

INTERVENTIONS BY PHARMACISTS

This summary has been prepared by the Drugs and Poisons Regulation Group (DPRG) to assist pharmacists in understanding their notification and reporting requirements. Refer to the Drugs, Poisons and Controlled Substances Act 1981 and Regulations 2006 (at www.legislation.vic.gov.au) for full details. The DPRG website (www.health.vic.gov.au/dpu) also contains summaries of other key requirements.

A pharmacist's responsibility

Pharmacists are frequently required to contact prescribers; to check or confirm details or directions of prescribed medications; to advise prescribers of contraindications and possible adverse reactions; to discuss the appropriateness of a particular course of treatment; to express concern about the prescribed dosage or rate of administration. **Interventions are a professional responsibility for pharmacists, who must ultimately decide if it is safe to supply a medication in accordance with a prescription.**

The vast majority of prescriptions do not require an intervention but pharmacists need to be alert to atypical prescriptions or behaviour so that they may intervene when necessary. It is imperative that pharmacists are fully aware of circumstances where they are required to intervene and/or to report to various authorities. The professional or intuitive assessment by a pharmacist might be the only obstacle to many undesirable outcomes.

Regulatory interventions

In some circumstances the Regulations require pharmacists to contact prescribers; to verify the authenticity of prescriptions for Schedule 8 poisons (Regulation 28); to inform prescribers that patients have obtained the same or a similar drug of dependence (Schedule 4 or Schedule 8) from another medical practitioner during the preceding eight weeks (Regulation 32).

Interaction with DPRG

Privacy legislation, in general and as it applies to information held by Medicare Australia, can hinder or prevent health professionals from determining the full extent to which a person might be obtaining prescription drugs. As a result, a person might (inadvertently or intentionally) obtain an inappropriate combination or an excessive quantity of medications, possibly with dire consequences.

DPRG Officers may visit or otherwise contact pharmacies to examine or obtain records in order to assess or identify unlawful or inappropriate prescribing and (where possible) intervene to address those issues. However the numbers of pharmacies and of DPRG Officers are such that many pharmacies are visited infrequently. **Please remember** that DPRG relies on information provided by pharmacists and does not have access to the information contained in the Medicare Australia database.

Stolen prescription information

*The Pharmacy Board website (www.pharmacybd.vic.gov.au/pharmacists) contains frequently updated details of **stolen prescription pads** in a form that allows a pharmacist to search for a prescriber's name. It is strongly recommended that pharmacies have this website bookmarked or listed as a favourite site – to facilitate prompt reference when the need arises.*

Excessive supply – section 36 of the Act

A pharmacist **must notify DPRG** if called upon to dispense Schedule 4 or Schedule 8 poisons for any person in greater quantities or more frequently than appears to be reasonably necessary. This applies regardless of whether the prescription is a PBS Authority script, private script or is funded by another agency (e.g. Workcover, TAC).

Before notifying DPRG, a pharmacist would be expected to have communicated with the relevant prescriber(s) to try to ascertain the reason for the apparently excessive prescribing but, regardless of information provided, if the prescribing still appears greater or more frequent than reasonably necessary a pharmacist **must notify DPRG** and should forward sufficient information to enable the prescribing to be adequately assessed, namely:

- A printout of the person's medication history for a relevant period (e.g. 3-6 months).
- The name, address and phone number of the prescriber(s).
- Any other relevant information (e.g. details of contact with the prescriber).

Permits for Schedule 8 poisons:

Pharmacists are **not** required to notify DPRG simply because a Schedule 8 poison has been prescribed for a period greater than 8 weeks. **However**, knowing (or believing) that a prescriber holds a permit is **not** sufficient reason to fail to notify DPRG of apparently excessive prescribing; the prescriber might be prescribing in excess of the permit limits.

Key indicators of (possibly) excessive supply include the following:

- Prescriptions for a quantity that exceeds previous experiences (e.g. 48 Sustanon injections would be expected to arouse suspicion).
- A prescribed dosage that is outside the normal therapeutic dose range.
- A patient who **consistently** presents prescriptions or repeats more frequently than would be required if the medication were taken in accordance with the noted directions.

Other indicators, which might alert the pharmacist, include:

- The continuous use of short-acting analgesics for management of chronic pain.
- Prescriptions for drugs with a "street value" (e.g. anabolic steroids, narcotics).
- Repeated claims of lost prescriptions or misplaced medications.
- Repeated deferral of other prescribed medications.
- Multiple pharmacies identified on a PBS Safety Net card.
- Atypical behaviour (e.g. a person who explains too much, a medical practitioner collecting pethidine amps for a home visit, unusual phone calls that precede a script).

Regulation 32

A pharmacist who is presented with a script for a drug of dependence (S4 or S8) for a person for whom the same or a similar drug has been prescribed by a different medical practitioner within the previous 8 weeks, must take all reasonable steps **prior to supply** (or, if unable to do so, as soon as practicable after supply) to inform the prescriber that the previous supply has occurred – unless the pharmacist has reason to believe that that prescriber is already aware of the previous supply or script (e.g. doctors **known** to be at the same clinic)

Note: Pharmacists have been prosecuted for failing to comply with this regulation. It is recommended that pharmacists make contemporaneous notes, of any communications with prescribers, in the dispensing records to demonstrate compliance and to ensure that their colleagues are aware notifications have occurred - so that false assumptions are not made.

Fraudulent prescriptions

A pharmacist **must notify the police and DPRG** when presented with a prescription, which is believed to be forged or fraudulent in any way (Regulation 31). Complete the relevant form, from *the DPRG website* (www.health.vic.gov.au/dpu/downloads/hp_rep_forged_prescriptions) and fax it to DPRG.

Other matters to notify to DPRG

- A person obtaining Schedule 4 or Schedule 8 poisons by false pretences.
- Loss or theft of poisons or required records of transactions.
- Unresolved discrepancies in the drug register for Schedule 8 poisons.

This additional summary has been prepared by the Drugs and Poisons Regulation Group (DPRG) to ensure pharmacists are of the increasing incidence of fraudulent computer-generated prescriptions and to emphasise relevant legislative requirements. Reference should be made to the Drugs, Poisons and Controlled Substances Regulations 2006 (at www.legislation.vic.gov.au) for full details.

DO NOT ASSUME a computer-generated prescription is valid

Forged or fraudulent computer-generated prescriptions are of three main types:

- Scanned copies or colour photocopies of genuine prescriptions.
 - *These prescriptions typically lack the perforated edges of genuine prescriptions and can often be detected by careful examination.*
- Forgeries that are printed with a PC using stolen prescription pages.
 - *On some of these forgeries, the prescriber's information on the prescription does not match the pre-printed information on the back of the prescription.*
- Manual alterations to the quantity or number of repeats prescribed.
 - *Medical practitioners are not authorised to make manual alterations to computer-generated prescriptions in Victoria. Refer to the DPRG website, under the "Approved by the Secretary" link (<http://www.health.vic.gov.au/dpu/approve.htm#reg26>) for full details of the "Criteria for computer-generated prescriptions".*

Prescription details to be verified prior to supply

The fact that a prescription appears to be computer-generated or that it has been previously dispensed at the same or another pharmacy does **not** mean it is a legitimate prescription. Pharmacists **must** still comply with the provisions of regulation 28 for all prescriptions for Schedule 8 poisons.

A pharmacist must not supply a Schedule 8 poison on a prescription unless he or she is familiar with the purported prescriber's handwriting **and** the writing is comparable with the usual writing of the purported prescriber; **OR** has taken reasonable steps to verify that the prescription was written by the purported prescriber.

Where neither of these requirements can be met, a pharmacist may supply a quantity of a Schedule 8 poison sufficient for no more than **2 days' treatment**.

Some pharmacists have been prosecuted

Too many pharmacists have dispensed forged or fraudulently altered computer-generated prescriptions (sometimes on multiple occasions) in circumstances where, if they had fulfilled any of a number of their legislative responsibilities and/or examined the Pharmacy Board website list of stolen prescription pages, the deceptions would have been discovered.

Pharmacists might find it difficult to justify their inaction if they have failed to:

- Contact medical practitioners in circumstances where either or both regulations 28 and 32 were applicable – especially on multiple occasions.
- Contact DPRG in accordance where section 36 of the Act was obviously applicable.
- Discover that a purported prescriber's details had already been added to the list of stolen prescriptions on the Pharmacy Board website (www.pharmacybd.vic.gov.au/pharmacists), which is updated frequently.

For further information

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