

## COVID-19 Quick Guide

### Medicine supply arrangements without a prescription (QLD)

#### 1. Eligible medicines

Schedule 4 medicines (other than those listed in Appendix 1 of the Communicable Diseases Program Drug Therapy Protocol, which have separate conditions)

#### 2. Duration of revised regulation

From 27 March 2020 for the duration of the declared public health emergency in relation to the novel coronavirus disease until 19 May 2020 (may be further extended), unless revoked earlier.

#### 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 and avoid acute health issues that require care in a hospital.

Thus, under the Communicable Diseases Program Drug Therapy Protocol, where it is not practicable for the patient to obtain a prescription for the restricted drug from the hospital prescriber, and the patient requires the use of the medicine for their treatment and wellbeing and has been prescribed this medicine previously, 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.

The pharmacist must maintain records of each episode of supply, including records of the supply event and any attempts to contact the prescriber. Each episode of supply must be communicated by the pharmacist to the person's treating doctor as soon as practicable, but no later than seven days after the supply event.

#### 4. Implications for supply of medicines on discharge

During the COVID-19 pandemic, hospitals will likely experience heightened demand for hospital beds. 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 in a range of ways but should be clear (i.e. hospital capacity, doctor availability and timeliness, patient risk).

Thus, if the supply of discharge medicines 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 Communicable Diseases Program Drug Therapy Protocol for medicines that are charted on the inpatient medication administration chart and are intended to continue on discharge according to the inpatient's treatment plan and/or medication action plan and/or clinical notes.

#### 5. PBS eligibility

Certain medicine supplies may be eligible for PBS benefits under the *National Health (Continued Dispensing – Emergency Measures) Determination 2020* – independent of the Communicable Diseases

The Society of Hospital Pharmacists of Australia. Last updated 28/4/20 – please ensure you have referred to the [most recent version of this advice](#).

The material contained in the Quick Guide is for information purposes and acts as a guide only. SHPA does not guarantee that the information is correct or complete. Practitioners acting within the guidance and changed regulatory parameters should only do so after consultation with their hospital management, medical and pharmacy departments. Contact: [shpa@shpa.org.au](mailto:shpa@shpa.org.au)

Program Drug Therapy Protocol – however, 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. Information will be updated as appropriate.

## 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 Communicable Diseases Program Drug Therapy Protocol
- 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 the Communicable Diseases Program Drug Therapy Protocol and how each episode will be communicated by the pharmacist to the patient's treating doctor or medical unit in a timely manner, but no later than seven days after the supply event
- Consider how supplying medicines under these arrangements will be recorded in the pharmacy dispensing software and the patient's medical record, including any attempts to contact the prescriber
- Define what the term 'not practicable' means for your health service
- 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
- The supply must be recorded that it was made under the Communicable Diseases Program Drug Therapy Protocol.

## 7. Regulatory change details

On 27 March 2020, the Department of Health (QLD) announced a [Drug Therapy Protocol – Communicable Diseases Program pursuant to the Health \(Drugs and Poisons\) Regulation 1996](#) which includes an Appendix 2 that states for the duration of the declared public health emergency in relation to the novel coronavirus disease:

*“The pharmacist must reasonably believe that it is not practicable for the person to obtain a prescription for the restricted drug from an authorised prescriber.*

*The pharmacist must reasonably believe that the person seeking the drug is under medical treatment requiring the use of the drug, the drug has previously been prescribed for the treatment and it is essential to continue the treatment for the person's wellbeing.*

*The quantity supplied of a restricted drug must be no more than:*

*a) For a restricted drug that is on the Pharmaceutical Benefits Scheme, the standard Pharmaceutical Benefits maximum quantity, or*

*b) For a restricted drug that is not on the Pharmaceutical Benefits Scheme, the quantity that is contained in the smallest standard pack in which the restricted drug is generally available.*

*The pharmacist must maintain records of each episode of supply, including records of the supply event and any attempts to contact the prescriber. Each episode of supply must be communicated by the pharmacist to the person's treating doctor as soon as practicable, but no later than seven days after the supply event.*

*The pharmacist must comply with a quality standard for supply of medicines.”*

*This Order comes into force on 27 March 2020 and continues in for the duration of the Public Health Emergency Order unless earlier revoked.”*