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| Issues relating to SafeScript |
| (Clarification for pharmacists) |
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# Introductory notes

This document has been prepared by Medicines and Poisons Regulation (MPR) to clarify, for pharmacists, the information that is contained in the SafeScript database and to indicate what impact the available information might have on professional and legislative responsibilities of pharmacists.

## About SafeScript

The [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) <http://www.health.vic.gov.au/dpcs> on the Health.Vic website, in the section relating to ‘SafeScript’, provides access to further information, including:

* answers to many general and frequently asked questions
* training modules
* setting up and accessing SafeScript

# Using SafeScript

## Monitored supply poisons include:

* all Schedule 8 medicines
* all benzodiazepines (e.g. diazepam; clonazepam)
* ‘Z-drugs’ (zolpidem, zopiclone)
* quetiapine
* gabapentin
* tramadol
* pregabalin
* codeine containing products

**Note:**

* Not all monitored supply poisons are classified as drugs of dependence.
  + In Victoria, the term ‘drug of dependence’ is used to describe substances, listed in Schedule 11 to the Act, which are known to be subject to misuse and trafficking.
  + The term ‘drug of dependence’ is not limited to Schedule 8 poisons as some Schedule 4 poisons (e.g. benzodiazepines, pseudoephedrine, testosterone and other anabolic steroids) are also classified as drugs of dependence.

## Mandatory checking of the SafeScript database

The *Drugs, Poisons and Controlled Substances Act 1981* (s.30E, s.30F, s.30G) makes provision for penalties to be imposed when medical practitioners, nurse practitioners or pharmacists fail to take **‘all reasonable steps’** to check the SafeScript database before prescribing or supplying a monitored supply poison – unless otherwise specified in regulations 132F, 132G or 132H; (e.g. hospitals, prisons, police gaols, aged care and palliative care).

The phrase **‘all reasonable steps’** takes into consideration the possibility that, in addition to specified exceptions, there may be circumstances where pharmacists may not be able to check the SafeScript database before supplying a monitored supply poison. Accordingly, before considering whether action might be required in relation to non-compliance, the department will take account of the steps that were taken by a pharmacist to attempt to satisfy this requirement plus any mitigating circumstances.

**However,** pharmacists who do not check the SafeScript database simply because they have not registered to do so or have not arranged access to a computer (or other device) and do not take other measures to review a patient’s history in SafeScript, are unlikely to satisfy this requirement.

If pharmacists are unable to check the SafeScript database as required, they would be expected to:

* make a prominent contemporaneous record of the fact and the reason they were unable to do so; to ensure that they (and colleagues) are aware, when the patient next attends, that the check was not done
* take all reasonable steps to ensure that they will be able to do so at the earliest opportunity; for example:
  + if the pharmacist has not registered to use SafeScript; to do so without delay
  + if a pharmacy does not have a suitable internet connection:
  + ensure that another device (e.g. tablet or phone) can be used to connect to SafeScript
  + inform the proprietor (in writing) of the need to arrange a suitable internet connection and forward a copy of that written advice to MPR.

**Note:** practitioners using software that is integrated with SafeScript will receive red, amber or green notifications when prescribing or supplying a monitored supply poison. These notifications are designed to quickly and clearly signal to the prescriber or pharmacist:

* The level of risk that may be associated with a patient being prescribed or supplied a monitored supply poison.
* The amount of time and effort likely to be required to examine the patient’s SafeScript profile to determine whether it is safe and appropriate to prescribe or supply.

The red, amber or green notifications **must not be relied upon** when making clinical decisions on whether it is safe and appropriate to prescribe or supply – the patient’s SafeScript profile **must** be checked **on each occasion** prior to prescribing or supplying a monitored supply poison unless a specific exception is applicable.

## Specified exceptions to mandatory checking of SafeScript

The following categories (in regulations 132F, 132G and 132H) are exceptions:

**A pharmacist** is not required to check SafeScript before supplying a monitored supply poison to:

* an in-patient being treated in hospital (**not** including discharge medicines);
* a patient being treated in an emergency department of a hospital (**not** including discharge medicines);
* a prisoner being treated in a prison;
* a person being treated in a police gaol;
* a resident being treated in an aged care service.

**Medical practitioners** and **nurse practitioners** are not required to check SafeScript before prescribing or supplying a monitored supply poison to:

* an in-patient being treated in, or discharged from, a hospital;
* a patient being treated in, or discharged from, an emergency department of a hospital;
* an out-patient being treated in, or discharged from, a hospital;
  + Whilst medical practitioners and nurse practitioners, working in hospitals (as per the three preceding dot points) are not legally required to check SafeScript; they are encouraged to do so to ensure that they are aware of information that might impact on the health and well-being of their patients.
* a prisoner being treated in a prison;
* a person being treated in a police gaol;
* a resident being treated in an aged care service.

### Incurable medical condition

**Medical practitioners, nurse practitioners** and **pharmacists** are not required to check SafeScript before prescribing or supplying a monitored supply poison to a person if:

* the person is suffering an incurable, progressive, far-advanced disease or medical condition; **and**
* the prognosis is of a limited life expectancy due to the disease or medical condition; **and**
* the supply of the monitored supply poison is intended to provide palliative treatment.

# Impact of SafeScript on other responsibilities

The SafeScript database does not reduce or replace other professional and legislative responsibilities of pharmacists.

* It provides pharmacists with recent dispensing information to enable them to make better informed decisions about whether supplying monitored medicines might be unsafe or harmful to patients.

The following sections are intended to re-emphasise pharmacists’ responsibilities and to indicate how pharmacists might use SafeScript to assist them to carry out those responsibilities.

## What SafeScript does and doesn’t show

SafeScript relies primarily on **dispensing data**; do not expect **prescribing data** to be comprehensive.

* Many clinics are not yet connected to a Prescription Exchange Service and, in any event, the issuing of handwritten prescriptions will not be recorded on SafeScript.

## Viewing the SafeScript profile

In addition to the patient profile that initially opens, a pharmacist may adjust the view by:

* using the ‘Event Type’ drop down menu to examine only **dispensing events** (or prescribing events)
* using the ‘Drug Search’ option to examine only the records that pertain to a selected drug

Apart from viewing recent prescribing and dispensing events, a pharmacist is able to use a patient profile to:

* View ‘Permits’ to determine whether a prescriber holds a current (or held a recent) Schedule 8 treatment permit – including permits issued for opioid-replacement therapy.
* ‘View Access History’ to see the names of pharmacists, medical practitioners and nurse practitioners who have previously reviewed a patient’s profile and the date on which that review occurred.
* ‘View Alert History’ to examine the criteria that resulted in the alerts shown on the patient profile.

## Patient identification + date-of-birth

The effectiveness of the SafeScript database will inevitably be challenged by people who present prescriptions that show variable spelling of their names and variable dates-of-birth. Sometimes this can occur inadvertently but there have already been cases where it is apparent that a person is deliberately attempting to avoid detection. In some cases, offenders have been found to be using in excess of 50 different aliases.

To combat this practice with monitored medicines, pharmacists are advised to ensure that patients’ names and dates-of-birth are recorded correctly by:

* examining Medicare cards to confirm the spelling of a person’s name
* requesting photo identification for unfamiliar patients, especially:
  + where atypically large quantities of a commonly misused medicine are prescribed
  + for non-PBS prescriptions
  + when prescriptions for Schedule 8 medicines are presented and the authenticity of the prescription cannot be verified
  + not assuming that the prescriber has accurately recorded relevant details on the prescription; it is possible that clinic records have been created, inaccurately, on the basis of information provided by the patient or misinterpreted by a person at the clinic

# Verification of prescriptions for Schedule 8 medicines

Regulation 51(2) makes it an offence for a pharmacist to supply a Schedule 8 medicine in a quantity that allows for more than 2 days' treatment **unless**:

* + 1. the pharmacist has taken all reasonable steps to verify that the prescription was written by the purported prescriber; **or**
    2. the prescription is handwritten **and**

the pharmacist is familiar with the purported prescriber's handwriting; **and**

the writing on the prescription is comparable to the usual writing of the purported prescriber.

**Note:**

* A SafeScript **dispensing event**, which shows that another pharmacy dispensed the same medicine for a patient, does **NOT** prove that a prescription is not fraudulent – even when the record relates to an earlier repeat from the same prescription.
  + The previously supply or repeat might have been fraudulent.
* A SafeScript **prescribing event** is more likely to provide confidence that a prescription was issued by the noted prescriber but this would also be misleading if the prescription was unlawfully created by a staff member at the clinic.
* The absence of a corresponding **prescribing event** on SafeScript does not mean that a prescription is fraudulent.
  + Many clinics are not connected to a PES and are not transmitting prescribing events.
  + Handwritten prescriptions will not be recorded on SafeScript.

**Note**: When a pharmacist feels it is safe and lawful to supply a limited quantity of a Schedule 8 medicine (despite being unable to confirm that a prescription is genuine); seeking photo-identification from the patient (or agent), before supplying (even a reduced quantity of) the medicine, may deter an offender or ensure that an offender can be identified to police.

# Interventions still required by pharmacists

## Persons obtaining drugs of dependence from multiple sources

Pharmacists, who are presented with a prescription 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 prescriber during the previous 8 weeks, is required to 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 (regulation 70) – unless the pharmacist has reason to believe that that prescriber is already aware of the previous supply or script.

Prior to the mandatory requirement to review SafeScript, having a reason to believe a prescriber was aware of previous prescribing was largely reliant on a pharmacist being aware that prescribers were practising at the same clinic and would therefore have access to the same clinical records.

However, pharmacists can now check SafeScript (using the ‘View Access History’ option) to determine whether prescribers at different clinics have reviewed the SafeScript database, in accordance with their mandatory requirements.

**Note**: Regardless of whether (or not) a pharmacist informs a prescriber (as per regulation 70), the following requirement, relating to excessive prescribing, is still applicable.

## Reportable drug events (excessive prescribing)

Section 32A of the Act requires a pharmacist to report to MPR when requested or directed to supply or dispense any drug of dependence, Schedule 8 poison, Schedule 9 poison or Schedule 4 poison for any person—

* in a greater quantity than appears to be reasonably necessary; or
* more frequently than appears to be reasonably necessary

Pharmacists must **not** assume that the existence of SafeScript removes this responsibility because:

* SafeScript does not include all dispensing details of all drugs of dependence, Schedule 8 poisons, Schedule 9 poisons or Schedule 4 poisons;
* MPR officers might not readily identify issues or concerns that are apparent to a dispensing pharmacist.

Reports from pharmacists often represent a critical (sometimes insightful) component of information that is required by MPR.

When concerned about questionable and excessive prescribing; a pharmacist should:

* ask relevant questions of the prescriber; do **NOT** assume that the prescriber knows what he/she is doing
* seek and consider authoritative advice and information
* decide whether (or not) dispensing a prescription (as prescribed) is safe, appropriate and lawful
  + A pharmacist has a professional responsibility to ensure the dispensing of a prescription is consistent with the safety of the patient and might consider whether supplying a smaller quantity might be a professionally prudent option
* submit the online form to notify MPR of a reportable drug event
  + The relevant form is number 5 on the list of 12 online forms on the [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) <http://www.health.vic.gov.au/dpcs>

# For further information

## Department of Health (DH)

### Medicines and Poisons Regulation

50 Lonsdale Street

Melbourne, 3000

Fax: 1300 360 830

Email: [dpcs@health.vic.gov.au](mailto:dpcs@health.vic.gov.au)

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

For queries relating to the Act or regulations, please:

* refer to the ‘Documents to print or download’ that are available on the MPR website (see below); or
* if you are unable to address your query by referring to those documents, please forward your query via e-mail to [dpcs@health.vic.gov.au](mailto:dpcs@health.vic.gov.au)

## Documents to print or download from the MPR website

The [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) <http://www.health.vic.gov.au/dpcs> on the Health.Vic website in the section for ‘Documents to print or download’, contains summaries of legislative requirements that have been prepared in relation to issues that relate to multiple categories of health practitioner as well as to individual categories of health practitioner. These documents, which are intended to assist health practitioners to comply with key legislative requirements, include the following:

* Issues relating to multiple categories of health practitioner, including:
  + Possession and storage
  + Criteria for lawful prescriptions
  + All reasonable steps and other key terms
  + Schedule 2 and 3 poisons
* Summaries that are specific to individual categories of health practitioner:
  + Medical practitioners
  + Pharmacists
  + Nurses and midwives
  + Nurses and midwives with registration endorsement (e.g. nurse practitioners, authorised midwives, etc.)

## Other possible sources of information

### Drug and Alcohol Clinical Advisory Service (1800 812 804)

Registered health practitioners (only) may phone the **DACAS** at any time to seek **clinical advice** from specialists or other practitioners, who have been specially trained to provide advice in relation to pain, addiction and mental health issues, and for assistance with developing safe treatment plans, gradual dose tapering and alternative treatment options.

### Direct Line (1800 888 236)

* 24-hour confidential **drug and alcohol counselling** serviceforpatients
* 24-hour advisory service about available **treatment facilities** for patients, family or health practitioners

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