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### INFORMATION CIRCULAR FOR PHARMACISTS IN TASMANIA

#### 1. Optometrist prescribing

Changes to the Pharmaceutical Benefits Scheme will allow for the subsidization of prescriptions written by optometrists from the 1st January 2008. As the establishment of prescribing rights has been dealt with on a state by state basis, the lists of substances that may be prescribed have not been uniform. Tasmanian pharmacists should note that only the substances in Table 1 are permitted by the *Poisons Regulations 2002* for prescription by approved optometrists in this state:

**Table 1. Class 1 substances that may be prescribed by authorized optometrists**

|                         |                               |
|-------------------------|-------------------------------|
| 1. Aciclovir.           | 6. Ketorolac trometamol.      |
| 1A. Atropine.           | 7. Levocabastine (S2).        |
| 1B. Bacitracin.         | 8. Lodoxamide (S2).           |
| 2. Chloramphenicol.     | 9. Neomycin.                  |
| 2A. Ciprofloxacin.      | 9A. Ofloxacin.                |
| 2B. Dexamethasone.      | 9B. Olopatadine.              |
| 2C. Diclofenac.         | 10. Phenylephrine (S2).       |
| 3. Fluorometholone.     | 11. Polymyxin.                |
| 3A. Flurbiprofen.       | 11A. Prednisolone.            |
| 4. Framycetin.          | 12. Sodium cromoglycate (S2). |
| 4A. Gentamicin sulfate. | 13. Tetracycline.             |
| 5. Hydrocortisone.      | 14. Tobramycin.               |
| 5A. Indomethacin.       | 15. Vidarabin.                |

This list is available at [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au) Go to Browse A-Z, click on “Stat rules” and search for the *Poisons Regulations 2002*. Schedule 7 of the Regulations gives the list of approved Class 1 substances which may be updated from time to time.

The practice of optometry is regulated by the Optometrists Registration Board of Tasmania and optometrists are expected to treat conditions which may require use of these drugs under appropriate shared care arrangements with medical specialists and general practitioners. The list of approved optometrists prescribers can be found at [www.regboardstas.com/optometrists/](http://www.regboardstas.com/optometrists/).

## **2. Labelling of prescriptions for opioid and Schedule 4 Declared (S4D) medications**

Tasmania Police has advised that in investigations involving the illicit supply of prescribed opioids and Schedule 4 Declared substances (in particular benzodiazepines, codeine combinations in S4 and anabolic steroids) that packs are being found without any evidence of a label being attached. As a first step during these investigations it is necessary to establish whether a suspect is in legal possession of the medication, that is whether it has been prescribed and dispensed for them.

The police have expressed their concern at the practice of taping multiple boxes together and only attaching one label. The action of patients will often be to separate multiple boxes. Pharmacists are requested to apply a label to each pack of all dispensed narcotic substances and Schedule 4 Declared (S4D) substances.

## **3. Early supply of narcotic and Schedule 4 Declared medication**

At this time of year additional pressure may be brought to bear on pharmacists by clients requesting early supply of narcotic and Schedule 4 Declared (S4D) medication. Pharmacists are reminded that early supply presents a significant patient safety risk and that the *Poisons Regulations 2002* specify requirements for specific intervals between repeats. The intervals between dispensing may only be varied with appropriate authority from the prescriber.

## **4. Interstate prescriptions for Schedule 4 Declared substances**

Pharmacists are reminded that Schedule 4 Declared (S4D) substances may only be supplied on the prescription of a medical practitioner registered in this state. The registration of a prescriber with an interstate address must be confirmed before dispensing.

## **5. Supply of medicines for veterinary use**

During a recent investigation into a complaint from the Veterinary Board of Tasmania it has come to the Branch’s attention that a pharmacist has been supplying medication registered for veterinary use to a medical practitioner. Pharmacists should note that Regulation 43 of the *Poisons Regulations 2002* allows the sale or supply of Schedule 4 substances by a medical practitioner “only for use in the course of medical treatment” (note that administration is included within the definition of “supply”).

A pharmacist supplying restricted substances for veterinary use to a medical practitioner may be implicated in the act of illicit supply by the medical practitioner.

## **6. Mometasone for intranasal use**

The scheduling of mometasone (e.g. Nasonex) for intranasal use has previously been the subject of advice in this circular but continues to prompt queries from a number of pharmacists. Mometasone for nasal installation is available in Schedule 2 subject to a number of specific conditions (see entry below). The sponsor had requested and supported the S2 entry but only supplies a Schedule 4 pack that is not compliant with the conditions of the less restrictive category.

Please note that the mometasone entry in Schedule 2 is very specific in relation to dose, maximum daily dose, period of use (less than 6 months) and the age of the user (to be 12 years or older). Whilst the

instance of side effects is low, there are concerns regarding the potential for serious adverse side effects such as growth suppression in children and nasal septum perforation. Use outside the Schedule 2 indications warrants medical supervision and supply would therefore be as a Schedule 4.

The following requirements must be met for the provision of a Schedule 4 pack as a Schedule 2:

- all conditions are met in relation to dose, maximum recommended daily dose, pack size and indication (including age restrictions).
- The pharmacist labels the pack with directions that are consistent with the Schedule 2 dose and indications (as specified in the entry below). The label must also include the name and strength of the substance and the name of the patient.
- All references to Schedule 4 and Schedule 4 indications are removed from the pack or obscured so as to avoid confusion amongst patients.
- Only a CMI consistent with the approved Schedule 2 indications should be provided.

## **Schedule 2 Entry**

**Mometasone** in aqueous nasal sprays delivering 50 micrograms or less of mometasone per actuation when the maximum recommended daily dose is no greater than 200 micrograms for the prophylaxis or treatment of allergic rhinitis for up to 6 months in adults and children 12 years of age and over.

## **7. Changes to the Tasmanian Poisons List**

Consistent with the recommendations of the National Drugs and Poisons Scheduling Committee (NDPSC), a number of amendments will be made to the Tasmanian Poisons List that take effect from the 1st January 2008. The consolidated Poisons List is available on the website [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au). The more significant Poisons list entries are given below with some explanatory information:

### **7.1 Schedule 2- Amendments**

**PROPAMIDINE** for ophthalmic use.

**DIBROMOPROPAMIDINE** for ophthalmic use.

***Background:** These two substances had previously been unscheduled. The committee agreed to include propamide and dibromopropamide for ophthalmic use in Schedule 2 and for all other uses in Schedule 4 due to concerns at the appropriateness of consumers treating ocular infections without access to pharmacist advice if required.*

**PARACETAMOL** for therapeutic use **except:**

- (a) when included in Schedule 4;
- (b) in individually wrapped powders or sachets of granules each containing 1000 mg or less of paracetamol as the only therapeutically active constituent (other than phenylephrine or when combined with effervescent agents) when:
  - (i) enclosed in a primary pack that contains not more than 12 such powders or sachets of granules;
  - (ii) compliant with the requirements of the *Required Advisory Statements for Medicine Labels*;
  - (iii) not labelled for the treatment of children 6 years of age or less; and
  - (iv) not labelled for the treatment of children under 12 years of age when combined with phenylephrine; or

- (c) in tablets or capsules each containing 500 mg or less of paracetamol as the only therapeutically active constituent (other than phenylephrine or when combined with effervescent agents) when:
  - (i) packed in blister or strip packaging or in a container with a child-resistant closure;
  - (ii) in a primary pack containing not more than 25 tablets or capsules;
  - (iii) compliant with the requirements of the *Required Advisory Statements for Medicine Labels*;
  - (iv) not labelled for the treatment of children 6 years of age or less; and
  - (v) not labelled for the treatment of children under 12 years of age when combined with phenylephrine.

**Background:** *Clauses (b) and (c) have been amended to allow the sale or supply of paracetamol and phenylephrine in combination as unscheduled (only when all restrictions currently applying to both substances individually in respect of dose, recommended daily dose and total pack size have been met). The committee considered ADRAC reports and experience with the combination in the UK and New Zealand where the relevant products are already classified as general sale.*

## **7.2 Schedule 3- Revised entries**

**PROMETHAZINE** in oral preparations **except:**

- (a) when included in Schedule 2; or
- (b) in preparations for the treatment of children under 2 years of age.

**TRIMEPRAZINE:**

- (a) in solid oral preparations **except** when include in Schedule 2; or
- (b) in liquid oral preparations containing 10 mg or less of trimeprazine per 5 mL, **except** in preparations for the treatment of children under 2 years of age.

**Background:** *The provision for the supply by a pharmacist of the antihistamines, promethazine and trimeprazine, for use in children under 2 years of age has been removed from Schedule 3.*

*The NDPSC had undertaken a detailed review of the current literature and reports on the safety of the sedating antihistamines. The committee agreed that the phenothiazine derived antihistamines, promethazine and trimeprazine, posed a particular risk to children less than two years of age and as such should only be available as prescription medicines to this age group. The committee also concluded that there is insufficient evidence to consider that this risk applies to the remaining sedating antihistamines.*

Please contact this Branch if you have any queries.

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