

CPOP Pharmacy/Client Agreement

The following Agreement details the conditions associated with receiving Opioid Substitution Treatment at this dispensing site. Please initial the box against each point to ensure that you have read and understood each part of the Agreement.

- 1 Each dose of methadone or buprenorphine must be consumed under the pharmacist's supervision as per Program policy and prescription instructions. It is your responsibility to satisfy the pharmacist that the dose has been properly consumed before leaving the pharmacy. The pharmacist may request that you remain in full view and follow all instructions to satisfy them that you have taken the medication in the appropriate manner. The pharmacist can provide you with information on how to best take your medication to achieve maximum benefit.
- 2 Diversion of your **methadone or buprenorphine will result in restriction or cancellation** of dispensing and possible termination of treatment.
- 3 Medication will not be dispensed to you if the pharmacist believes that you may be under the influence of alcohol and/or drugs.
- 4 Vomited doses of **methadone or buprenorphine** will not be replaced unless the pharmacist has **seen** you vomit **and your prescriber authorises a replacement dose.**
- 5 You must attend for dosing at the **times nominated** by this dispensing site. If you present outside of these times you will not be dosed.
- 6 You can only be dosed at this site on the **days/dates** arranged by the prescriber in accordance with a **valid prescription**. It is important to **keep appointments** as scheduled by your prescriber. It is your responsibility to be aware of the dates and times of these appointments to continue dosing here.
- 7 If you miss more than two consecutive doses of your medication you cannot be dosed without the approval of your prescriber.
- 8 Takeaway doses can only be provided in accordance with WA CPOP policy and where a valid prescription authorises takeaway doses. Takeaway doses that are reportedly lost or stolen will not be replaced by the pharmacist.
- 9 Dispensing fees apply at this dispensing site. Accurate records of fee payments will be kept and the pharmacist can refuse to provide doses where fees cannot be paid. The pharmacist reserves the right to amend the charges relating to the provision of this service with 30 days notice being provided to you.

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10 Rudeness, theft, disruptive or threatening behaviour **will result in restriction or cancellation** of dispensing and possible termination of treatment.

11 Any acts of violence, suspicion of **drug dealing or other criminal activity** on or within the vicinity of these premises will result in the police being called.

12 Should this dispensing site refuse to continue dosing you it is your responsibility to find another dispensing site, and to arrange for a new prescription from your prescriber. If you are unable to find another community dispensing site you will be required to commence a **withdrawal** [reduction] regime.

13 Prescriptions may be **faxed** to this dispensing outlet however the pharmacist requires the original prescription in order to dispense.

14 The pharmacist, prescriber, case manager (or other authorised health practitioner), the Department of Health and the Community Pharmacotherapy Program have authority to exchange information concerning my medical history, social wellbeing and/or any other relevant information related to my participation in this treatment Program.

The pharmacist will endeavour to provide this service in a prompt and efficient manner and provide ongoing staff training to ensure the efficient provision of the CPOP service to you. If you are have any concerns or are experiencing any difficulties with your treatment please discuss these with your pharmacist, prescriber, staff at Community Pharmacotherapy Program (9219 1907) or the ORPACS worker at WASUA (9321 2877).

The daily supervised dispensing fee for methadone/buprenorphine is \$ _____

The dispensing fee per supervised dose for alternate day dosing is \$ _____

The fee for takeaway doses of methadone/buprenorphine is \$ _____

SPECIAL TIMES/CONDITIONS AND/OR CHARGES RELATING TO THIS PHARMACY/DISPENSING SITE:

Client Signature _____ Date ____/____/____

Pharmacist Signature _____ Date ____/____/____

A copy of this Agreement should be retained by both the pharmacist and the client.

Date for review ____/____/____