday morning, Mon to Fri. The ADRS professional to professional phone lines can also be utilised to facilitate contact if more urgent. The reporting tool cannot be used to contact prescribers within GP shared care practices, the GP surgery should be contacted directly by telephone.

- All pharmacies must have a robust system and Standard Operating Procedure (SOP) in place to identify when patients have missed OST doses and what action should be taken and when.
- Pharmacies are advised to contact the patient's prescriber/ADRS team when a patient has *missed 3 or more* consecutive daily doses of their OST medication. Patients who present at the pharmacy after *3 or more missed doses* should be referred back to the ADRS team/GP where any decision to reduce a patient's daily dose will be made by the prescriber.
- More urgent contact may be required following risk assessment of vulnerable patients, for example in the high risk initial titration period of OST, following recent discharge from hospital or prison liberation.
- If a patient has missed 2 doses leading into a weekend or a public holiday then it is good practice to contact the prescriber sooner. This may allow ADRS staff the opportunity to try to contact the patient to support engagement, reducing the need for re-titration if the patient then went on to miss more than 3 doses.
- The number of missed doses does not always equate to the number of missed instalments. E.g. if a weekly instalment due on a Tuesday is missed and the patient also does not present on the Wednesday or Thursday – this should then be reported as three missed doses, reporting should not wait until the next due instalment.
- The decision whether or not to reduce a patient's daily dose will be based on an individual's current drug use, potential loss of opiate tolerance and other relevant clinical factors.
- If the decision is made to maintain a patient on the same daily dose of OST, the pharmacy will be contacted by ADRS/GP to inform them of the clinical decision and directions given for the current prescription to be continued.
- If a patient is regularly missing doses either in a weekly or random pattern, pharmacies are advised to contact the prescriber to inform them.
- Any concerns regarding a patient or their prescription should be discussed with the patient's prescriber / ADRS team.
- Since the pandemic there has generally been less supervision of patients receiving OST. Patients are risk assessed and it is important that prescribers are aware of any changes to compliance / presentation as this could indicate a need for greater support for the patient.
- **It is good practice to always record the details / outcomes of any queries including date, time and caller's name in the patient's record and pharmacy communication book.**

For additional support or advice please contact ADRS.Pharmacyteam@ggc.scot.nhs.uk