

Information Circular for Pharmacists in Tasmania

## **Poisons Regulation Changes**

It is expected that a number of changes to the Poisons Regulations will be gazetted on Wednesday 22 December 1999. Pharmacists should assume changes take effect unless notified to the contrary.

1. **Prescription for certain narcotic substances to be issued only on authority of the Secretary (Reg 16)**  
Currently, the Poisons Regulations lists a number of narcotic substances that cannot be prescribed without prior authority of the Secretary. Following implementation of the regulation, fentanyl in patches for transdermal delivery will be added to this list, except in the case of a patient with cancer. Responsibility for enforcing this regulation lies with the department. Pharmacists are not expected to take steps to check whether an authorisation has been issued in each case.
  
2. **Transfer of retained prescriptions for Schedule 8 substances (Reg 17)**  
Currently all S8 scripts, including those where repeats are ordered, must be retained by the pharmacy where they were first dispensed. This regulation was introduced in December 1998 to help reduce the incidence of forgery in that the forger is unable to take possession of the prescription after dispensing, when there are repeats ordered. However, there are at times legitimate and practical reasons why a person may need to have their repeat medication dispensed at another pharmacy. In order to facilitate transfer an amendment to Regulation 17 will allow this to occur. The pharmacist must seek either oral or written authorisation from the Pharmaceutical Services Branch. The authorisation may also be subject to conditions. (e.g. requiring the prescription to be transferred to the pharmacy by mail).
  
3. **Wider availability of Salbutamol in the Community. (Reg 34 D)**  
Currently supply to a person, other than the patient, of Salbutamol inhalers can only be made to a school principal for a first aid kit or person who presents with a Pharmaceutical Services Branch authorisation. The regulations will now allow supply to be made to persons who are approved by the Secretary as suitably accredited and trained. This would apply to persons who have been accredited by an Asthma Nurse Advisor of the Asthma Foundation of Tasmania and trained St John Ambulance Officers. Pharmacists should ensure that they sight the appropriate identification/certification before supply is made. Records of supply, as with all "S3R" items, must still be made. Preliminary notice and interim steps in relation to this were detailed in newsletter 9 of May 1999.

4. **Supply of a restricted substance in a medical institution. (Reg 34 AC)**  
To ensure the continuity of pharmaceutical care to residents and patients in medical institutions Regulation 34 AC has been added. The new regulation allows a pharmacist to supply to a resident or patient, in a medical institution, a restricted substance where there is no valid prescription subject to the following conditions: -
- The supply relates only to a Schedule 4 substance
  - The drug must be ordered on a drug therapy chart, which the pharmacist has seen or has a copy of.
  - The pharmacist must also be satisfied that the continued supply is necessary for the treatment of the patient.
  - The pharmacist must make a record in an approved system of all details and the basis on which it was supplied.
  - The amount supplied must not exceed the smallest practicable amount and if a PBS item the maximum quantity specified in the current PBS Schedule.
  - This supply can only occur once and a prescription must be received within 24 hours, after supply, from the doctor responsible for preparing the drug therapy chart.
5. **Removal of S3 recording requirements for Nicotine products.**  
Currently, the supply of any S3 Nicotine product is required under the Poisons Regulations to be recorded (i.e. S3R). In line with movement of many nicotine products to S2 (for the promotion of smoking cessation) and the advent of a new Nicotine Inhaler in S3, it has been decided to remove Nicotine from Schedule V11 of the *Poisons Regulations 1975*. This means that nicotine products that are S3 will now need to comply only with S3 protocols and standards. (e.g. pharmacist must make sale with appropriate counseling. Product must be stored in the dispensary).

## **Changes to the Tasmanian Poisons List Effective 18<sup>th</sup> December 1999**

Consistent with the recommendations of the National Drugs and Poisons Scheduling Committee (N.D.P.S.C.) the following changes will come into effect on the 18<sup>th</sup> December 1999. Pharmacists should assume that the changes will take effect unless they are advised to the contrary.

### **Schedule 2**

***Glyceryl Trinitrate***- all presentations (other than glyceryl trinitrate injection which remains in Schedule 4) will be listed in Schedule 2.

### **Schedule 3**

***Nicotinic acid*** in strengths greater than 100mg will be moved to Schedule 3 from Schedule 4. The new listing in Schedule 3 reads:

"Schedule 3- Nicotinic acid for human therapeutic use except:

- (a) in preparations containing 100mg or less of nicotinic acid per dosage unit;  
or
- (b) nicotinamide"

### **Schedule 4**

New entries in Schedule 4 include:

**Abacavir (Ziagen tablets and oral solution) 300mg tablets, 20mg/ml solution**

For use in combination with other antiviral agents for the treatment of HIV infection.

**Acamprosate calcium (Campral- Alphapharm) 35mg film-coated tablets**

Approved for the maintenance of abstinence in alcohol dependent patients, in combination with counselling.

**Efavirenz (Stocrin capsules- MSD) 50mg, 100mg and 200mg capsules**

For use in combination with other antiviral agents for the treatment of HIV 1 infection.

**Entacapone (Comtan- Novartis) 200mg tablets**

For use in management of patients with Parkinson's disease as an adjunct therapy to L-Dopa/ Dopa decarboxylase inhibitor therapy, in patients with motor fluctuations.

**Glatiramer Acetate (Copaxone injection- Hoechst Marion Roussel) 20mg**

Approved for the reduction of frequency in relapses in patients with relapsing-remitting multiple sclerosis.

**Repaglinide (Novonorm- Novo Nordisk) 0.5mg, 1mg and 2mg tablets**

This drug is indicated as diabetic therapy when diet, physical exercise or weight reduction with other oral hypoglycaemic agents are not sufficient to control blood glucose levels. It should be used in combination with metformin when metformin alone has not given satisfactory glucose control.

**Tolteridone tartrate (Detrusitol- Pharmacia and Upjohn) 1mg and 2mg tablets**

Approved for the treatment of patients with overactive bladder (e.g. symptoms of urinary frequency, urgency, or incontinence or any combination of these symptoms).

**Zanamivir (Relenza powder for inhalation- Glaxowellcome) 5mg**

Approved for the treatment of infections due to influenza A or B viruses in adults and children 12 years and older.

### **Schedule 3 poisons permitted to be advertised**

***Hydrocortisone*** in preparations for rectal use has been approved for advertising.

## **Scheduling changes to be considered- Pseudoephedrine**

The scheduling of pseudoephedrine is to be considered at the next N.D.P.S.C. meeting in February. More restrictive scheduling is proposed due to concerns in regard to misuse and conversion to methylamphetamine. There will be the need to achieve the right balance of access and restriction and Pharmaceutical Services Branch invites input regarding possible changes. Comments can be directed to the Branch in writing or to 6233 2064.