



Pharmaceutical Services e-Bulletin

For pharmacists

November 2011

Pharmacists help reduce prescription drug diversion

Thank you to the pharmacists who have recently reported forged prescriptions to the Department. Your efforts have helped prevent a significant quantity of Schedule 8 (S8) medicines from being sold and used illegally in WA.

For those who are unfamiliar with the reporting process, confirmed forgeries should be reported to the police first (and a report number obtained) and then the Department. A copy of the forgery should be supplied to the Department. The police will usually require the original of the forged 'prescription' as evidence.

Forgeries are becoming more difficult to spot

A person was able to obtain Valium[®] illegally by altering a genuine computer generated prescription for Imigran[®] tablets.

- A home printer was used to type "Valium tablet 5mg" onto a legitimate prescription for Imigran.
- The detail and quality of the forgery appeared so genuine that it deceived many pharmacists.
- The person then visited a pharmacy and asked to only have the Imigran dispensed. This led to the pharmacist deferring the 'Valium prescription'.
- The deferred prescription for Valium was then later presented at another pharmacy and was dispensed.

Tips on spotting a forged prescription

Location of doctor and pharmacy

Forgeries are often presented at pharmacies located in a different suburb to the prescriber's practice. Offenders are more likely to succeed because the pharmacist would be less likely to be familiar with the 'prescriber's' handwriting.

High dose / strength opioids

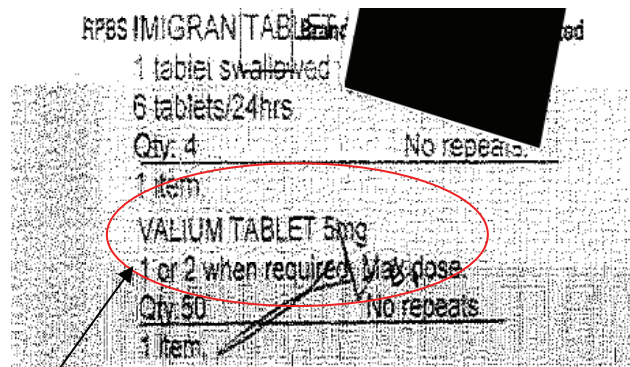
Prescription forgeries often involve high strength or potent opioids such as: OxyContin[®] 40mg, 80mg; fentanyl patches 50mcg/hr, 100mcg/hr.

The 'patient' doesn't have any ID

To reduce the risk of getting caught, offenders won't normally provide any identification. The usual response from the 'patient' would be that their Medicare card was stolen or lost and/or they do not have a Drivers Licence.

The 'patient' is a regular customer

The fact that a person is well known to a pharmacist does not mean that they will not present prescription forgeries.



Would this forgery fool you?



Checklist for detecting forged S8 'prescriptions':

Legalities:

- Does the prescription satisfy the legal requirements – are all the required elements present?

Location:

- Is the doctor's surgery close to your pharmacy?
- Does the pre-printed address on the back of the computer generated prescription match the front?

Dose:

- Is the prescription for a high dose or potent opioid?

Identification:

- Is the 'patient' reluctant to provide identification such as a Medicare card or Drivers Licence?

Verification:

- Have you contacted the prescriber to confirm the validity of the prescription if unfamiliar with his/her handwriting?

If the prescriber cannot be contacted (after hours/weekend) and the prescription is valid and looks seemingly genuine, up to 2 days supply can be given.

Unless the prescriber's handwriting is definitely familiar, Poisons Regulation 53A requires that S8 prescriptions are verified regardless of whether there is any suspicion of forgery.

Pseudoephedrine forgeries on the rise

There have been increasing reports of prescription forgeries, alterations or additions involving pseudoephedrine containing products.

Pharmacists are encouraged to be vigilant when presented with prescriptions for pseudoephedrine products, ensuring that the medicine is safe and appropriate for the patient.

If there is any doubt about the authenticity of the prescription, the prescriber should be contacted. Forged or altered prescriptions should be reported in the same way as forgeries for S8 medicines (see previous page).

Recording pseudoephedrine sales

Pharmacists are reminded that all sales of over-the-counter (S3) pseudoephedrine products must be recorded on Project STOP™. The record must include the name and address of the purchaser.

If the purchaser is unknown to the pharmacy, photographic identification must be provided. Acceptable forms of identification include a Drivers Licence or Proof of Age card.

Prescription forgery alerts

Keep a look out for email forgery alerts from Pharmaceutical Services. These alerts provide information about confirmed forgeries reported from multiple pharmacies.

Electronic cigarettes

E-cigarettes are a rod-like device that contains a mixture of liquid nicotine, propylene glycol and various flavours. Airflow through the mouthpiece creates a mist of nicotine, which is inhaled by the user. An external LED simulates the burning of tobacco.

E-cigarettes have been popular overseas as an alternative to smoking in public areas and as an aid to quit smoking. Evidence is limited regarding the safety and efficacy of e-cigarettes as a smoking cessation aid.



In WA, e-cigarettes are classified as a Schedule 7 (S7) poison and cannot be sold or supplied from a retailer unless they hold a licence under the *Poisons Act 1964*. The *Act* also prevents the importation of S7 poisons for personal use without a permit.

Can I dispense an interstate prescription for a stimulant?

In WA, stimulants (dexamphetamine and methylphenidate) can only be prescribed by doctors issued with a stimulant prescriber number (SPN) from the WA Department of Health.

Prescriptions written interstate are unlikely to comply with these requirements and therefore should not be dispensed.

Pharmacists should contact Pharmaceutical Services for further advice if presented with an interstate stimulant prescription.

Is your S8 safe covered by a motion detector?

Licence holders are reminded that Appendix M of the Poisons Regulations 1965 requires that detection devices are located so they can detect the presence of a person who attempts to interfere with the S8 drug safe, the detection device itself and the device's alarm control panel.

The quantities of S8 medicines routinely held at pharmacies means that the additional security requirements described in Appendix M are required.



Pharmaceutical Services is available online

For up-to-date information about the regulatory controls for medicines and poisons in WA,

including S8 medicines, visit us online at:

www.health.wa.gov.au/pharmacy

New Medicines, Poisons and Therapeutic Goods Bill 2011

The exposure draft of the new legislation that is set to replace the current *Poisons Act 1964* is available on our website.

Recent publications:

C-POP participating pharmacies can view the 2010 C-POP annual report online under 'publications, reports and statistics'

www.health.wa.gov.au/cpop

The 2010 stimulant annual report can be viewed under 'publications and media'

www.health.wa.gov.au/stimulants

SUSMP is available online

Scheduling of medicines and poisons can be viewed online at the TGA website.

www.tga.gov.au/industry/scheduling-poisons-standard.htm

Need some advice?

Our pharmacists are available Monday to Friday from 8:30am to 4:30pm.

Telephone: 9222 6883

Fax: 9222 2463

Email: poisons@health.wa.gov.au



Changes to the *Poisons Act* Schedules – Effective 1 September 2011

To be used as a guide only. Please refer to the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) No. 2 Amendment No. 1 for further information.

Schedule 2 – amendments

Fexofenadine – oral preparations labelled with a daily dose of up to 120mg, containing 10 dosage units or less for up to 5 days treatment, will now be exempt from scheduling.

Ibuprofen – oral liquid products labelled with a daily dose of up to 1200mg and sold in packs containing up to 8 grams of ibuprofen (previously 4 grams).

Schedule 3 – new entry

Paracetamol – when combined with ibuprofen in packs containing 30 dosage units or less.

Schedule 4 – amendments

Dimethyl sulfoxide – listing now excludes the derivative, dimethyl sulfone (MSM), which is considered safe for use without supervision.

Fexofenadine – when not included in Schedule 2 or when exempt from scheduling (see above).

Paracetamol – listing in this schedule now includes combination with ibuprofen in packs containing more than 30 dosage units.

Schedule 4 – new entries

Apixaban – a factor Xa inhibitor anticoagulant under investigation for use in prevention of venous thromboembolism in patients undergoing elective surgery.

Canakinumab – a human monoclonal antibody used in the treatment of rare inherited auto-inflammatory disorders.

Eculizumab – a humanised monoclonal antibody that acts as a complement blocker, used to reduce haemolysis in patients with paroxysmal nocturnal haemoglobinuria.

Fingolimod – an immunomodulator which is used to treat multiple sclerosis.

Mavacoxib – a COX-2 selective non-steroidal anti-inflammatory drug (NSAID) indicated for the treatment of osteoarthritis in dogs.

Ticagrelor – an adenosine diphosphate (ADP) receptor antagonist under investigation for the reduction of major adverse cardiovascular events in patients with acute coronary syndrome.

Toceranib – a tyrosine kinase inhibitor for veterinary use to treat cancer in animals.

Vernakalant – an antiarrhythmic under investigation for the treatment of atrial arrhythmias.

Appendix K – new entries

Drugs to be labelled with a sedation warning

Asenapine – a novel atypical antipsychotic drug.

Rupatadine – an antihistamine under investigation for the symptomatic treatment of allergic rhinitis and chronic idiopathic urticaria

Tapentadol – a centrally acting analgesic that exerts its effects by binding to μ -opioid receptors.

