



Changes to Poisons Act Schedules

Effective 1st May 2010

TO BE USED AS A GUIDE ONLY

Please refer to the Standard for the Uniform Scheduling of Drugs and Poisons
(SUSDP) No 24 Amendment No 3

SCHEDULE 2 – Amendment

Codeine - see back page for codeine amendments

SCHEDULE 3 – NEW ENTRIES

Chloramphenicol - for ophthalmic use only.

SCHEDULE 3 – Amendments

Codeine - see back page for codeine amendments

SCHEDULE 4 – NEW ENTRIES

Clevidipine – a dihydropyridine calcium channel blocker, administered by intravenous infusion for management of hypertension.

Mifepristone – a synthetic steroid with an antiprogesterone action, sometimes referred to as RU486.

Nebivolol – a long-acting cardio selective beta-blocker.

Red Yeast Rice for human therapeutic use – fermented rice which acquires its colour from being cultivated with the fungus 'red yeast' (*Monascus purpureus*). Active substances including monacolins, including lovastatin, which can inhibit HMG-CoA reductase. Lovastatin is captured by the class entry for HMG-CoA reductase inhibitors.

Robenacoxib – cyclo-oxygenase 2 enzyme (COX-2) selective NSAID, used as a veterinary medicine.

Ustekinumab – human monoclonal antibody, for treatment of adult patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.

Vaccinia Virus Vaccine – for active immunization against smallpox disease for persons determined to be at high risk of smallpox infection in an officially declared outbreak.

SCHEDULE 4 – Amendment

Chloramphenicol - except when in Schedule 3.

Validation of prescriptions presented from PBS Reform Hospitals

Pharmacists may notice an increase in the number of prescriptions being presented for dispensing that have been written on PBS **hospital prescription stationary** by prescribers employed at the major teaching hospitals.

Before a Schedule 8 medicine is supplied a pharmacist is required to:

1. **be familiar** with the prescriber's handwriting and signature OR
2. **contact** the prescriber if they are unfamiliar with their handwriting in accordance with Poisons Regulation 53A.

Contacting the prescriber may, at times, be more difficult within the public hospital system. Please note that if a prescription cannot be validated by familiarity with the prescriber's handwriting or contact with the prescriber (for example over a weekend), up to 2 days supply may be dispensed to enable legitimate patients access to treatment in a timely manner.

Do you dispense methadone syrup/solution, Subutex[®] or Suboxone[®] ?

***** Final Call *****

All pharmacists dispensing any of the above pharmacotherapies in the Community Program for Opioid Pharmacotherapy (C-POP) **must have completed** the **ONLINE TRAINING** by **21 April 2010**. The online training can be found at <http://www.dao.health.wa.gov.au/cpop/index.htm> and it attracts 3 Continuing Education Points (CEP).

Pharmacy owners please note: if dispensing of a pharmacotherapy occurs at your pharmacy, after 21 April 2010, by a pharmacist who has not completed the online training, you will be in contravention of the *Poisons Regulations 1965*.

Enquires may be directed to the C-POP coordinator on 9222 6812.





Changes to CODEINE Scheduling from 1 May 2010

The National Drugs and Poisons Schedule Committee (NDPSC) voted to amend the scheduling of combination analgesics containing codeine following concerns about misuse of these analgesic products and the potential adverse consequences of excessive intake of both codeine and co-analgesics such as ibuprofen and paracetamol. Western Australia adopts the decisions of the NDPSC by reference into the *Poisons Act 1964*.

Schedule 8: No change, 'primary' schedule for codeine.

Schedule 4: No change, more codeine preparations will be included as S4 medicines as they may exceed the limits for being included in Schedule 3, particularly due to pack size or strength.

Schedule 3: Codeine when:

- Not combined with any other opiate substance,
- Compounded with one or more other therapeutically active substances of which not more than one is an analgesic substance,
- Divided doses may have **12 mg or less** codeine per dosage unit. For undivided preparations (e.g. mixtures) the maximum codeine concentration is 0.25%,
- Recommended daily dose on label of not more than **100 mg** codeine and
- Maximum **5 days** supply at recommended maximum daily dose (larger packages become Schedule 4)
→ Except when in Schedule 2.



Schedule 2: Codeine in preparations for the **treatment of coughs and colds** when:

- Not combined with any other opiate substance,
- Compounded with one or more therapeutically active substances, **one of which must be phenylephrine** and only one other is an analgesic substance,
- Divided preparations with **10 mg or less** codeine per dosage unit and undivided preparations with a codeine concentration of 0.25% or less,
- Maximum daily dose of **60 mg** codeine and
- Maximum of **6 days** supply at recommended maximum dose on label.



Important notice

Pharmaceutical Services has new telephone and facsimile numbers

Telephone: 9222 6883 Fax: 9222 2463

The SUSDP is available online.....

The SUSDP and its amendments are available online at the ComLaw FRLI website. Follow the links available from the National Drugs and Poisons Schedule Committee (NDPSC) section of the TGA website at www.tga.gov.au/ndpsc/susdp.htm.

Pharmaceutical Services – www.health.wa.gov.au/pharmacy



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