*Restriction of prescribing rights for drugs of dependence practice policy template*

Purpose:

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

For more information, please refer to the RACGPs [Prescribing drugs of dependence in general practice – Part A – Clinical Governance Framework](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-a).

[Insert practice name] restriction of prescribing rights for drugs of dependence

*Current as of: [insert date of last revision]*

*Version no: [insert version number]*

*Review date: [insert date]*

This policy informs practice staff of the scope and limitations to prescribing drugs of dependence by general practice registrars.

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

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 the [Insert practice name].

**Drugs restricted under this policy**

• Opioid analgesics

• Benzodiazepines

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

**Opioid (and other prescription) analgesics**

Registrars are permitted to **initiate** opioid analgesics as specified below:

1. To hospitalised and residential aged care facility patients:
2. for acute analgesia – on call
3. using the following medications:
4. Tramadol (currently S4) – ceiling dose 200 mg a day
5. Morphine – ceiling dose 40 mg a day

Note that combinations of drugs that result in higher than 40 mg morphine equivalent per day will require senior GP review.

1. To general practice patients:
2. using the following medications:
3. paracetamol 500 mg codeine 30 mg – limited to 20 tablets
4. tramadol 100 mg – limited to 20

Note that higher dose tramadol requires consultation with a senior practitioner within the practice.

1. Paracetamol/dextropropoxyphene derivatives (paradex, capadex, digesic) are prohibited
2. Codeine, oxycodone, buprenorphine patches, fentanyl patches and hydromorphone use requires discussion with a senior practitioner within the practice.

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

1. Registrars are permitted to supply continuation therapy:
2. to long-term patients of the practice who are on stable medication regimes, in the absence of their usual practitioner
3. patients requesting increased analgesia will need to be referred back to their usual practitioner
4. to patients requiring continued postoperative analgesia (ie patients discharge from hospital) provided:
5. there is no increase in opioid analgesic requirements
6. a plan to reduce and cease all opioid analgesia within a fortnight for most surgery, but up to 6 weeks for joint replacement or thoracotomy is undertaken
7. a consultation with a senior general practitioner at the [Insert practice name] has occurred.
8. Registrars are not permitted to continue analgesic plans initiated at other practices or healthcare facilities without the review of a senior general practitioner at the [Insert practice name].

**Benzodiazepines**

Benzodiazepine **initiation**:

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

Benzodiazepine **continuation**:

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

Refer to the RACGP opioid and benzodiazepine guides for other relevant information to include (eg driving ability)

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