

May 2008

## IMPORTANT INFORMATION CIRCULAR FOR PHARMACISTS IN TASMANIA

### **\*\*\* SAFETY AND LEGAL ISSUES \*\*\***

There is currently concern that some pharmacists are not paying sufficient heed to issues relating to patient and public safety. These concerns are shared both by the Pharmacy Board that regulates pharmacist's practice and Pharmaceutical Services Branch (PSB) that administers the *Poisons Act*. We would ask that pharmacists closely consider their obligations in respect of the requirement to comply with the *Poisons Act 1971*, the *Poisons Regulations 2002* and practice standards under the Pharmacists Registration Act.

The following matters are brought to your attention:

#### **Storage and Recording of Schedule 8 Medications**

The Pharmaceutical Services Branch wrote to all pharmacists earlier this year drawing to their attention the requirements in relation to Schedule 8 recording and storage. It was also indicated that an inspection program was being undertaken by the Branch.

This inspection program has now commenced and the results of the inspections carried out to date raise a number of very serious concerns. The number of discrepancies in balances, negative balances, stock that could not be accounted for, the incorrect recording of narcotics and the lack of attention to the required security of safes does not reflect well on the practice of pharmacy in this state.

The diversion of schedule 8 medications in the Tasmanian community is a very serious public health issue and results in a high rate of morbidity and mortality. Lack of attention to the required regulations in recording supply of Schedule 8 medications and security of the drugs puts pharmacist and staff in a very precarious position. The values of these drugs equate to a \$1 per mg and the average of unaccounted Schedule 8 medications across the pharmacies inspected is a street value of \$4,000 per pharmacy. One pharmacy has been referred to the Pharmacy Board and Tasmania Police will be asked to further investigate the extremely high level S8 medications unaccounted for in another pharmacy.

The referral of pharmacists to authorities is not the desired outcome of these inspections and compliance with the legal requirements will prevent this and ensure that the practice of pharmacy in this area accurately reflects the required standards. We would ask pharmacies to ensure that all registers accurately reflect the balance of stock at hand. All safes are to be locked at all times when not in used and with access to the narcotics in the safe or approved day safe only to be by the pharmacist on duty and the key to be held by this person at all times.

## **Early supply of Schedule 4 Declared medication**

As advised in the December circular there is considerable concern at some pharmacists dispensing early repeat prescriptions for Schedule 4 Declared substances. Further instances have come to the Branch's attention of dispensing outside the requirements of the *Poisons Regulations 2002*. Pharmacists are reminded that these substances are subject to significant misuse and diversion and early supply may in some cases present a major patient safety risk. These substances figure prominently in Coroner's reports and pharmacists may find themselves having to explain their actions in the event of a death from abuse or diversion.

The Regulations specify requirements for specific intervals between repeats and the relevant extract of Regulation 40 is appended. Please read this carefully. It is important to note that whilst Regulation 40(5) allows for 4 days grace in some circumstances this is only applicable once in the life of a prescription. The intervals between dispensing may only be varied with appropriate authority from the prescriber.

In the case that a prescriber specifies the interval on the prescription there is no grace period applicable.

A number of instances of early supply of alprazolam have come to our attention. For instance three packs of alprazolam 1mg 50 were supplied on 3 consecutive days by three different pharmacies to one patient. In another case a patient received 500 tablets of alprazolam 2mg from one pharmacy over a period of a month. Such incidents may seriously compromise patient and public safety and pharmacists will be asked to explain their actions in these cases. Where there is not a satisfactory explanation provided, the matter may be referred to the Pharmacy Board.

A community pharmacist has also raised his concerns with PSB that some pharmacies are relying on their software to calculate repeat intervals and the expiry of prescriptions. These are often incorrectly stated in respect of the requirements of the Tasmanian statutes. (Please note that the PBS limits on dispensing repeats are less restrictive than those imposed by the Poisons Regulations. However the requirements of the latter must be observed). Please ensure that information to patients on repeat forms or labels does not incorrectly advise of repeat dates. A prescription for a Schedule 4 Declared substance is only valid for 6 months in Tasmania.

## **Interstate prescriptions for Schedule 4 Declared substances and Schedule 8 substances**

Pharmacists are reminded that Schedule 8 and Schedule 4 Declared (S4D) substances may only be supplied on the prescription of a medical practitioner registered in this state. The Tasmanian registration of a prescriber with an interstate address must be confirmed before dispensing.

The Branch has received reports and complaints of pharmacists dispensing interstate prescriptions. Again pharmacists will be asked to explain their actions and complaints may be referred from the Pharmaceutical Services Branch to the Pharmacy Board.

## **Dispensing of prescriptions for narcotic substances once a patient has ceased treatment under the Opioid Pharmacotherapy Program**

At times patients will cease treatment with methadone or buprenorphine under the Opioid Pharmacotherapy Program and there are a number of possible reasons for this e.g. drug dependence is in remission, failed to pickup doses, the patient has left treatment against advice. However, drug dependence is a chronic relapsing and remitting condition and before there is any subsequent provision of narcotic substances careful consideration will be required with specialist input.

Pharmacists are advised that, where an ex opioid pharmacotherapy treatment program patient presents a prescription for a narcotic substance or other drug of dependence and the pharmacist is aware of their treatment history, there should be advice to the prescriber of the past treatment. For safety reasons the prescriber should consider closely the appropriateness of supply. Where a patient is declared drug dependent, an authorisation is required under the *Alcohol and Drug Dependency Act 1968* before prescribing.

It is also recommended that in these circumstances pharmacists advise PSB of the prescribing so that appropriate action can be taken.

Please contact this Branch if you have any queries.

Mary Sharpe  
**Chief Pharmacist**

Jayne Wilson  
**Registrar Pharmacy Board**