B5 Restriction of prescribing rights for drugs of dependence

Purpose

To specify the scope of, and limitations to, prescribing drugs of dependence by general practice registrars.

Example policy

[insert practice name]

Date effective:

Review date:

POSITION STATEMENT REGARDING PRESCRIBING AUTHORISATION OF REGISTRARS

Registrars at [insert practice name] are restricted in prescribing drugs of addiction and drugs of dependence to levels determined by [insert practice name] clinical governance team or supervising GP.

Quality use of these drugs is an essential component of primary care. Ongoing experience, training and self-education in the use of these medications is required as part of training at [insert practice name].

Drugs restricted under this policy:

- Opioid analgesics
- Benzodiazepines

Scope and limitations [may be changed according to individual practice circumstances.]

Opioid analgesics

Registrars are permitted to **initiate opioid** analgesics as specified below, informing a senior GP at the next most convenient time.

To which patients	For what reason	Using which medications
Hospitalised and residential aged care facility patients	Acute analgesia – on call	Tramadol (currently S4) – ceiling dose 200 mg per day Morphine – ceiling dose 20 mg per day (Note that combinations of drugs that result in higher than 40 mg morphine equivalent per day will require senior GP review)
General practice patients		Paracetamol 500 mg codeine 30 mg – limited to 20 tablets Tramadol 100 mg – limited to 20 tablets (Note that higher dose tramadol requires consultation with a senior practitioner within the practice. Codeine, oxycodone, buprenorphine patches, fentanyl patches and hydromorphone use require discussion with a senior practitioner within the practice.)

Registrars are permitted to provide **opioid analgesic continuation** as specified below.

To which patients	Comment
Long-term patients of the practice who are on stable medication regimens, in the absence of their usual practitioner	Patients requesting increased analgesia will need to be referred back to their usual practitioner
Patients requiring continued postoperative analgesia (ie patients discharged from hospital)	Provided: • there is no increase in opioid analgesic requirements • a plan is undertaken to reduce and cease all opioid analgesia within a fortnight for most surgery, but up to six weeks for joint replacement or thoracotomy • a consultation with a senior GP at [insert practice name] has occurred Registrars are not permitted to continue analgesic plans initiated at other practices or healthcare facilities without the review of a senior GP at [insert practice name]

Benzodiazepines

Benzodiazepine initiation:

- Initiation is limited to a single pack (25 tablets) of temazepam 10 mg tablets with no repeats for short-term intermittent use.
- This is in association with a full clinical assessment and documentation of indication for use as a therapy adjunct to addressing the primary causal issue.

Benzodiazepine continuation:

- Registrars are permitted to supply continuation therapy to long-term patients of the practice who are on stable medication regimes, in the absence of their usual practitioner.
- The continuation of alprazolam is restricted to the usual senior GP in the practice.

Refer to the RACGP's *Prescribing drugs of dependence in general practice, Part B: Benzodiazepines* and Part C1: Opioids for other relevant information to include (eg driving ability).