

Schedule 8 permit checklist

Evolution of the permit system

The permit system was introduced towards the middle of the 20th century in an attempt to limit a person's ability to obtain Schedule 8 poisons from multiple prescribers. Since then, more health practitioners have been authorised to prescribe Schedule 8 poisons and the extent of prescribing (and of prescription-shopping) has significantly and progressively increased.

Numerous variations and exceptions to the original permit system, over many decades, have made the permit system much more complex whereas problems associated with prescription-shopping and excessive prescribing of Schedule 8 poisons and many Schedule 4 poisons have continued to increase.

To address the primary reason for having a permit system, Victoria has introduced a monitored poison database (SafeScript) that will enable medical practitioners, nurse practitioners and pharmacists to review recent dispensing records for individual patients in order to make an informed decision, about whether it is safe to prescribe one or more Schedule 8 poisons and/or monitored Schedule 4 poisons before doing so. Practitioners who register to use SafeScript will be able to access the database from 1 October 2018.

During the SafeScript non-mandatory period

Use of SafeScript will not become mandatory until April 2020 so the existing permit system will continue to operate.

However, for those prescribers who choose to use SafeScript in the required manner, a number of exceptions have been legislated to take effect immediately and the legislative requirements for prescribing Schedule 8 poisons will appear to be more complex.

Trying to simplify complex requirements

This 'checklist' has been drafted in an attempt to simplify decisions that must be made in relation to prescribing Schedule 8 poisons. It is suggested that you review pages 1 and 2 to see if any specific exceptions to permit requirements are applicable before proceeding to the series of questions on page 3 - if none of the exceptions applies.

General exceptions (prisons, gaols, residential aged care services, inpatients)

In circumstances where patients are confined or not personally managing their medications, the risk of concurrent prescribing and prescription-shopping is reduced. Accordingly, a permit is not required to prescribe Schedule 8 poisons for:

- prisoners being treated in a prison or police gaol
- patients receiving inpatient treatment in a hospital
- patients receiving treatment in a hospital emergency department or a day procedure centre
 - **Note:** Each of the above exceptions **includes** a period not exceeding 7 days following the release or discharge of the person from the corresponding establishments.
- Residents being treated in a residential aged care service

Drug-dependent persons (no other exceptions)

None of the following exceptions is applicable to permit requirements that relate to prescribing a Schedule 8 poison for a drug-dependent person.

Other than where a general exception applies, a medical practitioner or nurse practitioner **must obtain a permit before treating a drug-dependent person with a Schedule 8 poison.**

SafeScript exceptions (for patients who are **not** drug-dependent persons)

From 1 October 2018, a medical practitioner or nurse practitioner who checks SafeScript in relation to a patient, **on each occasion, before** prescribing a Schedule 8 poison for that patient will not be subject to certain permit and notification requirements. **Note:** SafeScript exceptions will be shown in **red text** beneath the requirement that will apply to practitioners who do not check SafeScript...

Other exceptions (for patients who are **not** drug-dependent persons)

The Act and regulations provide for exceptions to normal permit requirements in relation to certain specified circumstances and/or specified specialist practitioners.

Palliative care

A practitioner is not required to obtain a treatment permit to treat a patient when the patient is suffering an incurable, progressive, far-advanced disease or medical condition; **and** the prognosis is of limited life expectancy due to the disease or medical condition; and the administration, supply or prescribing of a Schedule 8 poison is intended to provide palliative treatment.

Pain caused by cancer or complications arising from cancer

Where the diagnosis is made by a registered medical practitioner; a treatment permit is not needed to prescribe an **opioid analgesic** - **provided** the prescriber has given written notice to the department by submitting a permit application form (after completing the relevant section of the form) to notify the department about that treatment.

- **Note:** In this situation, a practitioner who checks a patient's information on SafeScript **on each occasion before prescribing** an opioid analgesic is not required to give written notice to the department.

Methadone

Notwithstanding the exceptions referred to above, **most** practitioners are required to hold a Schedule 8 permit **before prescribing**, administering or supplying **methadone** for any person (even on one occasion) **unless**:

- the practitioner is treating the patient at an oncology clinic in a hospital where the patient is not an in-patient; **or**
- the practitioner is treating the patient at a pain clinic in a hospital at which the patient is not an in-patient; **or**
- the patient is under the care of a palliative care service

Where the period of treatment exceeds 8 weeks, the practitioner must:

- obtain a Schedule 8 treatment permit; **or**
- submit a permit application form (after completing the relevant section of the form) to notify the department about the treatment, **unless**
 - the 'pain caused by cancer or complications arising from cancer' exception (shown above) is applicable

Permit requirements for most practitioners

If none of the preceding exceptions are applicable, the following five questions should be asked if you are considering prescribing a Schedule 8 poison. Ask the questions in the sequence shown and stop when you can answer 'yes' to any question because you should have your answer.

| Questions | Responses |
|---|---|
| 1. Do you or another practitioner at your clinic hold a current permit to treat the patient with Schedule 8 poisons? | Where a current permit is held by one practitioner at a multiple-practitioner clinic, any practitioners at the same clinic may prescribe the specified Schedule 8 poison/s provided the prescribing is in accordance with any limits or conditions specified on the permit. Note: <i>It is preferable if the permit is issued to the patient's principal treating practitioner.</i> |
| 2. Is there reason to believe the patient is a drug-dependent person? | You must obtain a permit before prescribing any Schedule 8 poison for the patient. <i>Refer to page 1 for general exceptions.</i> |
| 3. Do you wish to treat a patient with any of the following special Schedule 8 poisons ? <ul style="list-style-type: none"> • methadone • methylphenidate • dexamphetamine or lisdexamfetamine • amphetamine or methylamphetamine • nabiximols (Sativex®) • sodium oxybate • Schedule 8 cannabis or tetrahydrocannabinol | You must obtain a Schedule 8 permit before prescribing any of the special Schedule 8 poisons. <i>Refer to pages 4 and 5 for exceptions that apply only to paediatricians and psychiatrists treating patients with ADHD.</i> |
| 4. Do you intend to initiate treatment with a Schedule 8 poison, which is not a special Schedule 8 poison, where the period of treatment does not exceed 8 weeks? Note: <i>This question does not relate to inherited, transient or occasional patients who request a Schedule 8 poison.</i> | You may initiate treatment without a permit - provided you do not prescribe or contribute to treatment for a continuous period greater than 8 weeks . Note: <i>Refer to page 4 for an explanation of what is meant by 'continuous period greater than 8 weeks' and to review requirements for inherited, transient or occasional patients.</i> |
| 5. Does your prescribing represent or contribute to treatment for a continuous period greater than 8 weeks (including prescribing by other prescribers)? | You must obtain or (at least) apply for a permit - even if you do not intend to prescribe on more than one occasion. <i>See page 4 for more about this requirement.</i> |
| <p>SafeScript exception to question 5</p> <p>A practitioner who checks patient information on SafeScript, on each occasion before prescribing a Schedule 8 poison to that patient, is not required to obtain a permit to prescribe one (or more) of the following opioid analgesic formulations provided the total daily dose of all opioid analgesics does not exceed 100 milligrams in morphine equivalence. Note: An MED calculator can be downloaded from the MPR website (www2.health.vic.gov.au/dpcs) in the section for Patient Schedule 8 treatment permits / Schedule 8 permits.</p> <ul style="list-style-type: none"> • Topical patches containing fentanyl or buprenorphine • Oral medications containing morphine, oxycodone, hydromorphone or tapentadol • Suppositories containing oxycodone | |

Meaning of ‘continuous period greater than 8 weeks’

The legislation refers to treatment for a ‘continuous period greater than 8 weeks’ in relation to various permit requirements and exceptions but the term does not relate to the dates of consultations or prescriptions; it relates to the quantity of the drug that is prescribed or supplied. For example:

- A prescription for 100 tablets with directions of ‘one tablet twice daily’ corresponds to 50 days’ treatment (i.e. less than 8 weeks) whereas the same prescription with repeats authorised would correspond to providing treatment for a continuous period greater than 8 weeks.
- Additionally, a practitioner who is not initiating treatment but considers it necessary to treat a patient with a Schedule 8 poison must also take account of the preceding period of administration, supply or prescription of a Schedule 8 poison (authorised by any other prescriber/s) where there is reason to believe that there has been previous prescribing.

Inherited, transient and occasional patients

A practitioner who is not initiating treatment but considers it necessary to treat a patient with a Schedule 8 poison (other than where a permit must be obtained before prescribing) must **immediately apply for a permit** if there is reason to believe that issuing a prescription will contribute to a patient being treated for a **continuous period greater than 8 weeks - including the preceding period of treatment** (by any other prescriber/s).

To avoid delaying treatment for a genuine patient, a practitioner is authorised to treat the patient until the outcome of the permit application has been determined **provided** a permit application is submitted immediately – **even if there is no intention to treat or prescribe for the patient on subsequent occasions**.

This provision is intended to prevent drug-seeking patients (with or without genuine documentation) from obtaining multiple prescriptions from a clinic on the pretext that their regular treating practitioner is interstate, overseas or otherwise unavailable.

A patient’s claims or documentation, which indicates that a prescription is required to provide **ongoing treatment** for a **chronic condition**, should be sufficient to alert a practitioner to the need to apply for a permit – especially when patients are seeking prescriptions for higher doses of Schedule 8 poisons.

The National Prescribing Service recommendation, that daily doses should not exceed 100mg in morphine equivalence (approximately 60 mg of oxycodone) without specialist advice, could serve as a guide to what might be considered a higher dose.

Paediatricians and psychiatrists (ONLY)

Attention deficit hyperactivity disorder (where the patient is **less than 18 years** old):

A **paediatrician** or a **psychiatrist** is not required to obtain a Schedule 8 treatment permit to treat a patient with a psychostimulant drug (approved by the TGA for the treatment of attention deficit hyperactivity disorder), **provided**:

- the patient is **not** a drug-dependent person; **and**
- the patient has not reached 18 years of age; **and**
- the duration of treatment does not exceed a continuous period greater than 8 weeks; **and**
- the prescriber submits a permit application form (after completing the relevant section of the form) to notify the department about that treatment
 - **Note: A practitioner who checks a patient’s information on SafeScript, on each occasion before prescribing, is not required to give written notice to the department**

Attention deficit hyperactivity disorder (where the patient is 18 years or more):

A **psychiatrist** is not required to obtain a Schedule 8 treatment permit to treat a patient with a psychostimulant drug (approved by the TGA for the treatment of attention deficit hyperactivity disorder), **provided**:

- the patient is **not** a drug-dependent person; **and**
- the duration of the period of treatment **does not exceed 8 weeks**
 - **Note:** To prescribe for a period greater than 8 weeks, a psychiatrist must obtain a permit.
 - **Note:** A **psychiatrist** who checks a patient's information on SafeScript, **on each occasion before prescribing** the Schedule 8 poison, is not required to obtain a permit.

Other documents on the MPR website

The MPR website (www2.health.vic.gov.au/dpcs in the section for *Documents to print or download – registered health practitioners*) contains summaries of legislative requirements 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:

- **Schedule 8 permits** – key legislative requirements in Victoria (a more comprehensive version of this document)
- Psychostimulants - **Special Schedule 8 poisons for ADHD and narcolepsy**
- Treating a **drug-dependent person** – a summary of requirements
- Issues relating to multiple categories of health practitioner, including:
 - Prescribing
 - Handwritten and computer-generated prescriptions
 - All reasonable steps and other key terms
 - Schedule 2 and 3 poisons
- Summaries relating to various individual categories of health practitioner:

For further information

Department of Health & Human Services: Medicines and Poisons Regulation branch

Tel: 1300 364 545

Fax: 1300 360 830

Email: dpcs@dhhs.vic.gov.au

Web: www2.health.vic.gov.au/dpcs

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