

## COVID-19 Quick Guide

### Special temporary authority for emergency supply without a prescription (NSW)

**SHPA has been advised that NSW Health does not support the use of the Special temporary authority provisions in public hospitals at this time. (3/4/2020)**

#### 1. Eligible medicines

Schedule 4 medicines not in Appendix D

#### 2. Duration of revised regulation

25 March 2020 – 30 September 2020 (under duration of Special temporary authority)

#### 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 to avoid acute health issues that require care in a hospital.

Thus, under the Special temporary authority, where:

- it is not practicable 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 not in Appendix D; 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 where 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 a range of ways but should be clear (i.e. hospital capacity, doctor availability and timeliness, patient risk).

Thus, if discharge medicines supply 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 Special temporary authority for medicines that are charted on the inpatient medication administration chart and were 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.

## 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 Special temporary authority
- 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 the Special temporary authority 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 not practicable 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
- Consider the quantity of medicines supply on discharge that factors in pharmacy inventory quantities and patient's clinical risk, need and access to primary healthcare services
- 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 25 March 2020, [NSW Health](#) approved a [Special temporary authority for emergency supply without a prescription](#) (Special temporary authority) to authorise until 30 September 2020:

*“a pharmacist to supply a person with a restricted substance, other than a prescribed restricted substance, without a prescription subject to the following conditions:*

1) *The pharmacist is satisfied that:*

- a. *the person is undergoing treatment essential to the person's well-being,*
- b. *the substance has previously been prescribed for the treatment,*
- c. *the person is in immediate need of the substance for continuation of the treatment, and*
- d. *it is not practicable for the person to obtain a prescription for the substance from an authorised practitioner.*

2) *A restricted substance may only be supplied under this authority if the quantity supplied is no more than:*

- a. *for a restricted substance that is on the Pharmaceutical Benefits Scheme, the standard Pharmaceutical Benefits maximum quantity, or*
- b. *for a restricted substance that is not on the Pharmaceutical Benefits Scheme, the quantity that is contained in the smallest standard pack in which the substance is generally available.”*