



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

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INFORMATION CIRCULAR FOR PHARMACISTS IN TASMANIA

I. Interstate prescriptions for schedule 8 and schedule S4D medications

As we approach the festive season, during which time Tasmania can expect an influx of tourists from mainland Australia, the Pharmaceutical Services Branch would like to remind pharmacists of the requirements relating to the dispensing of prescriptions for schedule 8 and schedule S4D medications written by interstate prescribers.

For the purposes of the *Tasmanian Poisons Act 1971* when prescribing a Schedule 8 or Schedule 4 Declared substance the medical practitioner must be "*present in Tasmania and acting in the course of medical practice in Tasmania;*" The same provisions apply to other prescribers including dentists, nurse practitioners and optometrists.

It follows, therefore, that the vast majority of prescriptions for schedule 8 and schedule 4 medications written by interstate prescribers are **unable to be dispensed in Tasmania.**

Please be aware, however, that there are a small number of medical practitioners, in the main specialists, who are regular visitors to the state and meet the definition above, and whose prescriptions can legally be dispensed in Tasmania (the Tasmanian prescribing address must be clearly stated on the prescription).

Schedule 4D medications include benzodiazepines, for example **alprazolam**, 30mg codeine/ paracetamol combinations and anabolic steroids, amongst others. For a full list, please refer to the Pharmaceutical services Branch website, under [Legislation links:](#)

<http://www.dhhs.tas.gov.au/psbtas/>

2. Hospital prescriptions for a schedule 8 medication

The Pharmaceutical Services Branch regularly receives enquiries from pharmacists about whether they can dispense schedule 8 medications prescribed on handwritten prescriptions by hospital based prescribers.

The issue that frequently arises in dispensing handwritten hospital prescriptions for schedule 8 medications is ascertaining the identity of the prescriber. It is not uncommon for the prescriber's name on a prescription also to be handwritten, not always legibly. It is the responsibility of the dispensing pharmacist to verify that a prescription is a *bona fide* prescription before dispensing – if there is any doubt, the dispensing pharmacist should contact the prescriber to verify the prescription.

Poisons Regulation 24 is relevant to this and states:

“24. Restriction on dispensing narcotic substances

(1) A person who is unable to verify that a prescription for a narcotic substance is authentic must dispense no more of that substance than is sufficient for 2 days' treatment if it is used in accordance with the instructions on the prescription.

(2) For the purposes of subregulation (1), a person is to be taken to have authenticated a prescription if that person –

- (a) is familiar with the handwriting of the purported prescriber and is satisfied that the prescription is in that handwriting; or*
- (b) verifies with the purported prescriber that he or she wrote the prescription.”*

The regulations require pharmacists to authenticate the identity of the prescriber for EVERY schedule 8 prescription BEFORE it is dispensed by one of the two specified options or, alternatively, to only supply a sufficient quantity for 2 day's treatment.

This is an important measure to stop the obtaining of narcotics by fraudulent means.

3. Cough mixtures containing dextromethorphan

The Pharmaceutical Services Branch from time to time receives reports that dextromethorphan containing cough mixtures are being targeted by people wishing to misuse them for the purpose of becoming intoxicated. One recent report asserts that such products are, at present, 'being severely abused' in Hobart.

Pharmacists are reminded of their responsibilities with regard to these products which, in the main, reside in schedule 2 of the Poisons List.

Poisons Regulation 39 describes the requirements for the storage of schedule 2 medicines. In essence, this regulation requires that schedule 2 medicines be stored in the pharmacy in such locations that pharmacists can exercise supervision over their supply, without necessarily being directly personally involved in each supply. The

Pharmaceutical Society of Australia and others have also issued guidelines relating to the professional requirements underpinning the supply of schedule 2 medications.

Pharmacists are expected to exercise their duty of care diligently with regard to the supply of schedule 2 medications, including those containing dextromethorphan. Where there is reason to believe a product is being targeted for misuse, consideration should be given to removing it from any part of the pharmacy where 'self selection' is possible.

4. Repeat intervals on schedule 4D and schedule 8 medicines - early supply can be unsafe

The National Coroners Information System indicates that there were 302 opioid and benzodiazepine related deaths in Tasmania between 2000 and 2009.

Despite this concerning statistic there is evidence that pharmacies are dispensing schedule 8 and schedule 4D medications in contravention of the requirements of the Tasmanian *Poisons Regulations 2008* for schedule 8 and schedule 4D medications.

Given the significant potential for misadventure this creates, pharmacists are advised to re-read the item below, as published in the Branch's April 2011 newsletter:

"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. Significant scheduling amendments

The Advisory Committee on Medicines Scheduling (ACMS) has made a number of recommendations for amendments to scheduling nationally.

4.1 Fexofenadine

The Advisory Committee on Medicines Scheduling (the committee replacing the National Drugs and Poisons Scheduling Committee) has recommended that small packs of fexofenadine be made available as unscheduled items. Considerations were the efficacy of the substance, risks and benefits, the purpose and extent of use and labelling and packaging.

The delegate under the Therapeutic Goods Act 1989 confirmed that fexofenadine when for the short-term symptomatic relief of seasonal allergic rhinitis in adults and children 12 years of age and over when sold in small packs of 10 dosage units or less (i.e. not more than 5 days supply at the current maximum recommended dose) with a maximum daily dose of 120 mg should be exempt from scheduling.

1.2 Nicotine

On the recommendation of the ACMS therapeutic nicotine products for inhalation will be made unscheduled from 1 January 2012. The nicotine from the inhalers is absorbed by the oromucosal route rather than by the respiratory tract. The scheduling of all products absorbed by the oromucosal route e.g. chewing gum, lozenges and oromucosal spray will be unscheduled.

Jim Galloway
Deputy Chief Pharmacist

15th December 2011

APPENDIX I- SCHEDULING CHANGES

1. FEXOFENADINE

SCHEDULE 2 – AMENDMENT

FEXOFENADINE – amend entry to read:

FEXOFENADINE in preparations for oral use **except** in preparations for the treatment of seasonal allergic rhinitis in adults and children 12 years of age and over when:

- (a) in a primary pack containing 10 dosage units or less and not more than 5 days' supply; and
- (b) labelled with a recommended daily dose not exceeding 120 mg of fexofenadine.

SCHEDULE 4 – AMENDMENT

FEXOFENADINE – amend entry to read:

FEXOFENADINE except:

- (a) when included in Schedule 2; or
- (b) in preparations for the treatment of seasonal allergic rhinitis in adults and children 12 years of age and over when:
 - (i) in a primary pack containing 10 dosage units or less and not more than 5 days' supply; and
 - (ii) labelled with a recommended daily dose not exceeding 120 mg of fexofenadine.

2. NICOTINE

SCHEDULE 2 – AMENDMENT

NICOTINE – delete entry.

SCHEDULE 4 – AMENDMENT

NICOTINE – amend entry to read:

NICOTINE in preparations for human therapeutic use **except** for use as an aid in withdrawal from tobacco smoking in preparations for oromucosal or transdermal use.