

KEY PRESCRIBING REQUIREMENTS FOR MEDICAL PRACTITIONERS

This summary has been prepared by the Drugs and Poisons Regulation Group (DPRG) to assist in understanding key prescribing requirements, especially in general practice. 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) contains summaries of other key requirements.

Note: Failure to comply with Victorian legislation renders a person liable to prosecution – regardless of whether (or not) a drug is prescribed as a Pharmaceutical Benefit.

Types of scheduled poisons

Schedule 8 poisons (*labelled Controlled Drug*) are drugs with strict legislative controls, e.g. morphine (Kapanol, MS-Contin), pethidine, oxycodone (Oxycontin, Endone), methadone (Physeptone), hydromorphone (Dilaudid), flunitrazepam (Hypnodorm), fentanyl (Durogesic). **A permit might be required before prescribing Schedule 8 poisons** (see page 2).

Schedule 4 poisons (*labelled Prescription Only Medicine*) include all other drugs for which prescriptions are generally required, e.g. diuretics, oral contraceptives, antibiotics, some compound analgesics (e.g. Panadeine Forte), pseudoephedrine and many others.

The term **“drugs of dependence”** is used to describe **all S8 poisons plus** those S4 poisons that are subject to misuse and trafficking, e.g. benzodiazepines, propoxyphene (Digesic, Doloxene), anorectic drugs (Duromine,) and anabolic steroids. **Medical practitioners must establish patient identity and therapeutic need before prescribing drugs of dependence.**

Retinoids (e.g. acitretin, oral isotretinoin), **ovulatory stimulants** (clomiphene, cyclofenil), **prostaglandins** (e.g. dinoprost) **and thalidomide** are Schedule 4 poisons that may only be prescribed by a medical practitioner with the appropriate qualifications and expertise and who holds a **warrant** to prescribe the drug (*the prescription must be endorsed with the warrant number*) **or** by a medical practitioner acting in accordance with the direction of a warrant holder (*the prescription must also be endorsed with the name of the warrant holder who was consulted*).

Schedule 2 and 3 poisons (*labelled Pharmacy Medicine or Pharmacist Only Medicine respectively*) must only be supplied (in an open shop) by pharmacists. Doctors may use or supply Schedule 2 and 3 poisons in a similar manner to Schedule 4 poisons.

Prescriptions for Schedule 4 and Schedule 8 poisons

- Must contain full details of the prescriber (including address & **phone number**).
- Must contain the patient's name and address.
- Must identify the medication unambiguously.
- Must show the quantity and number of repeats in words and figures for S8 poisons.
- Must be signed by the prescriber – preferably in a manner that prevents a patient from adding an additional item above the prescriber's signature.
- Must contain **precise directions** for use (except where complex directions are provided separately in writing - or if administration is to be carried out by a doctor or nurse).

Computer-generated prescriptions must meet specified criteria (see “Approved by the Secretary” link on the DPRG website <http://www.health.vic.gov.au/dpu/approve.htm#reg26>) and must not be manually amended. Computer-generated prescriptions for all drugs of dependence **must** contain specified elements in the prescriber’s handwriting.

Medical treatment

A medical practitioner must **not** prescribe other than for the medical treatment of a patient under his/her care. For example, the following types of prescribing are **not** acceptable:

- Anabolic steroids for bodybuilding purposes or to enhance sporting performance.
- Stimulants merely to enhance or prolong wakefulness in long distance drivers.
- For persons who are not under their care, e.g. a person who is resident in another country who has not personally consulted the doctor in question.

Drug-seeking behaviour

Key Issues:

- A patient with a **valid** therapeutic need for drugs of dependence **should** have a principal medical practitioner to manage his/her medication regimen.
- Concurrent prescribing by other doctors may be detrimental.
- Drug-seeking behaviour is **not** limited to users of illicit drugs.
- Some drug-seekers have genuine medical problems but have (or are developing) an iatrogenic dependence.
- Drug-seeking activity may be associated with diversion and sale of prescription drugs.

Medical practitioners are reminded that they are **not obliged** to prescribe the maximum PBS quantity of a drug. A smaller quantity can often address an immediate need whilst minimising the potential risks associated with drug-seeking behaviour.

Before prescribing a drug of dependence, a prescriber **must** take **all reasonable steps** to ensure a therapeutic need exists **and** to ascertain the identity of a patient.

Further information about suspected drug-seeking patients may be available from Medicare Australia’s Prescription Shopper Information Service **1800 631 181** or the **DPRG Help Line - 1300 364 545** (to avoid delays - **select option 1**). (Refer to the information sheet “Obtaining information about drug-seeking patients” for more details)

Notification of drug-dependence

A medical practitioner **must** notify the DPRG if he/she has **reason to believe** a patient is drug-dependent **if the patient seeks a drug of dependence or the medical practitioner intends to prescribe a drug of dependence** for the patient. Copies of the Notification Form can be obtained from the DPRG website at http://www.health.vic.gov.au/dpu/downloads/hp_notifi_drug_depend.pdf

This notification is a legislative requirement, which provides important information to the DPRG and enables DPRG Officers to assist prescribers who might seek advice or apply for a permit to treat a person.

Note: The collection, storage and disclosure of information by the DPRG are governed by legislation including the Health Records Act, 2001. Information held by the DPRG about any patient will only be released to a medical practitioner who possesses a legitimate need to access information to treat the patient.

Permits for Schedule 8 poisons

A medical practitioner must hold a permit from DPRG:

- Before treating a **drug-dependent person** with any Schedule 8 poison.
- Before prescribing **dexamphetamine, methylphenidate or methadone**.
- To treat a person with any Schedule 8 poison for a **period greater than 8 weeks**.

Note: Permit requirements for Schedule 8 poisons may vary according to the circumstances of the patient or the qualifications of the medical practitioner. Please refer to the information sheet “Schedule 8 Permit and Notification Requirements” for a comprehensive summary of exceptions.

Self-prescribing

Medical practitioners are **not** permitted to prescribe Schedule 8 **or** Schedule 4 poisons for the purpose of self-administration (regardless of whether the treatment was initiated by another practitioner).

For further information

Department of Health (DOH)

Drugs and Poisons Regulation Group,
GPO Box 4057,
Melbourne 3001

Tel: 1300 364 545

Fax: 1300 360 830

Web: www.health.vic.gov.au/dpu