

COVID-19 Quick Guide

Public Health Emergency Order allowing emergency supply of medicines (VIC)

1. Eligible medicines

Schedule 4 medicines

2. Duration of revised regulation

26 March 2020 – 27 September 2020 (for duration of Public Health Emergency Order)

3. Implications for outpatient supply of medicines

Patients who regularly obtain medicines from hospital outpatient pharmacies may not have valid prescriptions during COVID-19 for a variety of reasons such as:

- Expired prescriptions or no more repeat prescriptions
- Not appropriate to attend outpatient clinic appointment to obtain new prescription during COVID-19 due to personal or health reasons
- Outpatient clinic has closed temporarily, or appointment has been cancelled due to clinician capacity or community transmissions concerns.

However, medicines continuity and adherence are extremely important for patients to continue managing their health conditions at home and avoid acute health issues that require care in a hospital.

Thus, under the Public Health Emergency Order, where:

- it is impracticable for a patient to obtain a prescription for a medicine they require; and
- the patient has been treated with this medicine before; and
- the medicine is a Schedule 4 medicine; and
- the patient usually obtains this medicine from their hospital pharmacy;

hospital pharmacists are able to supply a standard PBS quantity or smallest commercially available pack quantity for outpatients without a prescription to ensure continuity of treatment.

4. Implications for supply of medicines on discharge

During the COVID-19 pandemic, hospitals will likely experience heightened demand for hospital beds. Ensuring timely bed flow is necessary to admit patients to hospital inpatient wards during surge presentations.

Simultaneously, hospital clinicians may have reduced overall capacity due to quarantining/isolation of clinicians coupled with being reprioritisation of their clinical capacity, leading to doctors being unable to prescribe discharge medicines in a timely manner. These circumstances may result in it being impractical for the patient to obtain a prescription at this time. This could be defined in a range of ways but should be clear (i.e. hospital capacity, doctor availability and timeliness, patient risk).

Thus, if the supply of discharge medicines is significantly holding up a patient discharge, limiting bed flow and keeping the patient in a hospital environment with confirmed COVID-19 cases longer than necessary, it may be appropriate to supply discharge medicines under the Public Health Emergency Order for medicines that are charted on the inpatient medication administration chart and are intended to continue on discharge according to the inpatient's treatment plan and/or medication action plan and/or clinical notes.

5. PBS eligibility

Whilst medicines supplied under Continued Dispensing – Emergency Measures arrangements are eligible for PBS benefits under *National Health (Continued Dispensing – Emergency Measures) Determination 2020*, this only applies to section 90 community pharmacies at this point in time.

SHPA is currently in discussions to extend PBS eligibility for section 94 hospital pharmacies for medicines supplied under Continued Dispensing – Emergency Measures. Information will be updated as appropriate.

6. Practice considerations

- Ensure that you have the support of your pharmacy department, medical department and hospital management to supply medicines without a prescription under the Public Health Emergency Order
- Consider how you will communicate this to your departmental colleagues, nursing and medical colleagues
- Determine the workflows within your health service for supplying medicines under Public Health Emergency Order and what notifications will be required for the doctor or medical unit the patient is assigned to
- Consider how supplying medicines under these arrangements will be recorded in the pharmacy dispensing software and the patient's medical record
- Define what the term 'impracticable' means for your health service
- Determine which medical units, outpatient clinics or inpatient wards would benefit most from these arrangements, particularly if your department is operating with reduced capacity
- Determine which pharmacists in your department are most suited, with respect to their experience and scope of practice, to participate in these arrangements
- Given that medicines supplied under this arrangement do not currently attract PBS benefits, determine what the threshold is for your hospital to supply a moderate-to-high cost medicine without PBS subsidy where it otherwise would be eligible
- The supply must be recorded that it was made under the COVID-19 public health emergency order.
- Consider whether medicines supply under these arrangements may be outsourced to patient's regular community pharmacy which is eligible for PBS subsidy, what type of clinical information would be required for this and how it would be provided to the community pharmacy

7. Regulatory change details

On 26 March 2020, the Department of Health and Human Services (VIC) announced a [Public Health Emergency Order pursuant to section 22D of the Drugs, Poisons and Controlled Substances Act 1981](#) that until midnight 27 September 2020:

“pharmacists registered under the Health Practitioner Regulation National Law (Victoria) to practise in the pharmacy profession (other than as a student) to sell or supply a Schedule 4 poison without a prescription to a person (‘the patient’) in an emergency if (a) the pharmacist considers that the sale or supply is necessary to ensure continuity of treatment; and

(b) the pharmacist is satisfied that –

(i) there is an immediate need for the poison and it is impracticable for the patient to obtain a prescription in time to meet that need; and

(ii) treatment with the poison has previously been provided for by a prescription issued, or a chart instruction written for the patient by a registered medical practitioner, dentist, nurse practitioner, authorised midwife, authorised optometrist or authorised podiatrist; and

(iii) the patient, or an agent of the patient, or a person who has the care of the patient, or a person who is assisting in the care of the patient, is aware of the appropriate dose of that poison for that patient; and

(c) the quantity of the poison supplied does not exceed –

(i) for a poison that is on the Pharmaceutical Benefits Scheme, the standard Pharmaceutical Benefits maximum quantity; or

(ii) for a poison that is not on the Pharmaceutical Benefits Scheme, the quantity that is contained in the smallest commercially available pack; and

(d) the pharmacist records that the sale or supply was made under the COVID-19 public health emergency order.

This Order comes into force on 26 March 2020 and continues in force until midnight 27 September 2020 unless earlier revoked.”