

COVID-19 Quick Guide

Poisons Amendment (Miscellaneous) Regulations 2020 allowing emergency supply of medicines (TAS)

SHPA has been advised that pharmacists should refer to the Tasmanian Health Service for further information. (7/4/2020)

1. Eligible medicines

Schedule 4 medicines apart from specified psychotropics

2. Duration of revised regulation

Until 7 April 2020 (for duration of Public Health 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 *Poisons Amendment (Miscellaneous) Regulations 2020*, where:

- it is impracticable for a patient to obtain or provide 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 *Poisons Amendment (Miscellaneous) Regulations 2020*. Under these circumstances, the Australian Commission on Safety and Quality in Health Care inpatient medication administration chart may be used as a valid prescription. The prescriber or authorised practitioner is required to complete and sign the chart, including the 'continue on discharge' section.

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 Poisons Amendment (Miscellaneous) Regulations 2020
- 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 Poisons Amendment (Miscellaneous) Regulations 2020 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

7. Regulatory change details

On 31 March 2020, the Tasmanian government announced the [Poisons Amendment \(Miscellaneous\) Regulations 2020](#) with reference to the [Poisons Regulations 2018](#) that lasts for the duration of a Public Health Emergency Declaration.

Under regulation 53A:

- A prescription is not required by a pharmacist to supply or sell restricted medicines, apart from specified psychotropics, where:
 - An emergency declaration has been made AND
 - The supply is made by the pharmacist AND
 - The pharmacist is satisfied on reasonable grounds that the person seeking the sale or supply of the restricted substance –
 - (i) has a valid prescription for the restricted substance to be sold or supplied but is unable to provide the prescription due to the emergency OR*
 - (ii) requires provision of the restricted substance and has previously had a valid prescription for the restricted substance to be sold or supplied but is unable to be issued with a new prescription for the restricted substance due to the emergency*

- The maximum quantity allowed to be supplied is a PBS maximum quantity or smallest commercial pack size for non-PBS items

- The following must be recorded in dispense records/system
 - (i) the date on which the restricted substance is supplied; and*
 - (ii) a note to the effect that the supply of the restricted substance was by way of emergency supply under this regulation, including the reasons for that emergency supply and, to the best of the knowledge and belief of the pharmaceutical chemist, the name of the medical practitioner, endorsed midwife, authorised health professional or authorised nurse practitioner by whom the restricted substance was last prescribed for the patient; and*
 - (iii) the name and address of the patient; and*
 - (iv) particulars of the restricted substance sufficient to identify it and to indicate in what quantity and strength it was supplied; and*
 - (v) the directions given for the use by the patient of the restricted substance*

Under regulation 45(7) a **valid prescription for a restricted medicine includes a medication chart** for an inpatient where:

- The patient is an inpatient at the health institution AND
- The medication chart:
 - Is completed in ink by a medical practitioner, authorised nurse practitioner or authorised health professional AND
 - Includes
 - (i) the name, form and strength of the restricted substance;*
 - (ii) the date of prescribing the restricted substance;*
 - (iii) the dose of the restricted substance;*
 - (iv) the frequency of administration or a notation to the effect that the restricted substance is to be used as directed;*
 - (v) the route of administration of the restricted substance;*
 - (vi) **the signature of the person prescribing the restricted substance.***

A medication chart is defined in regulation 3 as

- *a format formulated by the Australian Commission on Safety and Quality in Health Care*

Under regulation 20(8) a valid prescription for a narcotic includes a medication chart for an inpatient where:

- The patient is an inpatient at the health institution AND
- The medication chart:
 - Is completed in ink by a medical practitioner, authorised nurse practitioner or authorised health professional AND
 - Includes
 - (i) the name, form and strength of the narcotic substance;*
 - (ii) the date of prescribing the narcotic substance;*
 - (iii) the dose of the narcotic substance;*
 - (iv) the frequency of administration of the narcotic substance;*
 - (v) the route of administration of the narcotic substance;*
 - (vi) **the signature of the person prescribing the narcotic substance***
- The prescription contains only the narcotic substance (Maximum of one per prescription)