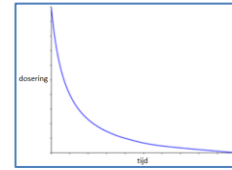


1. In order to ensure a responsible stop of medication, a gradual tapering is often required: If tapering with the available registered dosages doesn't succeed, or results in too much withdrawal symptoms, tapering-medication (lower compounded dosages) can be prescribed.

2. Tapering can be done by two scientific proven methods:

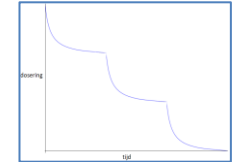
The Maudsley Deprescribing Guidelines:

The tapering-trajectory is conform one entire hyperbolic trajectory (smaller steps towards the end)



Hyperbolic reduction from registered dose to registered dose.

Tapering in small separate hyperbolic trajectories from one dose to another.



3. **Cross box(es) risk factors;** medical indication, duration of medicine use
4. **Data of patient** needs to be filled in or attach label with name, address, city, country, phone number and email address (mandatory due to communication with patient).
5. **Data of prescriber (psychiatrist/physician)** needs to be filled in or place stamp with the information.
6. Select Tapering-trajectory in table on order form. Fill in:
 - * *Medicine (cross box)*
 - * *Intake moment (reduction takes place per intake moment, fill in for the intake moment to be reduced)*
 - * *Start dosage*
 - * *End dosage*
 - * *Required duration of tapering-trajectory (in multiples of 28 days)*
7. Mention date and have the physician sign and stamp the order form (= valid prescription). Then send the order form by email or fax to the email address or fax number mentioned on top of the page.

To request an advice regarding a responsible tapering-trajectory, see **page 2**

8. Important is the filling in of the self-monitoring form during the tapering-trajectory. This enables patients and physicians to determine withdrawal symptoms a.s.a.p..
In case of withdrawal symptoms: Aggravation of the withdrawal symptoms, or the failure of the tapering-trajectory can be prevented by having the patient stabilized (on the lowest dose with no withdrawal symptoms) and/or selecting a more gradual tapering-trajectory.

In order to realize a responsible tapering-trajectory, these strips can be prescribed:

Taperingstrip	Strip for 28 days with self chosen start- and end-dosage
Stabilizationstrip	Strip for 28 days to stabilize a patient on the same dose (for 28 days)
Switchstrip	Strip for a responsible switch from one to another medicine in 28 days

Concepts

Taperingmedication is developed to provide an opportunity to taper/decrease the use of medication in a responsible way. This trajectory can be customized and adjusted if necessary. The determination of the tapering-trajectory is done on the base of *shared decision making* and (self-)monitoring; this in accordance with accurate guidelines.

In a **Taperingstrip** the daily dose (intake) is decreased conform a hyperbolic curve. Hyperbolic means that the steps (difference in daily intake) towards the end become smaller. This is necessary in order to avoid/prevent the withdrawal symptoms as much as possible.

A **Tapering-trajectory** can exist of one or more Taperingstrips which are being used sequential; whether or not in combination with one or more stabilizationstrip(s).

A **Stabilizationstrip** can, when withdrawal symptoms occur, be prescribed in order to stabilize a patient on a certain dose. The patient can then stabilize on that dose before continuing the (adjusted) tapering-trajectory.

Selfmonitoring: attached with the tapering-medication a self-monitoring form is provided. This form needs to be filled in once a day so patient and physician can monitor the severity of the potential withdrawal symptoms (if they occur). If the severity increases, adjustments can be made to the tapering-trajectory in order to prevent withdrawal symptoms.

Request form for TAPERING RECOMMENDATIONS

I, doctor or patient (cross box) would like to receive a recommendation for a tapering schedule for the following patient, with the following specifications:

Patient was prescribed (fill in medicine for tapering)

for the following indication:

Patient is currently free from symptoms: yes no (cross box)

The reason(s) for tapering is/are:

Please check all applicable boxes:

- 1a. Risk factor:**
- missed dosage : patient already had withdrawal symptoms after a single missed dose
 - fear about tapering : patient has indicated they are afraid of tapering
 - failed attempt in past : previous attempts to stop failed
 - distinction : there is a need to distinguish between a relapse with withdrawal symptoms or rebound
 - slow metaboliser : the lowest dose already yields a high plasma concentration
 - high dosage : the dose was more than 100% of the DDD for over 6 months
 - start : there were problems with effects/side effects at the start of treatment
 - previous switch : patient has previously switched psychiatric medication once in the past
 - other.....

1b. Duration of medicine use: <1 year 1-2 years 2-5 years 5-10 years >10 years

1c. Current usage of medicine:

..... mg	time of day <input type="checkbox"/> tapering	desired final dose	.....
..... mg	time of day <input type="checkbox"/> tapering	desired final dose	.....
..... mg	time of day <input type="checkbox"/> tapering	desired final dose	.....
..... mg	time of day <input type="checkbox"/> tapering	desired final dose	.....

1d. Other oral medication:

..... (name)	..... mg per day
..... (name)	..... mg per day
..... (name)	..... mg per day
..... (name)	..... mg per day
..... (name)	..... mg per day
..... (name)	..... mg per day

1e. Other information:

1f. Tablets are the desired form of administration yes (cross box)

1g. Tapering period desired by the patient: months (number)

1h. Patient consents to information transfer with local pharmacy: yes (cross box)

Local pharmacy:

1i. Health insurance company:

2. Patient's initials and name:

Date of birth (DD-MM-YYYY): .. - .. - .. Gender: M / F Social Security No:

Street name and house number:

Postcode and city: Country:

E-mail address (**mandatory**): Telephone:

3. Name of prescribing doctor:

Physician registration number:

Street name and house number:

Postcode and city: Country:

E-mail address (**mandatory**): Telephone:

I hereby confirm that all requested information has been provided truthfully.

Date: Doctor's stamp (if requested by doctor):

Applicants signature:

Extra Information TAPERINGSTRIP™

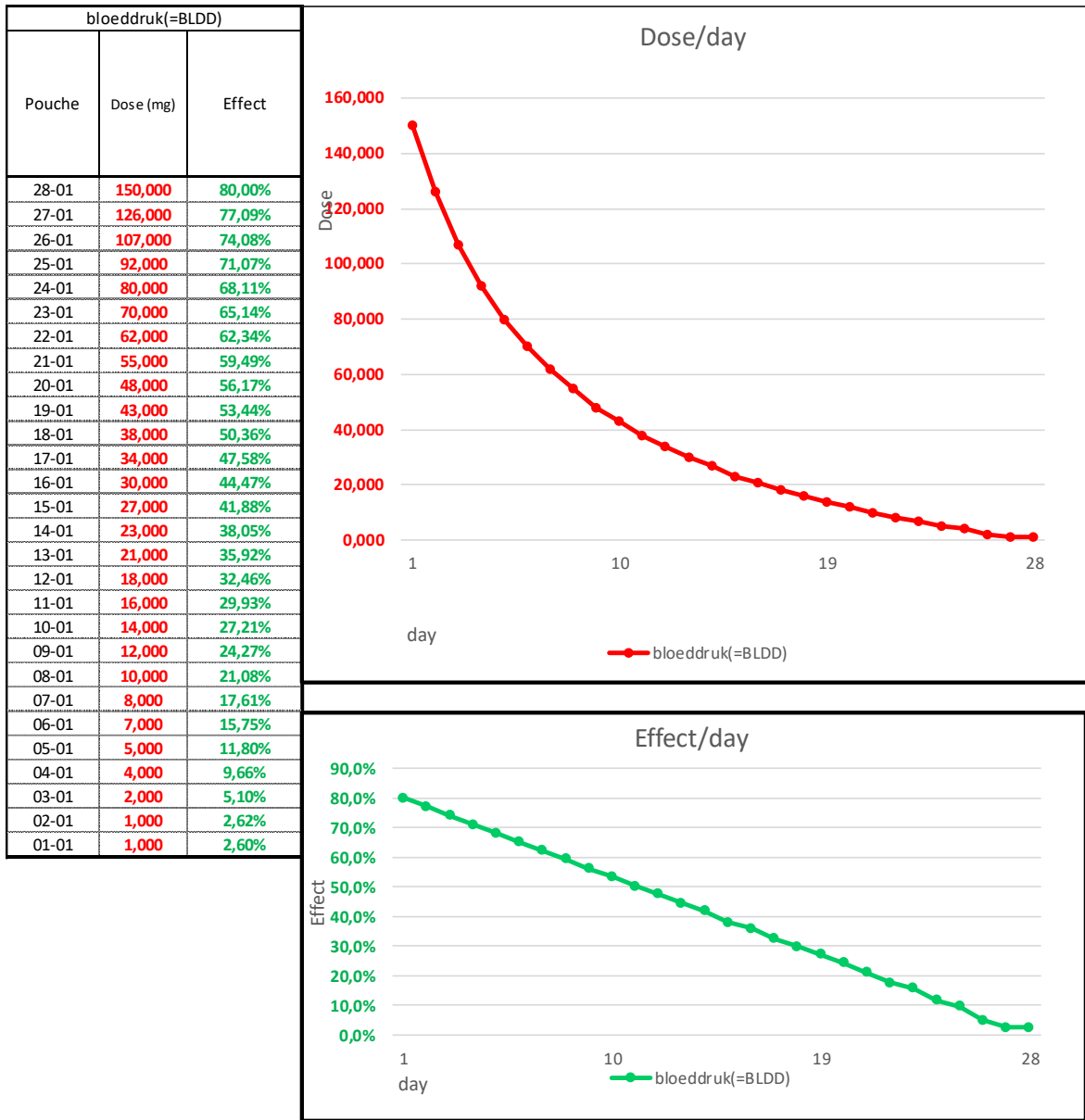
1. A sudden termination of treatment, or a sudden reduction in dose can lead to significant withdrawal symptoms. To avoid this, the intake dose should be reduced in small steps gradually over a period of time. This can be done using Taperingstrips™.
2. One or more Taperingstrips™ can be used to gradually reduce the dose to a desired lower dose or to zero. If more than one strip is needed the final dose of the previous strip is always equal to the starting dose of the following strip. This has to be done for every intake moment(if there are more than one intakes a day).
3. The treating physician (psychiatrist or practitioner) should plan the tapering trajectory together with the patient. It is not possible to predict the perfect schedule for each patient. Some patients are more sensitive to withdrawal symptoms than others, and some patients cope with symptoms better than others. The risk of withdrawal symptoms and their intensity can be reduced by choosing a more gradual tapering trajectory.
4. Taperingstrips™ are only available on prescription. The physician signed order-form is a valid prescription. After filling in the form, the treating physician should terminate any current prescription for the medicine at the local pharmacy.
5. In most countries, the costs of the medication in the Taperingstrips™ are covered by health insurance. Tapering- and stabilizationstrips contain medication for a fixed period of 28 days; all Taperingstrips and Stabilizationstrips have the same price.
6. Once the order-form/prescription has been received by the Regenboog Apotheek, we will send an invoice. Once we've received the payment, the Taperingstrip™ will be shipped to the patient's home address. The patient will receive an invoice and explanation beforehand by email.
7. A Taperingstrip™ contains 28 numbered pouches, with each pouch containing one or several tablets. The number of tablets may vary per day. The total dosage of the medication reduces over time as the patient takes the tablets in each daily pouch.
8. The patient starts their tapering schedule (preferably) on a Sunday by taking the tablets in the first pouch, numbered 028. **By counting down**, the patient finishes four weeks later on a Saturday, by taking the tablets in the last pouch, numbered 001. By doing this, the patient can easily keep track of how many doses and days are left.
9. Each pouch of the strip is printed with the sequence number, the colour and strength of each tablet, the total number of tablets and the name of the pharmacy.
10. **STABILIZATION:** A stabilizationstrip can keep the patient on a fixed dose for a desired period of time. Such stabilization may be necessary if tapering appears to be going too fast for the patient, or the patient does not wish to reduce the dose to zero, but remain at an optimal lower dose. The stabilizationstrip can be produced at almost any desired dose.
11. **IMPORTANT NOTICE:** Taperingstrips™ are not intended to replace medical care provided by a physician. Careful counselling and monitoring of the patient remains essential during and after treatment with tapering strips.

Please note: Treatment with the Taperingstrip™ supports the tapering of medication, reducing withdrawal effects to a minimum. If withdrawal effects do occur, they will be not as intensive or prolonged as during a traditional tapering approach. This will make it easier for the treating physician to recognize a relapse (such as a return of depression or anxiety) and to distinguish between relapse or withdrawal effects in good time.

There is a noticeable difference in timing between the occurrence of withdrawal symptoms and relapse. Withdrawal symptoms usually occur shortly or immediately after the start of tapering. Relapse usually occurs at a later stage, often after tapering has been completed. While withdrawal symptoms become less severe and disappear over time, symptoms as a result of relapse tend to remain and may even get worse.

Should you have any questions or if you require more information, please Regenboog Apotheek (Rainbow Pharmacy) at tapering@regenboogapothek.com or + 31-161-745 061.

12. **Tabel Effect*** as a function of the daily change (decrease) in dose of the medicine in 28 days.



* "Effect" show the occupancy rate of the receptor (in percentages) where the medicine attaches as a function of the daily dose; from the lowest registered dose till 0. Change (decrease) should be as gradual as possible in order to prevent withdrawal symptoms as much as possible. This is will be realized by lowering the dose on a conform a hyperbolic function. Hyperbolic means that the steps (change in daily intake) toward the end will get smaller.

Explanation of tablets in hyperbolic trajectory

Set-up: Increasing dose → start with poche 01-01

Tapering: Decreasing dose → start with poche 28-01

set-up	Tapering	Pouche No	BLDD mg	100 mg	50 mg	25 mg	10 mg	5 mg	2 mg	1 mg
Saturday	Sunday	28-01	150	1	1					
Friday	Monday	27-01	126	1		1				1
Thursday	Tuesday	26-01	107	1				1	1	
Wednesday	Wednesday	25-01	92		1	1	1	1	1	
Tuesday	Thursday	24-01	80		1	1		1		
Monday	Friday	23-01	70		1		2			
Sunday	Saturday	22-01	62		1		1		1	
Saturday	Sunday	21-01	55		1			1		
Friday	Monday	20-01	48			1	2		1	1
Thursday	Tuesday	19-01	43			1	1	1	1	1
Wednesday	Wednesday	18-01	38			1	1		1	1
Tuesday	Thursday	17-01	34			1		1	2	
Monday	Friday	16-01	30			1		1		
Sunday	Saturday	15-01	27			1			1	
Saturday	Sunday	14-01	23				2		1	1
Friday	Monday	13-01	21				2			1
Thursday	Tuesday	12-01	18				1	1	1	1
Wednesday	Wednesday	11-01	16				1	1		1
Tuesday	Thursday	10-01	14				1		2	
Monday	Friday	09-01	12				1		1	
Sunday	Saturday	08-01	10				1			
Saturday	Sunday	07-01	8					1	1	1
Friday	Monday	06-01	7					1	1	
Thursday	Tuesday	05-01	5					1		
Wednesday	Wednesday	04-01	4						2	
Tuesday	Thursday	03-01	2						1	
Monday	Friday	02-01	1							1
Sunday	Saturday	01-01	1							1
				3	6	9	17	12	19	11

After completing this page, scan and e-mail to tapering@regenboogapothek.com or fax it to +31 85-2736129 (both channels are secured).

PRESCRIPTION



(Medication will be send once payment is received.)

Duration of medication use: <1 year 1-2 years 2-5 years 5-10 years >10 years

Risk factor: missed dose anxiety reduction failed earlier distinction slow metaboliser high start dosage

Initials and patient name*: _____ or stick label
 Date of birth (DD_MM_YYYY)*: ____ - ____ - ____ Social security no: _____
 Gender*: M F Telephone: _____
 Street and house number*: _____
 ZIP code and City*: _____
 E-mail address*: _____
 Local pharmacy: _____
 The patient gives permission to receive the medication from the Rainbow pharmacy* Yes
 Patient gives consent for information transfer with local pharmacy* Yes

Name of prescribing physician*: _____
 Physician registration number*: _____
 Street and house number*: _____
 ZIP code and City*: _____
 E-mail address*: _____
 Telephone*: _____
 Date (DD-MM-YYYY)*: ____ - ____ - ____ Stamp doctor (preferred)

Signature Doctor*:

Deliver the medication with a hyperbolic drop in dose or Linear drop in dose.
 We will send the medication to the patient if medication is not controlled medication.

*** mandatory**

Fill in RED columns - NOTE Fill in one prescription form per intake moment

Cross box medicine	DDD (mg)	Dose (build up/reduce/stabilize)					Total tapering duration		Average tapering period from DDD (mg)→0
		Smallest dose on the market (mg)	Lowest dose in strip (mg)	Intake moment	Start dose (mg)	End dose (mg)	Number of strips	Number of days per strip	
<input type="checkbox"/> acebutolol	400	200	10	__ : __	_____	_____	in development (3-12 months)		
<input type="checkbox"/> atenolol	75	25	0,5	__ : __	____ / _	____ / _	__	28 days	2 x 28 days
<input type="checkbox"/> bisoprolol	10	1,25	0,1	__ : __	____ / _	____ / _	in development (3-12 months)		
<input type="checkbox"/> labetalol	600	100	5	__ : __	_____	_____	in development (3-12 months)		
<input type="checkbox"/> metoprolol	150	25	0,5	__ : __	____ / _	____ / _	__	28 days	2 x 28 days
<input type="checkbox"/> nebivolol	5	2,5	0,1	__ : __	____ / _	____ / _	in development (3-12 months)		
<input type="checkbox"/> propranolol	160	10	0,5	__ : __	____ / _	____ / _	__	28 days	2 x 28 days
<input type="checkbox"/> sotalol	160	40	1	__ : __	____ / _	____ / _	__	28 days	2 x 28 days
				Please include in assortment					

*** If dose is higher than DDD: Add one extra Taperingstrip per 1/2 DDD.

*** If dose is lower than DDD: Deduct one Taperingstrip per 1/2 DDD.

INFORMED CONSENT for tapering medication using taperingstrips

By signing this form, you acknowledge that you waive any liability claims against your healthcare provider for prescribing compounded dosage forms in the tapering medication you will be using.

1. You intend to gradually taper your medication using Taperingstrips containing compounded doses, which will allow you to taper more gradually than would be possible using only routinely available dosages. This more gradual dose reduction is designed to help minimize withdrawal symptoms.
2. The quality of each magistrally prepared dosage you receive is assured, as every batch is tested by an independently certified laboratory.
3. The effectiveness of tapering with these specially prepared lower dosages has been scientifically studied. In four observational studies, the experiences of over 2,800 patients discontinuing a medication (mainly antidepressants) were examined while using a tapering schedule that involved one or more Taperingstrips. Of these participants, 1,500 (60%) had previously tried and failed to taper their medication one or more times, often due to severe withdrawal symptoms. During their most recent attempt, which used magistrally prepared lower dosages, these withdrawal symptoms were much reduced, and 70% of participants successfully discontinued their medication.

References: Groot & Van Os 2018: Antidepressant tapering strips to help people come off medication more safely. www.doi.org/10.1080/17522439.2018.1469163; Groot & Van Os 2020: Outcome of Antidepressant Drug Discontinuation with Taperingstrips after 1-5 Years. www.doi.org/10.1177/2045125320954609; Groot & Van Os 2021: Successful use of tapering strips for hyperbolic reduction of antidepressant dose - a cohort study. www.doi.org/10.1177/20451253211039327. Van Os & Groot 2023: Outcomes of hyperbolic tapering of antidepressants. www.doi.org/10.1177/20451253231171518

4. *Waiver of Liability* This waiver does not apply in cases of gross negligence, intentional misconduct, or any other circumstances where liability limitations are not permitted by law. The legal (professional) duty of care of the prescribing healthcare provider remains fully in effect. This statement does not diminish the provider's rights or legal obligations with respect to quality of care.
5. By signing this informed consent, you confirm that you have received sufficient information about the nature, purpose, duration, and anticipated outcomes of your treatment, including the inherent risks and possible side effects of controlled medication tapering. You acknowledge that no guarantee can be given regarding the final outcome of the tapering process.

Your Consent

By signing this form, you confirm that you understand your tapering treatment and consent to the use of magistrally prepared medication, which has been tested by an independent certified laboratory.

Patient name: _____

Date of Birth: _____

Provider Name: _____

Patient signature: _____

Date: _____

Print two copies: one for the physician and one for the patient



J.C. van Vliet, A. Römers-van den Berg, apothekers Tel: (0161) 437 137
 Brigidastraat 12, 4854 CT Bavel Fax: (0161) 437 138

KWITANTIE VOOR: DATUM: xx-xx-xxxx

E Example
 Brigidastraat 12
 4854 CT Bavel

Arts	Zi-nr	Omschrijving	Materiaal	Tarief WMG	Bijbet.	Prestatiekoppelnr	Bedrag	BTW
Betreft E Example, 01-01-2001/V BSN:			(Invoice for Insurance Company)					
S/SPBUI		1ST Medication Tapering 28 days		95,00		VRB03407100230623	95,00	0,00

FRR03407

Voorschrift van:

H = Huisarts HS = Huisarts op advies specialist Bank NL70RABO039.50.37.679
 S = Specialist HV = Handverkoop KvK 20060757
 V = Verloskundige P = Psychiater / Neuroloog BTW NL0087.63.914.B.01
 T = Tandarts

RECEPTNUMMER	TE BETALEN
37022099P/FRB03407	95,00

Algemene Verkoop- en Betalingsvoorwaarden zijn op 1 februari 2009 gedeponereerd bij de Kamer van Koophandel Haaglanden te 's-Gravenhage (HR 40 409 373)

J.C. van Vliet, A. Römers-van den Berg, apothekers Tel: (0161) 437 137
 Brigidastraat 12, 4854 CT Bavel Fax: (0161) 437 138

Data of pharmacy and Registered Pharmacists

E Example
 Brigidastraat 12
 4854 CT Bavel

Personal data of patient (address)

FRR03407 & 37022099P/FRB03407

Invoice number

Bank NL70RABO039.50.37.679

IBAN

KvK 20060757

Registration number Chamber of Commerce

NEDERLANDS	ENGLISH	DEUTSCH	FRANCAIS
Kwitantie	Receipt	Quittung	Reçu
Datum	Date	Datum	Date
Arts	Physician	Arzt	Médecin
Zi-nr	Medicine number	Medikamentennummer	Numéro de médicament
Omschrijving	Description medication	Beschreibung	Description
Tarief WMG	Rate	Rate	Taux
Prestatiekoppelnr.	Correlated handling no.	Leistungszahl	Numéro de prestation
Bedrag	Amount	Menge	Montant
BTW	VAT	MwSt	T.V.A.
Te betalen	To pay	Zu zahlen	à payer