



Communiqué

7 March 2017

The Victorian Pharmacy Authority (the "Authority") met on 14 February 2017 at the Authority offices.

Office relocation

The Victorian Pharmacy Authority moved to new premises at Level 2, 15-31 Pelham Street, Carlton on Monday, 27 February 2017.

The new telephone number is: (03) 9653 1700

The new fax number is: (03) 9653 1750

Website and email addresses are unchanged.

From 1863, the Pelham Street site was formerly the Free Hospital for Sick Children (later the Children's Hospital) until 1964 when it became the Royal Children's Hospital located at its present site in Flemington Road, Parkville. The hospital bequeathed the Carlton buildings to the Mental Health Authority which refurbished some of the old structures, demolished others and announced the opening of a short-stay residential hospital for very young and profoundly retard children with physical handicaps. It was named St Nicholas's Hospital. The four wards housing the children were in two substantial Queen Anne buildings of three storeys with balconies that had been enclosed to provide more space. It closed in 1985. The façades on Pelham and Rathdowne Streets remain.

Discrepancies in Oxycontin records – pharmacist heavily fined

In November 2016, the Department of Health and Human Services prosecuted a Victorian pharmacist for unexplained discrepancies in the recording of Oxycontin (oxycodone) tablets. The charges were brought under the Drugs, Poisons and Controlled Substances Regulations 2006.

The pharmacist pleaded guilty to charges of:

- Failing to record transactions of Schedule 8 poisons (regulation 40);
- Failing to notify the Secretary of discrepancies (regulation 43);
- Knowingly making false or misleading entries in the S8 register (regulation 42); and
- The unauthorised supply of Oxycontin (regulation 15).

In all, 812 Oxycontin tablets - mainly 40 and 80 mg strengths - could not be accounted for. The investigation which led to the prosecution arose from discrepancies between purchases from the wholesaler and records at the pharmacy on and after 1 April 2014 when a new formulation of Oxycontin became the only formulation available on the Australian market. There had been multiple previous correspondence sent by the Department to the pharmacist regarding the importance of maintaining accurate records.

Investigation into other S8 poisons did not reveal any significant irregularities.

The magistrate fined the pharmacist \$16,000 without conviction. But for the plea of guilty, he would have imposed an aggregate fine of \$25,000 and recorded a conviction. The pharmacist was ordered to pay costs of \$10,000.

Lessons to be learned - Discrepancies

If there is a discrepancy in the Schedule 8 register, it is not acceptable to simply make a fresh entry showing the actual quantities of the drugs on hand. All documentation must be examined to determine the cause of the discrepancy. Corrections must be made by a marginal note referenced to invoices and prescriptions and not, in the case of manual registers, by crossings out, overpasting or using correcting fluid. Unresolved discrepancies, after a full investigation of documentation, must be notified to the Department of Health and Human Services (Drugs and Poisons Regulation). Given the many transactions of S8 poisons, physical stock takes should be undertaken systematically.

Recent Panel Hearings

The Authority held no Panel Hearings in January 2017.

Toni Riley
Chair
7 March 2017