



## PROCESS FOR GRANTING AUTHORITIES TO TREAT PAIN WITH OPIOID DRUGS OF DEPENDENCE

DRUGS OF DEPENDENCE UNIT

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[www.dassa.sa.gov.au/goto/ddu](http://www.dassa.sa.gov.au/goto/ddu)

### GUIDING PRINCIPLES

Authorities to be granted to allow treatment consistent with accepted principles of treatment of chronic pain:

1. Cause of pain identified and opioid treatment appropriate
2. Non-opioid treatments adopted or trialled
3. Minimum effective dose used to provide a reduction in pain levels and increase in function
4. Controlled-release preparations used
5. Immediate-release preparations limited to break through pain or intermittent use
6. Dose increases over time to be consistent with changes in pathology or tolerance
7. Authority duration based on identified risk factors
8. Authority conditions to be included based on patient or other risk factors.

Procedure for Ministerial Delegate to consider application is divided into four levels.

### LEVEL 1 – FOR CONSIDERATION TO GRANT OR REFUSE AN AUTHORITY BY DDU STAFF DELEGATED BY THE MINISTER

1. Delegate is comfortable in handling the application.
2. Application for an authority where there is not a significant change since the last authority granted.
3. Patient
  - a. Age is not less than 35 years of age.
  - b. There is no history of substance misuse, prescription shopping etc.
4. Primary condition is NOT
  - a. migraine / headache
  - b. fibromyalgia
  - c. abdominal pain with no demonstrable pathologyUnless treatment is supported by a relevant specialist medical practitioner.
5. Drugs
  - a. Rapid release oral morphine, oxycodone or similar drugs provided the quantity does not exceed the equivalent of 600mg oral morphine per month.
  - b.
    - i) MORPHINE oral controlled-release morphine not exceeding 200 mg per day, or
    - ii) OXYCODONE oral controlled-release oxycodone not exceeding 120 mg per day, or
    - iii) METHADONE oral methadone not exceeding 60 mg per day, or
    - iv) FENTANYL transdermal patches not exceeding 50 micrograms per hour, or
    - v) BUPRENORPHINE transdermal patches not exceeding 40 micrograms per hour, or
    - vi) HYDROMORPHONE oral control-release hydromorphone not exceeding 40 mg per day, and
    - vii) Rapid release oral morphine, oxycodone or hydromorphone for break-through pain provided the quantity does not exceed the equivalent of 600mg oral morphine per month or the total daily dose of immediate-release opioid does not exceed ten (10) percent of the total background daily dose.
6. Prescriber has not been identified as a prescriber of interest

LEVEL 2 – REFERRAL TO THE MANAGER DDU AS DELEGATE FOR MINISTER, FOR CONSIDERATION TO GRANT OR REFUSE AN AUTHORITY

- a. Regulation 31B (treatment of a family member) and 31C (use of a preparation containing an S8 poison to treat drug dependence) applications,
- b. For cases listed in Level 3 or 4 (below) for interim authority pending review by the Medical Officer or Opioid Medical Committee,
- c. Any application which does not comply with the criteria for Level 1, or
- d. Any application which is medically unusual.

LEVEL 3 - REFERRAL TO MEDICAL OFFICER FOR ADVICE

Patient

Where the patient is, or has recently been, in a drug treatment program or there is recent evidence of drug seeking behaviours / drug misuse.

Prescriber

Where the prescriber disputes a decision not to grant an authority, or other significant dispute.

Drugs

- a. Controlled-release formulation doses exceeding 600mg oral morphine-equivalent daily,
- b. Immediate-release formulation doses exceeding 120mg oral morphine-equivalent daily,
- c. Injectable opioid use exceeding 10 ampoules per month and not administered via an intrathecal pump, or
- d. Injectable pethidine use exceeding 5 ampoules per month, without Pain Management Unit support.

Other

Other cases for which, according to the Manager DDU, there would be benefit in obtaining Medical Officer advice.

LEVEL 4 - REFERRAL TO THE OPIOID MEDICAL COMMITTEE FOR ADVICE

- a. Doses exceeding 1000mg oral morphine-equivalent daily,
- b. Daily use of injectable opioids not administered via an intrathecal pump,
- c. Injectable pethidine exceeding 20 ampoules per month, without Pain Management Unit support,
- d. Conflicting specialist medical practitioner opinion, or
- e. Other cases for which, as determined by the Medical Officer, there would be benefit in obtaining Opioid Medical Committee advice.