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Victorian Therapeutics Advisory Group contact via Professional Officer e: professionalofficer@victag.org.au

3<sup>rd</sup> April 2023

Medicines and Poisons Regulation Regulatory, Risk, Integrity and Legal Department of Health Victoria dpcs@health.vic.gov.au

Dear Medicines and Poisons Regulation,

## **RE: DPCS Amendment Regulations 2023 response**

The Victorian Therapeutics Advisory Group (VicTAG) is an independent, not-for profit association. VicTAG represents the interests of medicine and therapeutic committees in Victorian hospitals. VicTAG members are hospital pharmacists and medical specialists. VicTAG has a long history of communicating and representing the views of its members at the local and national level. VicTAG 's purpose is to promote quality use of medicines by sharing unbiased, evidence-based information about medicine therapy and to support the goals of, and facilitate the National Medicines Policy pillars of access, quality, safety and sustainability in the use of medicines in Victorian hospitals.

Thank you for the opportunity to provide feedback on the Regulatory Impact Statement and the proposed Regulations to include pregabalin, gabapentin and tramadol in SafeScript.

The consensus from our members is to support the addition of pregabalin, gabapentin and tramadol in SafeScript with attention given to the following considerations for implementation and monitoring:

#### 1. Non-mandatory check

Some members felt that given the lower risk of these medicines, a non-mandatory check could be considered. Pharmacists have found the checking of SafeScript during the admission process a worthwhile and useful exercise, however, in the team environment of a health service, it may not be beneficial or necessary for both the medical practitioner and pharmacist to conduct subsequent checks.

#### 2. Storage and handling of medicines on SafeScript in Victorian hospitals

Given the medicines on SafeScript are deemed of sufficient risk as to include them in the prescription monitoring program, hospitals have raised whether or not they should be stored and handled as a Schedule 4 Drug of Dependence (S4D). There is wide variation amongst health services as to which

medicines are included in their S4D list. Guidance from the Medicines and Poisons Regulation to standardise would be beneficial.

# 3. Ongoing review of included medicines

As some medicines become more difficult to access, or are removed from the market, there may be additional medicines that become the subject of misuse and abuse. VicTAG members would like to see ongoing surveillance and consideration given to the addition of new medicines as the landscape changes. Some medicines highlighted for potential future assessment and inclusion were:

- dihydrocodeine given the removal of pholocodine and up scheduling of codeine containing products
- pseudoephedrine to harmonise recording rather than separate systems

## 4. Regional considerations

Regional members requested that consideration be given to the challenges this can create in the regional setting, where specialists services are not readily accessible. There needs to be services for patients who are currently taking these medicines, and/or patients where SafeScript identifies there may be a potential abuse issue. Examples of the services needed include addiction medicine, chronic pain services, rheumatology, neurology and physiotherapy. Accessibility of these services is vital for patients to better manage their medical condition(s) and rationalise and reduce the need for monitored medicines.

# 5. Impact on patients

Members would like to see some public messaging and/or consultation around real time prescription monitoring and the addition of the proposed medicines so they are informed prior to being prescribed/dispensed a monitored medicine.

Should you have any queries regarding this information, or if VicTAG can assist in providing further information, please do not hesitate to contact us via our <u>Professional Officer</u>.

Kind regards,

**Paul Toner** 

**President** 

**Victorian Therapeutics Advisory Group**