



## Guidelines for supply of prescription medications without a hard copy prescription

Most pharmacists have traditionally provided customers with an 'owing prescription' to ensure continuity of treatment. There is **NO** legislation to support this practice, therefore, it is considered a breach of the Poisons Regulations (2018). Although this is done with the best intentions and, no doubt with consideration of our duty of care to our patients, there may be serious consequences for doing so.

The Authority acknowledges that each individual pharmacy or pharmacy groups may have their own individual sets of 'rules' or guidelines for dealing with 'owing' prescriptions. It is, however, vital that **you adhere to the Poisons Regulations in all circumstances** and so take these into consideration when writing your procedure.

Regardless of the mechanism of supply, we wish to remind all pharmacists they should make a detailed record of the circumstances of each supply. Remember also that prevention is always better than cure so, whenever possible, remind all patients when they are running low or on last repeats and encourage them to be proactive in obtaining a new script.

The TPA would like to remind pharmacists of the circumstances under which supply of prescription substances can be made when the patient does not have a hard copy prescription.

The following information should provide you with the appropriate framework to formulate your own 'owing' procedure:

### **Schedule 4 substances (restricted substances)**

#### **Four provisions apply:**

##### **1. Regulation 47. Emergency prescribing and dispensing of restricted substances**

Regulation 47 authorises a pharmacist to supply a Schedule 4 (including Schedule 4D substances) substance to a patient 'on the instruction of a prescriber'. This could, for example, take the form of a verbal, faxed or emailed order from a prescriber. Other forms of communication may also be utilised provided the legitimacy of the order can be verified. When a pharmacist makes a supply in this way it is the responsibility of the prescriber to forward a hard copy prescription to the pharmacist **within 5 days**. Where prescribers fail to comply with this requirement, pharmacists should make every effort to obtain the prescription and record the details of each attempt to do so.

##### **2. Regulation 48. Continued dispensing without prescription in specified circumstances**

Regulation 48 authorises a pharmacist to supply up to, and including, the maximum single Pharmaceutical Benefit Listed quantity of an eligible Schedule 4 substance (oral hormonal contraceptives and HMG-CoA reductase inhibitors) on the basis of a previous prescription if a valid prescription is unavailable; and the supply is in accordance with the circumstances specified in the *National Health (Continued Dispensing) Determination 2012* issued under section 89A(3) of the *National Health Act 1953* of the Commonwealth for that eligible restricted substance. This can only occur once a calendar year and the patients prescribing doctor must be informed of the supply.

### **3. Regulation 53. Emergency supply of restricted substances other than specified psychotropic substances**

Regulation 53 authorises pharmacists to make a supply of three (3) day’s treatment of a Schedule 4 substance to a patient where the patient is already taking the substance and “the continuation of that treatment is essential to the well-being of the patient.” In the case of a product where the primary container contains more than three (3) day’s treatment, for example, a cream, metered dose inhaler, or eye drops, the primary pack may be supplied. This supply is provided as a non-PBS supply and the label must contain the words ‘EMERGENCY SUPPLY’ and the reason for supply must be annotated in the dispense system.

Please note that Schedule 4D and S8 substances cannot be supplied in this way.

### **4. Regulation 54. Supply of restricted substance in medical institution**

Regulation 54 authorises pharmacists to make one supply of a Schedule 4 substance to a resident of an aged care facility provided the substance is on the drug therapy chart of the resident. When supply under Regulation 54 is made, a hard copy prescription authorising the supply must be sent to the pharmacist by the prescriber responsible for preparing the drug therapy chart **within 5 days**. Where prescribers fail to comply with this requirement, pharmacists should make every effort to obtain the prescription and record the details of each attempt to do so. Further Regulation 54 supplies cannot be made for the patient and drug in question until this hard copy prescription is provided to the pharmacist. The label must contain the words ‘EMERGENCY SUPPLY’ and the reason for supply must be annotated in the dispense system.

**Please note that Schedule 4D and S8 substances cannot be supplied in this way.**

### **Schedule 8 substances (narcotic substances)**

**Only one** provision applies:

#### **5. Regulation 23. Emergency prescribing and dispensing of narcotic substances**

Regulation 23 authorises a pharmacist to supply a Schedule 8 substance to a patient on the basis of an order communicated to the pharmacist other than by hard copy prescription. This could, for example, take the form of a verbal, faxed or emailed order from a prescriber. Other forms of communication may also be utilised provided the legitimacy of the order can be verified. When a pharmacist makes a supply in this way, it is the responsibility of the prescriber to forward a hard copy prescription to the pharmacist **within 5 days**. Where prescribers fail to comply with this requirement, pharmacists should make every effort to obtain the prescription and record the details of each attempt to do so.

**Flow chart for S4 'owing' prescriptions**

