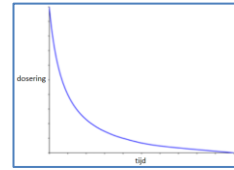


1. In order to ensure a responsible stop of medication, a gradual tapering is often required: If tapering with the available registered dosages doesn't succeed, or results in too much withdrawal symptoms, tapering-medication (lower compounded dosages) can be prescribed.

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

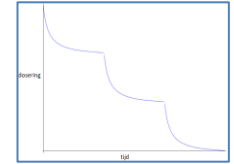
**Ashton Manual Curve:**

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)*
  - \* *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:

<b>Taperingstrip</b>	Strip for 28 days with self chosen start- and end-dosage
<b>Stabilizationstrip</b>	Strip for 28 days to stabilize a patient on the same dose (for 28 days)
<b>Switchstrip</b>	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.

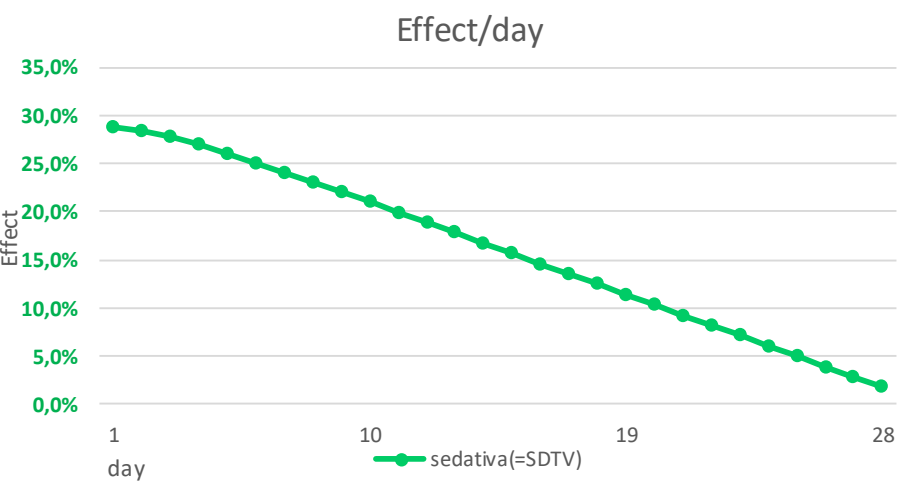
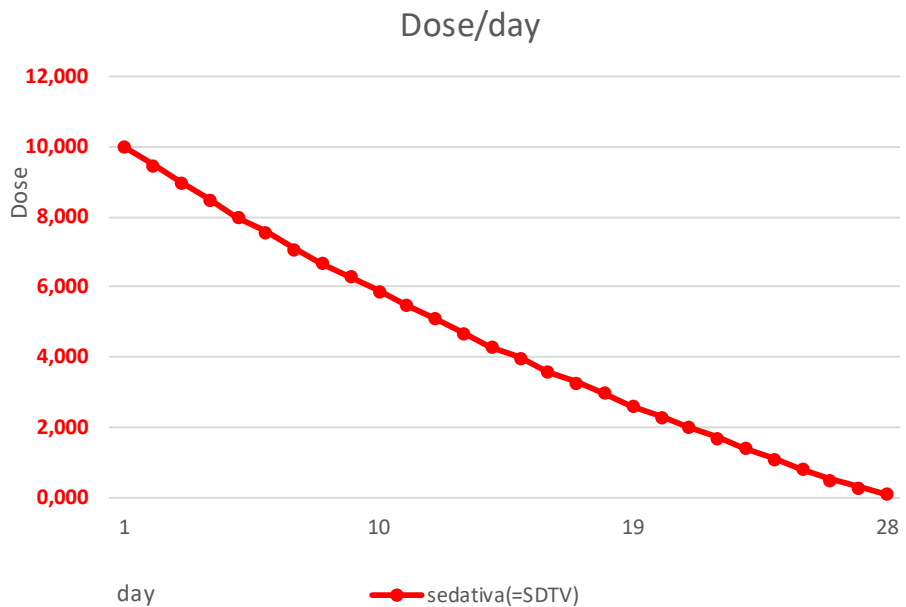
Please note: Treatment with the Taperingstrip™ supports the tapering of medication, reducing withdrawal effects to a minimum. If withdrawal effects do occur, they will be not as intensive or prolonged as during a traditional tapering approach. This will make it easier for the treating physician to recognize 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@regenboogapotheek.com](mailto:tapering@regenboogapotheek.com) or + 31-161-745 061.

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

sedativa(=SDTV)		
Pouche	Dose (mg)	Effect
28-01	10,000	28,82%
27-01	9,500	28,43%
26-01	9,000	27,79%
25-01	8,500	26,98%
24-01	8,000	26,05%
23-01	7,600	25,11%
22-01	7,100	24,08%
21-01	6,700	23,07%
20-01	6,300	22,05%
19-01	5,900	21,03%
18-01	5,500	19,98%
17-01	5,100	18,92%
16-01	4,700	17,84%
15-01	4,300	16,72%
14-01	4,000	15,69%
13-01	3,600	14,59%
12-01	3,300	13,55%
11-01	3,000	12,54%
10-01	2,600	11,42%
09-01	2,300	10,35%
08-01	2,000	9,29%
07-01	1,700	8,23%
06-01	1,400	7,17%
05-01	1,100	6,09%
04-01	0,800	4,99%
03-01	0,500	3,88%
02-01	0,300	2,88%
01-01	0,100	1,96%



\* "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	SDTV mg	10 mg	5 mg	2 mg	1 mg	0,5 mg	0,2 mg	0,1 mg
Saturday	Sunday	28-01	10	1						
Friday	Monday	27-01	9,5		1	2		1		
Thursday	Tuesday	26-01	9		1	2				
Wednesday	Wednesday	25-01	8,5		1	1	1	1		
Tuesday	Thursday	24-01	8		1	1	1			
Monday	Friday	23-01	7,6		1	1		1		1
Sunday	Saturday	22-01	7,1		1	1				1
Saturday	Sunday	21-01	6,7		1		1	1	1	
Friday	Monday	20-01	6,3		1		1		1	1
Thursday	Tuesday	19-01	5,9		1			1	2	
Wednesday	Wednesday	18-01	5,5		1			1		
Tuesday	Thursday	17-01	5,1		1					1
Monday	Friday	16-01	4,7			2		1	1	
Sunday	Saturday	15-01	4,3			2			1	1
Saturday	Sunday	14-01	4			2				
Friday	Monday	13-01	3,6			1	1	1		1
Thursday	Tuesday	12-01	3,3			1	1		1	1
Wednesday	Wednesday	11-01	3			1	1			
Tuesday	Thursday	10-01	2,6			1		1		1
Monday	Friday	09-01	2,3			1			1	1
Sunday	Saturday	08-01	2			1				
Saturday	Sunday	07-01	1,7				1	1	1	
Friday	Monday	06-01	1,4				1		2	
Thursday	Tuesday	05-01	1,1				1			1
Wednesday	Wednesday	04-01	0,8					1	1	1
Tuesday	Thursday	03-01	0,5					1		
Monday	Friday	02-01	0,3						1	1
Sunday	Saturday	01-01	0,1							1
				1	11	20	10	12	13	13

After completing this page, scan and e-mail to tapering@regenboogapotheek.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\*:

Date of birth (DD\_MM\_YYYY)\*: \_ \_ - \_ \_ - \_ \_ \_ \_ \_

Gender\*:  M  F

Street and house number\*:

ZIP code and City\*:

E-mail address\*:

Local pharmacy: \_\_\_\_\_

Social security no: \_\_\_\_\_

Telephone: \_\_\_\_\_

or stick label

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**

Cross box medicine	Medicine (mg)	DDD	Dose (build up/reduce/stabilise)				Total tapering duration		Average tapering period from DDD→0	Period adjustment at + or - ½DDD***
			Smallest dose on the market (mg)	Lowest dose in strip (mg)	Start dose (mg)	End dose (mg)	Number of strips	Number of days per strip		
<input type="checkbox"/>	alprazolam**	1	0,25	0,01	____, ____	____, ____	____	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	bromazepam**	10	3	0,1	____, ____	____, ____	in development (3-12 mon)	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	chloordiazepoxide**	30	5	0,5	____, ____	____, ____	____	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	diazepam**	10	2	0,1	____, ____	____, ____	____	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	flurazepam**	30	15	0,1	____, ____	____, ____	in development (3-12 mon)	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	lorazepam**	2,5	1	0,05	____, ____	____, ____	____	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	midazolam**	15	7,5	0,1	____, ____	____, ____	in development (3-12 mon)	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	nitrazepam**	5	5	0,5	____, ____	____, ____	in development (3-12 mon)	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	oxazepam**	50	10	0,1	____, ____	____, ____	____	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	temazepam**	20	10	0,1	____, ____	____, ____	____	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	zolpidem**	10	5	0,1	____, ____	____, ____	in development (3-12 mon)	x28 days	4 x 28 days	+/- 28 days
<input type="checkbox"/>	zopiclon**	7,5	3,75	0,1	____, ____	____, ____	____	x28 days	4 x 28 days	+/- 28 days
			Please include in assortment							

\*\* The patient should collect the controlled medication at Amsterdam Airport (AMS) or at Rainbow pharmacy.

\*\*\* 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.



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  
 S = Specialist HV = Handverkoop  
 V = Verloskundige P = Psychiater / Neuroloog  
 T = Tandarts

Bank NL70RABO039.50.37.679  
 KvK 20060757  
 BTW NL0087.63.914.B.01

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