[Date]

[Pharmacy name]

[Pharmacy address]

[Pharmacy phone]

Re: Shared care of Queensland Opioid Treatment Program (QOTP) client

Dear Pharmacist,

I am writing to advise you of a change in arrangements for the below client who will be moving to a shared care model of treatment. The General Practitioner (GP) or other approved prescriber identified below, will now manage the client’s QOTP with support and intermittent reviews by [service name].

The Healthcare Approvals and Regulation Unit (HARU) has approved this prescriber to provide regular QOTP prescription for this client only - noting that this approval is **not transferrable to any other prescriber.**

Attached is a reporting template that we ask you return to the prescriber and Case Manager every three months to assist in addressing issues in a timely manner. All routine enquiries regarding QOTP prescription or concerns with client attendance should be addressed with their prescriber. However, should you have any concerns or questions regarding shared care please do not hesitate to contact me on the details below.

Regards

[case manager]

Ph: [Clinic ph]

Fax: [Clinic fax]

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Details:** | | **Shared Care Prescriber Details** | |
| **Name:** |  | **Name:** |  |
| **D.O.B** |  | **Practice Name** |  |
| **Address:** |  | **Address:** |  |
| **Phone:** |  | **Phone:** |  |
| **Current Prescription**  **Details:** |  | **Fax:** |  |