

Information for Medical Practitioners about prescribing permit issues.

1. Section 22

Under S20 of the *Alcohol and Drug Dependency Act 1968* it is required that drugs, so declared, cannot be made available for a continuous period without special authority. The drugs that come under this category are declared under Part 1 of the Alcohol and Drug Dependency Order 1969 and its subsequent amendments. For the purpose of Section 20 the order also specifies that the “*period of two months as the maximum period for which any drug to which that section applies (being a drug that is specified in Part 1 of the schedule).... may be made available for the continuous use of a person without special authority*”

Prescribers who wish to prescribe medication that falls into Part 1 of the schedule for more than a two month continuous period are therefore required to make application, on the prescribed form under the Act, for an authority to prescribe. If the doctor believes that the patient is drug dependent S22 and S18 of the Act require that a **separate** notice of drug dependency, on the prescribed form, is forwarded with the application to prescribe these drugs.

Before a decision is made in respect of the approval for S8 drugs, the applications are referred to a medically based committee. The committee then advises the Secretary who has the power to specify conditions on the authority to prescribe. These conditions may relate, for example, to having the application supported by specialist reports particularly where long term prescribing is anticipated or there are concurrent conditions.

The requirement for such an authority is based on the requirements attached to supply of the particular medication the prescriber has clinically decided is required for the patient's condition. Where, in the opinion of the treating medical practitioner, a patient is also drug dependent additional requirements must be complied with.

It does not mean that a patient who needs schedule 8 medication is necessarily drug dependent. Drug dependency is a separate clinical assessment on the part of the treating medical practitioner.

In the case of patients suffering from a terminal malignancy a permit to prescribe is still needed. In these instances the conditions imposed are such that the prescriber is usually given an extended time and dosage.

Permits are signed by Pharmaceutical Services Branch pharmacists on behalf of the Secretary.

2 Pharmacotherapy Permits for treatment of Opioid dependence

Except in accordance with an authority given under Section 22 a medical practitioner shall not make drugs available for the use of any person who, in his or her opinion, suffers from drug dependency. (S18).

The pharmacotherapy treatments currently registered for use in Australia for drug dependency are Methadone Syrup and Buprenorphine sublingual formulations. Authorities are issued for prescribing of these drugs for drug dependency.

Pharmacotherapy treatment with these drugs is subsidised by the Commonwealth and the State. The Alcohol and Drug Service (ADS) is responsible for the operation of the pharmacotherapy program and the guidelines for treatment of patients is set down in the Buprenorphine and Methadone Policy guidelines. The Opioid and Pharmacotherapy Accreditation and Training Committee (OPATC) is the group responsible for setting policy directions that are administered by the ADS. OPATC committee members include clinicians, Manager ADS, ADS clinical staff, the Chief Health Officer, community pharmacists and a Pharmaceutical Services Branch (PSB) representative.

As Methadone and Buprenorphine are drugs defined under Part 11 of the schedule of the Alcohol and Drug Dependency order they therefore require a permit to be issued to prescribe. This permit is issued by PSB on behalf of the Secretary. Matters in relation to the issue of Pharmacotherapy permits are:

- ?? A permit is required by the prescriber before prescribing can commence. A pharmacotherapy number is given to the prescriber which remains the same if the patient goes off the program and then returns.
- ?? Prescribers must send an application to PSB to obtain the authority to prescribe.
- ?? Only accredited prescribers can prescribe. (Accreditation for prescribers and pharmacists is under the auspices of the Alcohol and Drug Service.)
- ?? Only accredited pharmacies can dispense.
- ?? Not all methadone prescribers and pharmacists are accredited for Buprenorphine.
- ?? Policy and administration of pharmacotherapy maintenance program are under the direction of the Alcohol and Drug Service.
- ?? Prescribers are still required to write a prescription in order that the pharmacy can dispense and dose, and a current prescription is always required when dispensing a pharmacotherapy.

3. Dexamphetamine and Methylphenidate

Under Poisons Regulations 16 no medical practitioner can without the authority of the Secretary issue a prescription for or supply to a patient certain narcotic substances. Dexamphetamine and Methylphenidate are two of these substances. In addition there are also specific guidelines in relation to the prescribing of these drugs in both adults and children. These guidelines mirror those in other states and are endorsed by the relevant specialist bodies.

In essence prescribing of these drugs must be under the direction of a psychiatrist, pediatrician, or specialist physician and a permit is given to the relevant specialist on application. The specialist may request a GP to act as a co-prescriber under their direction and the permit issued reflects this. Prescribing cannot occur until a permit is issued and the permit is issued on behalf of the secretary by PSB.

