

Valid

Safe

Professional

Confirm the authenticity of the prescription:

Forged Rx often present with red flags such as:

- High value drugs e.g. fentanyl, high strength oxycodone, alprazolam & diazepam. Be cautious of multiple packs!
- The patient or prescriber are from outside the local area.
- The patient presents on the weekend or after GP hours.
- The prescribing has not been recorded on the SafeScript NSW system.
- The patient or “prescriber” has phoned ahead to check stock is on hand. The patient may be in a hurry.
- The patient is overly friendly and talkative (a distraction).
- Directions are unusual or non-specific e.g. mdu, prn

Confirm or check:

- Prescriber contact details via independent source e.g. Google, White Pages, Ahpra register for principal place of practice
- SafeScript NSW has a record of prescribing or past supplies. Note: handwritten prescriptions won't appear as prescribed
- NSW Health website listing stolen or forged prescriptions (see link in resources section)
- Verification must be independent and autonomous, do not rely on information from the patient
- Compare signatures on past prescriptions if concerned.

Encourage:

- Consistency amongst all staff via documented processes
- Reporting to owners and management of any cases of forgery or incident to ensure proprietorial oversight
- Reporting to police and Ministry of Health any forged or altered prescriptions.

Risk Assessment – Is it safe and appropriate?

- Check SafeScript NSW and other sources of information.
- Check the patient history.
- Discuss the medication and medical history with the patient.
- Is the medicine, strength, quantity, dose, frequency of supply safe and appropriate?
- Does script align with indication and therapeutic standards for the condition
- Is there or has there been specialist involvement?
- Has an appropriate time elapsed between dispensings?
- Could there be overuse, misuse or diversion?
- Is the dosing measurement and formulation appropriate e.g. mLs vs mgs, IR vs SR?

Warning:

Forgeries are often highly sophisticated and may display valid PBS Authority Approval numbers, realistic stationery and contact details connected to fake surgeries.

A high level of diligence and awareness is required at all times.

Managing risk and professional obligations:

- Supply should be based on independent decision-making.
- Speak with the prescriber about your concerns.
- Offer to be engaged in patient management e.g. seek a copy of the patient's treatment plan
- Offer risk minimisation options to patient and prescriber
 - Staged supply
 - Agreed supply from a single pharmacy
 - Take Home Naloxone
 - HMR
 - Agreed & annotated intervals
 - Agreed follow up
- Delaying or declining supply can have serious impacts for patients. Ensure reasons for decisions are noted. Seek advice from colleagues or indemnity insurers if needed.
- Regularly review opioid therapeutic guidelines

Document:

- Clinical reasoning for supply, deferral or refusal of any prescription, including when a warning was flagged in SafeScript NSW.
- Communication with prescriber or other HCP
- Follow up plan for you and your colleagues.
- Any interaction that may give rise to a complaint or regulatory action.

Documentation must be professional, clear, succinct, and transparent

Pharmacists are expected to practise safely, effectively and in partnership with patients and health practitioners

This flow chart has been prepared for NSW pharmacists by the Pharmacy Council of NSW, PDL, Pharmacy Guild of Australia (NSW), PSA (NSW) and SHPA (v1 25.10.22)