

## COVID-19 Quick Guide

# Special authority for emergency supply of Schedule 4 medicines during COVID-19 (WA)

**SHPA has been advised that the WA Department of Health are preparing further information regarding the applicability of these regulations. Pharmacists should refer to the Department for further information. (7/4/2020)**

### 1. Eligible medicines

Schedule 4 medicines

### 2. Duration of revised regulation

26 March 2020 – 31 May 2020

### 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 Authority, 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.

For any situation of emergency supply that may not be covered by the Special Authority, pharmacists are reminded that they may supply a Schedule 4 or Schedule 8 medicine, in the absence of a prescription where they are in receipt of a:

- verbal direction from a prescriber; or
- electronic direction (fax or other means), such as a copy of a prescription, from the prescriber.

In these cases, the prescriber must dispatch the written prescription to the pharmacy within 24 hours. Prescriptions for emergency supply must be sent directly to the pharmacy and not given to patients. If a valid prescription is not received within 5 working days, the pharmacist should inform the Department of Health.

### 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

The Society of Hospital Pharmacists of Australia. Last updated 7/4/20 – please ensure you have referred to the [most recent version of this advice](#).

The material contained in the Quick Guide is for information purposes and acts as a guide only. SHPA does not guarantee that the information is correct or complete. Practitioners acting within the guidance and changed regulatory parameters should only do so after consultation with their hospital management, medical and pharmacy departments. Contact: [shpa@shpa.org.au](mailto:shpa@shpa.org.au)

appropriate to supply discharge medicines under the Special 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 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 Special Authority and what notifications will be required for the doctor or medical unit the patient is assigned to
- Consider how the recording requirements, under these arrangements, will be met for the supply of medicines, in the dispensing software and/or patients 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
- 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
- Review the Pharmaceutical Society of Australia's [Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists](#)

## 7. Regulatory change details

On 26 March 2020, the [Department of Health \(WA\)](#) announced the [Special authority for emergency supply of Schedule 4 medicines during COVID-19](#) (Special Authority) which will permit until 31 May 2020:

*"A pharmacist to dispense a supply of any Schedule 4 medication, without a prescription, where the pharmacist is satisfied that:*

- *there is an immediate need and it is for a current, essential treatment;*
- *the supply is continuation of a previously prescribed medication; and*
- *it is impracticable for the patient to obtain a prescription.*
- *The quantity to be supplied is no more than:*
- *for a Pharmaceutical Benefits Scheme (PBS) item, the standard maximum PBS quantity; or*
- *for a non-PBS medicine, the smallest standard pack size.*

*The pharmacist must record:*

- *patient's name and address;*
- *name, strength and quantity of the medicine;*
- *directions for use of the medicine as determined by the pharmacist;*
- *name and address of the authorised practitioner who last prescribed that medicine;*
- *date of supply;*
- *a unique reference number; and*
- *name of the pharmacist by whom the medicine was supplied."*
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