



Department of Health and Human Services  
CHIEF HEALTH OFFICER - PHARMACEUTICAL SERVICES BRANCH

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NEWSLETTER NUMBER 47

## INFORMATION CIRCULAR FOR PHARMACISTS IN TASMANIA

### **1. Dispensing of S4D (declared restricted substances) for patients receiving S8 medication.**

Medical practitioners treating patients prescribed S8 opioid medication for more than 2 months, and patients prescribed S8 amphetamines must have an authority from the Secretary under Section 59 E of the Poisons Act.

Pharmacists are often aware when these patients change medical practices.

Prescriptions written for S8 and S4D medications can only be dispensed to these patients when written by the prescriber (or their practice colleagues) with the 59 E authority. If pharmacists become aware that patients are receiving prescriptions for an S8 or S4D from a prescriber other than the patient's normal prescriber or one of their practice partners/locums, pharmacists are asked to contact PSB, or if possible the regular prescriber/practice prior to dispensing.

Unfortunately there have been several cases of patients having suffered significant morbidity and there has been the occasional death associated with patients receiving S8 and S4D medications from different prescribers who are unaware of a patient being under the care of another practice/prescriber. Pharmacists are well placed to provide vital feedback in these scenarios.

### **2. New listing of Declared Restricted Substances- zolpidem and zopiclone.**

Please note that zolpidem and zopiclone have now been added to the Schedule 4 Declared Restricted Substances list. Unfortunately they have become subject to the same misuse as the benzodiazepines. The listing has implications for the application of S4D repeat dispensing intervals (Regulation 46). Prescriptions may only be accepted from registered medical practitioners where the patient has attended a consultation with the medical practitioner in Tasmania.

The Poisons (Declared Restricted Substances) Order is available at [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au) [Search for Poisons (Declared Restricted Substances) Order 1990 to obtain the consolidated list]<sup>1</sup>. Please note that flagging favourites on your computer carries the risk of accessing an outdated list (all historical information is maintained on the website as courts must access information current at the time of any alleged offence).

### **3. Repeat intervals on schedule 4D and schedule 8 medicines: early supply can be unsafe**

In recent times Pharmaceutical Services has become aware that a number of Tasmanian pharmacies are not complying with the 'repeat interval' requirements specified in the Tasmanian *Poisons Regulations 2008* for schedule 8 and schedule 4D medications.

In 2008 and 2009 pharmacists were reminded of their obligations in this regard in circulars from the Pharmacy Board of Tasmania and the Pharmaceutical Services Branch. The circulars pointed out that these substances are subject to significant levels of misuse and diversion and early supply may in some cases present a major patient and/or public safety risk.

Under Poisons Regulations 23 and 46, prescriptions for schedule 8 medications and schedule 4D medications respectively may not be dispensed other than in accordance with the repeat interval specified by the prescriber or, if the prescriber does not specify a repeat interval, more frequently than allowed for by the directions on the prescription.

For example, a series of prescriptions for a patient for oxycodone SR tablets 40mg (20) with the directions 'Take 1 twice daily' should be dispensed not more often than once every 10 days. Similarly, a series of prescriptions for a patient for diazepam tablets 5mg (50) with the directions 'Take 1-2 at night if required' should be dispensed not more often than once every 25 days. These stipulations apply to any supply subsequent to the original, whether this is by repeat prescription or by new original prescription.

Notwithstanding the previous paragraph, the regulations allow for a supply to be made up to 4 days early in some circumstances, however safety and quality use of medicine considerations would dictate that this would not be a regular event for a particular patient with a particular drug.

Some pharmacies administer this principle by requiring a patient who collects a supply of a schedule 8 or schedule 4D medication three days 'ahead of schedule' on one occasion to balance this by obtaining a subsequent supply three days 'late'.

### **4. Prescribing and dispensing of methadone- Assessing the risk**

Pharmaceutical Services Branch is on occasion advised of the prescribing and supply of methadone for the treatment of pain where there is cause for concern for the patient's safety. There is sometimes a failure by prescribers and pharmacists to appreciate the complex pharmacokinetic properties of this substance and the potential for toxicity.

The following statement is made in the Therapeutic Guidelines: Analgesic:

*"Methadone can be used twice daily for maintenance management of chronic pain. Initiation of methadone for pain, or conversion to methadone from other opioids must be done with*

*understanding of its complicated kinetics, and careful observation of the patient for cumulative toxicity, which is heralded by sedation and confusion.”*

*“Care needs to be taken with methadone to avoid toxicity because the time to reach steady-state concentrations following a change in dosage may be up to 12 days. Dose conversion ratios from other opioids are not static, but are a function of previous opioid exposure. These complexities make it an unsuitable drug for all but those practitioners experienced in its use. Published tables of equianalgesic doses of opioids, established in healthy opioid-naïve individuals, indicate that methadone is 1 to 2 times as potent as morphine in single-dose studies, but in individuals on long-term morphine, methadone can be more than 10 times as potent as morphine<sup>2</sup>”*

Pharmacists are requested to pay particular attention to risk in the following situations:

1. Prescriptions for opioid naïve patients
2. Initiation at doses above 20mg daily
3. Maintenance doses above 40mg daily, particularly in older patients
4. Recommencement of therapy
5. Use in combination with other CNS depressants including benzodiazepines and alcohol
6. Presentation of patients with sedation or confusion or probable intoxication with other substances
7. Patients retaining medication after ceasing therapy
8. Patients presenting “old” prescriptions
9. Transfer from other opioids.

Concerns should initially be addressed with the prescriber. Pharmaceutical Services Branch can also be contacted for advice.

## **5. Amendment to Poisons Regulations- Administration of nitrous oxide and methoxyflurane at mines and industrial sites**

The *Poisons Regulations 2008* have been amended to allow the administration of nitrous oxide and methoxyflurane for analgesic purposes by suitably qualified first aid officers in mines and industrial sites in the event of an emergency (see regulations 62A, 62B, 62C and 62F). The amendment is consistent with arrangements operating in a number of other jurisdictions.

The person authorised under these arrangements for the obtaining of these substances is the “responsible officer” at the workplace (this term is defined in section 10 of the *Workplace Health and Safety Act 1995* and the “responsible officer” is the person responsible for the direction and management of the business or is specifically appointed by the employer to the role).

While nitrous oxide for therapeutic use is supplied through licensed gas suppliers, pharmacies may receive requests from time to time for the supply of methoxyflurane inhalers. The request should be in writing and signed by the responsible officer who

certifies that they are the person identified in section 10 cited above. If pharmacists have any queries, or there is uncertainty regarding such orders, please make contact with Pharmaceutical Services Branch.

## **6. Iodine supplementation for pregnant and breastfeeding women**

The National Health and Medical Research Council (NHMRC) in 2010 issued a public statement on iodine supplementation for pregnant and breastfeeding women. The essential elements are summarised in an article prepared by the Public Health Nutrition Unit. Please find the article attached. For any queries on the supplementation aspects of iodine please contact Judy Seal, Principal Advisor, Public Health on 6222 7731 or via email at [judy.seal@dhhs.tas.gov.au](mailto:judy.seal@dhhs.tas.gov.au)

If you would like clarification on any of these issues, please contact the Branch on 6233 2064.

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18 April 2011

### **<sup>1</sup> Searching for poisons legislation**

The recommended search method is:

1. Go to [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au)
2. Click "browse a-z"
3. If searching poisons regulations or lists click "Stat Rules"
4. Enter title (e.g Poisons Regulations) in the search box and click "search"

<sup>2</sup> Therapeutic Guidelines Analgesic: 2008