

Newsletter Number 16

28th February 2001

INFORMATION CIRCULAR FOR PHARMACISTS IN TASMANIA

1. Changes to the Tasmanian Poisons List

Consistent with the recommendations of the National Drugs and Poisons Scheduling Committee a number of amendments have been made to the Tasmanian Poisons List which take effect from the 1st March 2001. Below are detailed the more notable changes.

1.1 Schedule 2 Amendments

GLYCERYL TRINITRATE except when included in Schedule 4.

ISOSORBIDE DINITRATE in oral preparations containing 10mg or less of isosorbide dinitrate per dosage unit.

Please note that ISOSORBIDE MONONITRATE has been deleted from Schedule 2.

***Background:** Due to expressions of concern from the pharmacy profession and industry the scheduling of the organic nitrates for the treatment of angina has been fully reviewed. The input was considered over 2 meetings and as a result there will be a staged change to the scheduling. As a first step preparations for ischaemia prophylaxis have been moved to S4 (i.e. transdermal patches, isosordide mononitrate, Nitrobid ointment). Preparations for acute treatment (e.g. Anginine, Nitrolingual spray) remain in S2 until the 1st June at which time they will move to S3.*

Please note the anorectal glyceryl trinitrate preparation (Rectogesic) will remain in S2.

LOPERAMIDE in preparations for oral use in packs of 20 dosage units or less.

1.2 Schedule 3- New Entry

TRIAMCINOLONE ACETONIDE in aqueous nasal sprays delivering 55 micrograms or less of triamcinolone acetonide per actuation when the maximum recommended daily dose is no greater than 220 micrograms and when packed in a primary pack containing 120 actuations or less, for the short-term prophylaxis or treatment of seasonal allergic rhinitis in adults and children 12 years and over.

1.3 Schedule 3- Amendments

BECLOMETHASONE, BUDESONIDE, FLUNISOLIDE and MOMETASONE AQUEOUS NASAL SPRAYS.

Please note that the indications in Schedule 3 have been widened to "short-term prophylaxis or treatment of seasonal allergic rhinitis".

1.4 Schedule 4- Amendments

GLYCERYL TRINITRATE

- (a) in preparations for injection; or
- (b) in transdermal preparations for the treatment of angina.

ISOSORBIDE DINITRATE except when included in Schedule 2.

ISOSORBIDE MONONITRATE

1.5 Schedule 4- New Entries

DIFLOXACIN

ETANERCEPT

INFLIXIMAB

RISEDRONIC ACID

2. Monthly Reports of Narcotic Movements

The Poisons Regulations require that pharmacies forward reports of narcotic movements within 3 days of the start of the month. These reports are central to the monitoring of prescriptions and for the process of approval of long-term prescribing under the Alcohol and Drug Dependency Act. Improvements in our computer systems now provide for a more rapid identification of prescribing outside the provisions of the Act and timely action is dependent on early and accurate returns from pharmacies.

3. Computerised Prescriptions

Please note that the requirements for computer generated prescriptions have been amended. Essentially the regulations require that:

1. **S4 prescriptions**- Both copies must be signed by hand by the prescriber.
2. **S8 prescriptions**- Only the copy retained by the pharmacy must be handwritten in full by the prescriber. Both copies must be signed by hand.

**Prescriptions for methadone maintenance must comply with all S8 requirements .
The prescriber must handwrite in full the copy retained by the pharmacy.**

4. Rustiban

The issue of the labelling, packaging and scheduling of hydrofluoric acid (HF) products is to be further considered at the next National Drugs and Poisons Scheduling Committee meeting in May. The delay has been necessary as the committee is awaiting the finalisation of a major report on HF by the National Industrial Notification and Assessment Scheme (N.I.C.N.A.S.). Further investigations by this Branch have confirmed our concerns regarding Rustiban. We request that pharmacies and wholesalers continue with the voluntary withdrawal of the product pending review by the N.D.P.S.C.

Please ensure that this circular is brought to the attention of all pharmacists employed in your pharmacy.