

COVID-19 Quick Guide

Controlled Substances (Poisons) (Emergency Supply – Human Coronavirus Disease (COVID-19)) Notice 2020 allowing emergency supply of medicines (SA)

1. Eligible medicines

Schedule 4 medicines, excluding those listed in section 19(1) of the *Controlled Substances (Poisons) Regulations 2011*, e.g thalidomide, isotretinoin, clomiphene and in Appendix D

2. Duration of revised regulation

27 March 2020 – 5 April 2020 (for duration of Emergency Declaration)

3. Implications for outpatient supply of medicines

Patients who regularly obtain medicines from hospital outpatient pharmacies may not have valid prescriptions during COVID-19 for a variety of reasons such as:

- Expired prescriptions or no more repeat prescriptions
- Not appropriate to attend outpatient clinic appointment to obtain new prescription during COVID-19 due to personal or health reasons
- Outpatient clinic has closed temporarily or appointment has been cancelled due to clinician capacity or community transmissions concerns

However, medicines continuity and adherence are extremely important for patients to continue managing their health conditions at home to avoid acute health issues that require care in a hospital.

Thus, under the Emergency Supply – Human Coronavirus Disease (COVID-19) Notice, where:

- it is impracticable for a patient to obtain a prescription for a medicine they require; and
- the patient has been treated with this medicine before; and
- the medicine is a Schedule 4 medicine; and
- the patient usually obtains this medicine from their hospital pharmacy;

hospital pharmacists are able to supply a standard PBS quantity or smallest commercially available pack quantity for outpatients without a prescription to ensure continuity of treatment.

4. Implications for supply of medicines on discharge

During the COVID-19 pandemic, hospitals will likely experience heightened demand for hospital beds where ensuring timely bed flow is necessary to admit patients to hospital inpatient wards during surge presentations.

Simultaneously, hospital clinicians may have reduced overall capacity due to quarantining/isolation of clinicians coupled with being reprioritisation of their clinical capacity, leading to doctors being unable to prescribe discharge medicines in a timely manner. These circumstances may result in it being impractical for the patient to obtain a prescription at this time. This could be defined a range of ways but should be clear (i.e. hospital capacity, doctor availability and timeliness, patient risk).

Thus, if discharge medicines supply is significantly holding up a patient discharge, limiting bed flow and keeping the patient in a hospital environment with confirmed COVID-19 cases longer than necessary, it may be appropriate to supply discharge medicines under the Emergency Supply – Human Coronavirus Disease (COVID-19) Notice for medicines that are charted on the inpatient medication administration chart and were intended to continue on discharge according to the inpatient's treatment plan and/or medication action plan and/or clinical notes.

5. PBS eligibility

Whilst medicines supplied under Continued Dispensing – Emergency Measures arrangements are eligible for PBS benefits under *National Health (Continued Dispensing – Emergency Measures) Determination 2020*, this only applies to section 90 community pharmacies at this point in time.

SHPA is currently in discussions to extend PBS eligibility for section 94 hospital pharmacies for medicines supplied under Continued Dispensing – Emergency Measures.

6. Practice considerations

- Ensure that you have the support of your pharmacy department, medical department and hospital management to supply medicines without a prescription under the Emergency Supply – Human Coronavirus Disease (COVID-19) Notice
- Consider how you will communicate this to your departmental colleagues, nursing and medical colleagues
- Determine the workflows within your health service for supplying medicines under Emergency Supply – Human Coronavirus Disease (COVID-19) Notice and what notifications will be required for the doctor or medical unit the patient is assigned to
- Consider how supplying medicines under these arrangements will be recorded in the pharmacy dispensing software and the patient's medical record
- Determine which medical units, outpatient clinics or inpatient wards would benefit most from these arrangements, particularly if your department is operating with reduced capacity
- Determine which pharmacists in your department are most suited with respect to their experience and scope of practice to participate in these arrangements
- Given that medicines supplied under this arrangement do not currently attract PBS benefits, determine what the threshold is for your hospital to supply a moderate-to-high cost medicine without PBS subsidy where it otherwise would be eligible
- Consider whether medicines supply under these arrangements may be outsourced to patient's regular community pharmacy which is eligible for PBS subsidy, what type of clinical information would be required for this and how it would be provided to the community pharmacy
- Review the Pharmaceutical Society of Australia's [Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists](#)

7. Regulatory change details

On 27 March 2020, the Minister for Health and Wellbeing in South Australia announced the [Controlled Substances \(Poisons\) \(Emergency Supply – Human Coronavirus Disease \(COVID-19\)\) Notice 2020](#) made under [regulation 21 of the Controlled Substances \(Poisons\) Regulations 2011](#) that lasts for the duration of an [Emergency Declaration](#) currently expiring at 13:00 on 5 April 2020.

This Notice enacts and brings into effect section 21(2)(f)(ii)(a) of the *Controlled Substances (Poisons) Regulations 2011* which permits a pharmacist to sell or supply an S4 medication, without dispensing from a prescription, during a declared emergency, where a person is affected by the declared emergency AND the pharmacist is satisfied that:

- *“(a) the person for whom it is to be sold or supplied is being medically treated with the drug; and*
- *(b) the continued sale or supply of that drug is essential to the health of that person; and*
- *(c) there is good reason for the person's inability to produce a prescription for the drug.”*

A [factsheet](#) has also been prepared by SA Health to guide practitioners.