

Prescribing Drugs of Dependence

See also:

- [Schedule 8 Permit Checklist](#): Permit Requirements for Most Practitioners (page 3).

Related topics

- [Alcohol Intervention](#)
- [Benzodiazepine Dependence](#)
- [Opioid Replacement Therapy](#)

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Background

About prescribing drugs of dependence

- *Drugs of dependence are specified under the Drugs, Poisons and Controlled Substances Act 1981 as medicines that are subject to misuse and trafficking.*
- *These medicines must be stored securely to prevent unauthorised access.*
- *Appropriate records must also be kept.*
- *Medical practitioners and clinic staff should be aware of scams that are commonly used, and should report any suspicious behaviour to the department.*
- *Clarification of key terms used in the 2017 Regulations:*
 - **Administer** means to personally introduce a medication to a person's body, or personally observe its introduction.
 - **Supply** means to provide a medication to be administered at a later time.
 - **Dispense** is a term that can have different meanings to different health practitioners. The terms administer and supply are preferred to minimise misunderstandings.
 - **Prescribe** is a term that commonly relates to the action of a practitioner who authorises treatment that may be carried out by another person. The 2017 Regulations describe this action in accordance with the 3 different mechanisms by which the treatment may be authorised – **to prescribe** can mean:
 - *issuing a prescription.*
 - *writing a chart instruction.*
 - *authorising administration.*

Drugs of dependence include:

- **all Schedule 8 (S8) drugs**

Schedule 8 (S8) drugs

S8 drugs (controlled drugs) are substances for therapeutic use which have a high potential for abuse and dependency. These include:

- *Opioid analgesics – buprenorphine, codeine as single ingredient, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, pethidine, tapentadol*
 - *Benzodiazepines – alprazolam, flunitrazepam*
 - *Barbiturates,*
 - *Psychostimulants – dexamphetamine, lisdexamfetamine, methylphenidate*
 - *Nabiximols*
 - *Medicinal Cannabis*
 - *Sodium oxybate*
 - *Ketamine*
- benzodiazepines that are not already S8
 - dextropropoxyphene (Digesic, Doloxene)
 - phentermine (Duromine)
 - testosterone and other anabolic steroids
 - pseudoephedrine.

Notification of drug-dependent person

Section 33 of the Act requires that a medical practitioner or nurse practitioner who has reason to believe that a patient is a drug-dependent person must [notify the department](#) where:

- the patient seeks prescription of an S8 drug, or an S4 drug which is also a drug of dependence, e.g., a benzodiazepine, or
- the practitioner intends to treat or is treating the patient with an S8 drug, or an S4 drug which is also a drug of dependence.

Patient consent is not required for [this form](#) to be submitted to Medicines and Poisons Regulation (MPR).

Notification is not required if SafeScript is checked.

SafeScript (Real-time prescription monitoring)

- [SafeScript \(Real-time prescription monitoring\)](#) is a clinical decision support system that will allow doctors and pharmacists to access an up-to-the-minute medication supply history of certain high-risk medicines for their patient at the point of consultation.
- This information will enable doctors and pharmacists to make more informed decisions about the safety of supply of medication.
- Online [SafeScript training](#), attracting CPD points, is now available to prescribers and pharmacists.
- See also Victorian Department of Health – [SafeScript: For Prescribers and Pharmacists](#)

Prescriptions for drugs of dependence

Before prescribing a drug of dependence, a medical practitioner must:

- take all reasonable steps to ensure that a therapeutic need exists, and
- confirm the identity of the patient.

Issuing a prescription because another prescriber has done so is not sufficient.

Contact the **Medicines and Poisons Regulation (MPR)** for clarification of Victorian legislated prescribing requirements, or S8 permit queries.

Medicines and Poisons Regulation (MPR)

Phone: **1300-364-545**

Fax: **1300-360-830**

Email: dpcs@dhhs.vic.gov.au

Hours: Monday to Friday, 10.00 am to 4.00 pm

[Website](#)

See [Schedule 8 Permit Checklist](#): Permit Requirements for Most Practitioners (page 3).

There are additional requirements for **S8 prescriptions in Victoria**.

S8 prescriptions in Victoria

A prescription for an S8 drug written by a medical practitioner is valid for a maximum of 6 months from the date of writing, even if repeats are ordered.

The prescription must show:

- the prescriber's name, address, and phone number.
- the date it was written.
- the patient's name and address.
- the patient's date of birth.
- the name and strength of the S8 drug.
- the quantity to be dispensed, in both words and figures.
- if the prescription is to be dispensed more than once, the number of repeats in both words and figures. If only 1 supply, write in words 'Nil repeats'.
- adequate directions for use.
- if a variable regimen is directed, include a statement specifying maximum frequency of administration e.g., 'Max 4 daily'.
- the prescriber's signature.

These details must be handwritten – only the date, prescriber's details, and patient's details may be computer-generated.

It is best practice not to include other items on the same prescription as an S8 drug.

S8 PBS/RPBS Authority requirements

- PBS/RPBS Authority prescriptions can be obtained to prescribe one month of medication at a time, with approval being requested either by telephone or written application by mail. Applications for repeats on the prescription must be made in writing.
- If it is anticipated that maintenance opioid therapy will continue for longer than 12 months then a review of the case by a second medical practitioner is required in the 9 to 12 month time period after commencement of opioid therapy.
- Input from a Pain Medicine Specialist can be used for a second medical opinion and this may be clinically desirable in some cases. However, it is not required for the purpose of the authority.

Contact details for Authority approval

PBS	RPBS
Phone: 1800-888-333	Phone: 1800-552-580
Post: Reply Paid No. 9857 PBS Authorities Section Department of Human Services GPO Box 9857 In your capital city	Post: Reply Paid No. 9998 VAPAC (Veterans' Affairs Pharmaceutical Approvals Centre) GPO Box 9998 Brisbane QLD 4001

Permits for Schedule 8 drugs (MPR S8 permit)

A Pharmaceutical Benefits Scheme (PBS) authority is different from a MPR S8 permit.

- PBS authority prescriptions for S8 drugs only indicate that Medicare will subsidise the medication.
- If required under Victorian legislation, a general practitioner must also obtain an S8 treatment permit from MPR before prescribing an S8 drug.
- See [Schedule 8 Permit Checklist](#): Permit Requirements for Most Practitioners (page 3).

You will need a permit in **certain situations. Limits and conditions** apply.

Limits and conditions

S8 permits commonly specify maximum daily dose, expiry date, and additional conditions. S8 permits may be issued without an expiry date for non-parenteral opioids where all of the following apply:

- the daily dose is not more than 100 mg in [morphine equivalence](#)
- the patient has already been treated with an opioid medication for more than 12 months
- the patient has no reported history of drug dependence, aberrant drug-related behaviour or suspected unlawful behaviour associated with prescription medications.

Source: [Schedule 8 Permit Checklist](#).

Permit requirements in certain situations

- An S8 permit must be obtained before prescribing, if:
 - there is reason to believe the patient is [drug-dependent](#).
 - prescribing methadone (for any indication), nabiximols, sodium oxybate, cannabis, tetrahydrocannabinol, or psychostimulants, e.g. amphetamine, dexamphetamine, lisdexamfetamine, methylphenidate.
- An S8 permit must be submitted before prescribing, if:
 - prescribing for a continuous period > 8 weeks unless patient information on SafeScript is checked on each occasion before prescribing a Schedule 8 medicine to that patient.
 - for a transient patient, where there is reason to believe the prescription will contribute to the patient being treated for a continuous period > 8 weeks (including scripts from other prescribers).
- General exceptions when a S8 permit is not required:
 - Residents in a residential aged care facility (RACF)
 - Prisoners being treated in a prison or police gaol
 - Patients receiving inpatient treatment in a hospital
 - Patients receiving treatment in a hospital emergency department or a day procedure centre
 - Palliative care patients
- An S8 permit is not required for treatment of pain caused by cancer or complications of cancer with an opioid analgesic. Notification is required via Section 3 of the S8 permit application form.

Note: In this situation, a practitioner who checks a patient's information on SafeScript **on each occasion before prescribing** an opioid analgesic is not required to give written notice to the department.
- NPS MedicineWise recommends that daily doses of opioids should not exceed 100 mg morphine equivalence, e.g., 60 mg oxycodone, without specialist advice.

See Department of Health and Human Services – [Medicines and Poisons](#) for more information.

Use of SafeScript will not become mandatory until April 2020 so the existing permit system will continue to operate.

- During the non-mandatory period of SafeScript implementation, if SafeScript is not checked, then an S8 treatment permit must immediately be applied for.
- A practitioner who checks patient information on SafeScript, **on each occasion before prescribing** a Schedule 8 medicine to that patient, is not required to obtain a permit to prescribe one (or more) of the following opioid analgesic formulations provided the total daily dose of all opioid analgesics does not exceed 100 mg in morphine equivalence.
 - Topical patches containing fentanyl or buprenorphine
 - Oral medications containing morphine, oxycodone, hydromorphone or tapentadol
 - Suppositories containing oxycodone

Note: A [morphine equivalent dose \(MED\) calculator](#) can be downloaded from the MPR website.

Prescribing psychostimulants to treat ADHD or narcolepsy

- Amphetamine, dexamphetamine, lisdexamfetamine, methylamphetamine and methylphenidate cannot be prescribed without a permit. (Exceptions apply for paediatricians and psychiatrists treating childhood or adult ADHD when SafeScript is checked.)
- MPR will only issue permits for these medicines to general practitioners in certain circumstances.

See [Stimulants for ADHD and Narcolepsy Permit and Notification requirements](#).

Alprazolam

Alprazolam was rescheduled from S4 to S8 on the 1st February 2014. See MPR – [Alprazolam Permits and Prescription Guidelines](#).

Dextropropoxyphene

From 1st January 2014, prescribers of dextropropoxyphene must complete a [Prescriber Confirmation form](#).

Destruction of S8 medications

A general practitioner can legally [destroy expired or unwanted S8s](#).

- Destruction must be witnessed by a pharmacist, dentist, veterinary practitioner, nurse, nurse practitioner, or another medical practitioner.
- Both participants in the destruction must sign the corresponding record book.
- Two nurses are not authorised to perform the task unless the principal person is a nurse practitioner.

Without requiring a witness, a registered medical practitioner, dentist, pharmacist, nurse, or midwife can destroy:

- the unused contents of a previously sterile container (e.g., ampoule) containing an S8 medication that is not required for administration to a patient.
- the unused portion of a tablet or lozenge containing an S8 medication that is not required for administration to a patient.

Lost or stolen prescription pads or pages

If you believe you know the identity of the person who stole the prescriptions, notify [Victoria Police](#) urgently.

Notify the [Department of Health](#) about lost or stolen prescription pads or pages so that pharmacists can be alerted to the possibility of forged prescriptions being presented.

To notify the department, complete the Department of Health [notification form](#) and send via:

- fax: **1300-360-830**
- email: dpcs@dhhs.vic.gov.au to notify Drugs and Poisons Regulation

Notification of loss or theft of poisons or controlled substances

If a poison or controlled substance is lost or stolen from a practitioner, notify both the DPU Secretary (via Department of Health and Human Services) and Victoria Police immediately after becoming aware of the loss or theft.

To notify the DPU Secretary:

- Phone: **1300-364-545**
- Fax: **1300-360-830**
- Post: Department of Health and Human Services, Drugs and Poisons Regulation, GPO Box 4057, Melbourne, VIC 3001
- Email: dpcs@dhhs.vic.gov.au
- See [website](#)

Prescription Shopping Information Service (PSIS)

Phone PSIS: **1800-631-181**, 24 hours a day, 7 days a week.

Patient's consent is not required if there are reasonable grounds to suspect that the patient may be getting more medicine than they medically need.

You need to **register with PSIS** before you use the service.

Prescription Shopping Information Service (PSIS)

To register for the PSIS:

- phone **1800-631-181**, or
- complete and sign the [PSIS Registration Form](#) and fax it to **(02) 6124-7820**.

Your registration will be confirmed.

Once registered, you can use PSIS to find out if your patient meets the PSP criteria.

The PSIS uses claim data to:

- tell you if the patient has been identified under the program.
- tell you the number of prescribers who have prescribed to the patient.
- provide information on the amount and type of PBS medicine recently supplied to that patient.

Private, RPBS, and opioid therapy prescriptions are **not captured** by PSIS.

Medications not captured by PSIS

A medication will not be captured by PSIS if:

- samples of medication have been provided to your patient by a prescriber.
- private prescriptions have been supplied.
- over the counter medicine has been used by your patient.
- any emergency treatment has been provided to your patient by a prescriber.
- emergency PBS medicine has been supplied by a pharmacist.
- medicine is prescribed under the RPBS.
- it is the supply of section 100 medicines. Read more about PBS section 100 items on the PBS website.

See Medicare – [Prescription Shopping Program](#).

Authority to release personal Medicare and PBS claims information to a third party

General practitioners can request that a patient signs an **online form** to enable access (with patient consent) to detailed information for a specified period.

Online form

- Reasons to request:
 - [RACGP guidelines recommendation](#)
 - Consent can improve clinical outcomes
 - Can be used as part of a contract to treat drug dependent patients.
- The form authorises the release of personal Medicare or Pharmaceutical Benefits Scheme (PBS) claims information to a third party.
- Information will only be released for the dates authorised on the form.
 - The authority will remain valid for 12 months from the date signed unless the authority is expressly withdrawn.
- Medicare and PBS records are available for the past 5 years.
- [Online form](#)
- For assistance, phone **132-001**.
 - Print form and Mail to: Information Release, Medicare Australia, GPO Box 9822, Sydney NSW 2001

Information

For health professionals

Further information

- [DACAS](#)
- Department of Health and Human Services Victoria:
 - [Commonly Used Online Forms – Drugs and Poisons Regulation](#)
 - [New Drugs, Poisons and Controlled Substances Regulations 2017](#)
- NPS MedicineWise – [Fact Sheets for Safer Use of Opioids](#)
- RACGP – Prescribing Drugs of Dependence in General Practice:
 - [Part A: Clinical Governance](#)

- [Part B: Benzodiazepines](#)
- [Part C: Opioid Prescribing](#)
- YouTube – [Prescribing S8s in Victoria](#) (Dr Paul Grinzi)

For patients

- Department of Health and Human Services – [Safer Use of Opioids](#) [fact sheets]

Sources

- [Drugs, Poisons and Controlled Substances Act 1981](#). [place unknown]: Victorian Government; 1981.
- [Drugs, Poisons and Controlled Substances Regulations 2017](#). [place unknown]: Victorian Government; 2017.

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