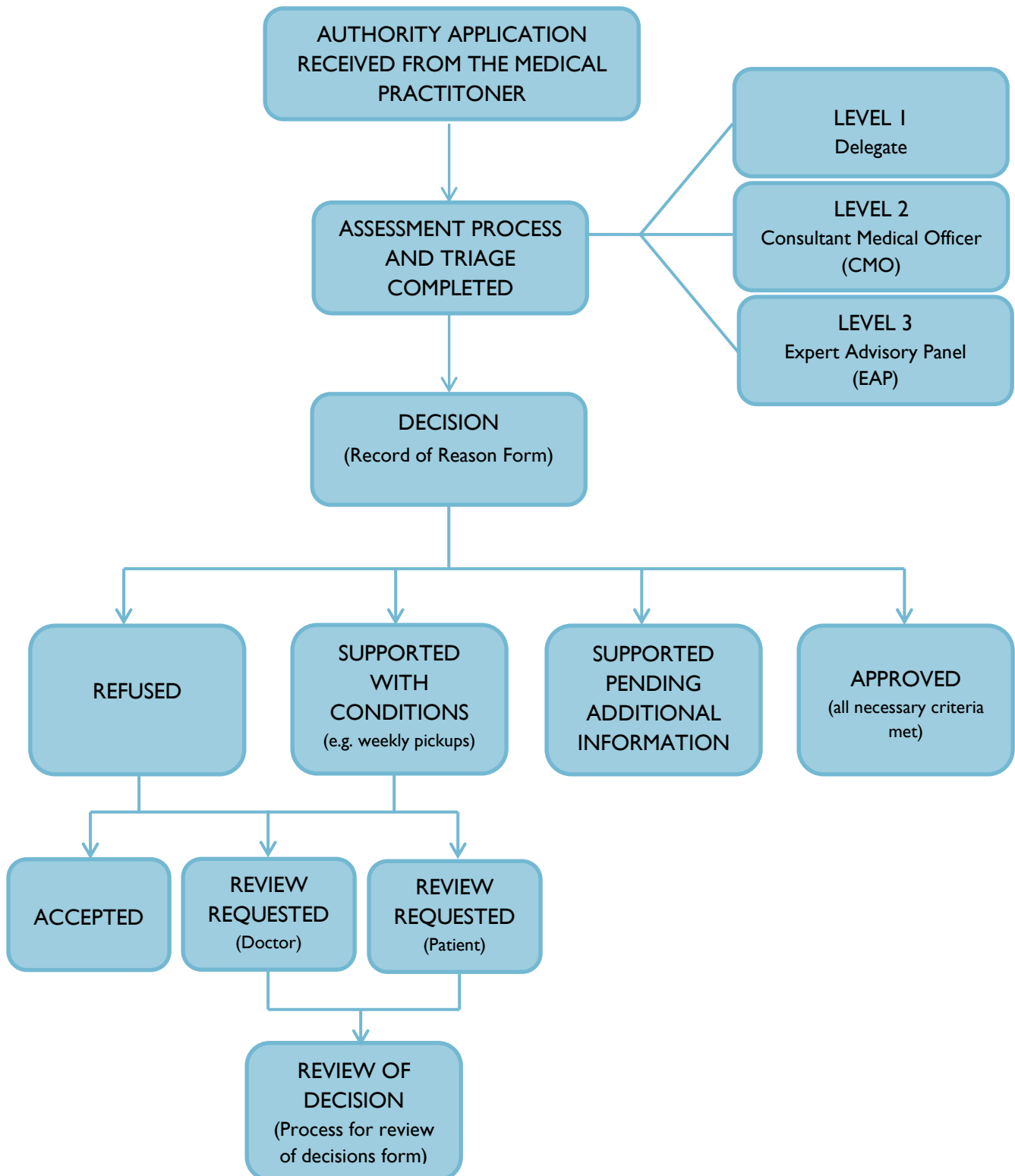


**PROCESS FOR ASSESSING AND GRANTING AUTHORITIES TO PRESCRIBE SCHEDULE 8 DRUGS UNDER SECTION 59E OF THE TASMANIAN POISONS ACT 1971**

**Process Overview**



## Guiding Principles

Authorities are to be granted consistent with evidence based guidelines to ensure optimal persistent pain management and limiting any adverse effects. Where treatment is being sought for chronic pain, authorisation is issued in a manner that allows for treatment that is consistent with the following principles of chronic pain treatment:

- Cause of pain has been identified and opioid treatment is appropriate;
- Non-opioid treatments have been adopted or trialled;
- Minimum effective dose is used to provide a reduction in pain levels and increase in function;
- Dose increases over time are to be consistent with changes in pathology and risk-benefit assessment;
- Authority duration is based on identified risk factors;
- Authority conditions are to be included based on concerns identified (including minor and major aberrant behaviours) or any other risk factors. Conditions may be imposed and are guided by the use of the internal working document *Guidelines for Approving Schedule 8 Medications*.

## Assessment Process

The procedure for the delegate of the Secretary to consider an application is divided into three levels:

### **Level 1 - Consideration of an application by the Pharmaceutical Services Branch (PSB) delegate without further referral**

- Applications identified as lower risk may be authorised by the delegate (PSB pharmacist) without referral to the Consultant Medical Officer (CMO) or Expert Advisory Panel (EAP). Risk is identified as a function of age, drug, dose, care arrangements (nursing home), indication (pain due to malignancy), specialist endorsement or prescribing.
- The delegate should refer the following applications to the EAP:
  - Applications for doses significantly in excess of the maximum doses identified in *Protocol for Opioid Prescribing in Tasmania*;
  - Applications for injectable opioids;
  - Applications for treatment of migraine/headache/fibromyalgia and abdominal pain with no demonstrable pathology;
  - Applications where there is conflicting specialist opinion;
  - Applications where the CMO has indicated there would be benefit in seeking EAP advice; and
  - Applications in which other significant risk factors have been identified.
- The delegate may approve an application for an authority previously referred to the CMO or EAP where there is not a significant change since the last authority was granted.
- In all cases the delegate retains the right to decline approval where he/she finds it necessary to seek more advice due to identified concern or risk.

### **Level 2 - Referral to the Consultant Medical Officer (CMO) for advice**

- Applications of moderate risk may be authorised by the delegate after referral to the CMO for advice. Risk is identified as a function of age, drug, dose, indication, specialist endorsement or prescribing, or minor or major aberrant behaviours.
- In particular applications for patients with a history of treatment with opioid pharmacotherapy or major aberrant behaviours must be referred to the CMO for advice (these in turn may be referred to the EAP).
- The CMO retains the right to decline to provide advice to the delegate where he/she finds it necessary to seek more advice due to identified concerns or risk.

### **Level 3 - Referral to the Expert Advisory Panel (EAP) for advice**

- Applications of high risk or complexity may be authorised by the delegate after referral to the EAP for advice. The panel consists of a pain specialist, addiction medicine specialist and a Royal Australian College of General Practitioners (RACGP) endorsed general practitioner. Risk is identified as a function of age, drug, dose, indication, specialist endorsement or prescribing, or minor or major aberrant behaviours.

## **Specialist Endorsement**

Specialist endorsement should provide details of the following:

- Patient's diagnosis and need for ongoing treatment with S8 medications;
- Drug, dose and frequency of administration of the S8 medicine(s) required;
- Length of time that a consultant will endorse the application. If no length of time is specified, the Department will determine the length of time a specialists' endorsement is valid. This will be dependent on individual circumstances and if there are any identified concerns of treatment risk to the patient and/or others.

Authorisations will not be issued where patients fail to attend scheduled specialist appointments. It is the responsibility of the practitioner and the patient to ensure ongoing specialist review if required.

The following specialists are an example of those recognised as being able to provide specialist support for high risk applications provided that the specialist is clearly involved in the patient's management of diagnosed chronic non-malignant pain.

- Anaesthetist;
- Endocrinologist;
- Gastroenterologist;
- Neurologist;
- Oncologist;
- Pain medicine specialist;
- Palliative care specialist;
- Physician;
- Rheumatologist;
- Surgeon; and
- Geriatricians

Practitioners who are a Fellow of the RACP Australasian Chapter of Addiction Medicine (FACHAM) will be recognised as specialists for the clinical diagnosis and management of opioid dependence in patients who have been prescribed Schedule 8 medications for the treatment of pain, where concerns arise in relation to their use or management of opioid medications.

Specialists in addiction medicine (having a FACHAM qualification) may also be involved in providing clinical advice in relation to those patients who are diagnosed as being drug dependent or displaying evidence of aberrant behaviour related to their opioid medication such as diversion, self-administration by injection, escalating doses independent of their doctor's knowledge and advice and doctor shopping and who present with clinical evidence of co-occurring pain. It is recommended that where good evidence exists of co-occurring pain and addiction, the patient is reviewed by a FACHAM and by a pain medicine specialist, preferably in the context of a multi-disciplinary pain team assessment, as a matter of priority.