Purpose of this document

This document has been prepared by Drugs and Poisons Regulation (DPR) to assist prescribers in understanding policies and procedures associated with obtaining a permit to prescribe alprazolam, which was reclassified as a Schedule 8 poison on 1 February 2014.

The information in this document has been endorsed by the Department of Health's Chief Psychiatrist.

Indications for use

The approved indications for alprazolam as listed on the Australian Register of Therapeutic Goods are:

- Anxiety: the short-term symptomatic treatment of anxiety including treatment of anxious patients with some symptoms of depression; and
- Panic disorder: the treatment of panic disorder with or without some phobic avoidance, and for blocking or attenuation of panic attacks and phobias in patients who have agoraphobia with panic attacks.

Requirements for permits to prescribe alprazolam

Applications for permits to prescribe alprazolam will generally require evidence of recent specialist support from a specialist in a field relevant to the patient’s medical condition.

As alprazolam is indicated for the short-term treatment of anxiety or panic disorder, support from a psychiatrist will generally be required. Where there are addiction-related issues, support from an addiction medicine specialist will generally be required. Without such evidence, permit applications may be refused.

Please refer to the DPR website (http://www.health.vic.gov.au/dpcs/reqhealth.htm) for the Department’s Policy for issuing Schedule 8 permits, summaries of key legislative requirements for medical practitioners, and a check list for prescribers wishing to prescribe Schedule 8 poisons.

Permit applications without specialist support

In the absence of specialist support, the Department will only issue a permit for a short-term period. This is in order to provide prescribers time to either:

i) Cease alprazolam by gradual dose reduction or by changing to another drug, or

ii) Obtain specialist advice in support of ongoing treatment.

Specialists have advised the Department that they are unlikely to support ongoing treatment with alprazolam. Advice from the Therapeutic Guidelines: Psychotropic on benzodiazepine dose reduction and changing from one benzodiazepine to another is available on the DPR website at: http://docs.health.vic.gov.au/docs/doc/Benzodiazepines-problem-use

Where a patient has a history of drug-dependence, an applicant will also be required to submit a declaration form to indicate that specific steps have been taken in relation to patient management. The declaration form is available at: http://docs.health.vic.gov.au/docs/doc/Alprazolam-declaration-form-and-prescriber-and-patient-agreement-form
Facts related to inappropriate use of alprazolam

- The high potency and short onset of action of alprazolam makes it a preferred drug for abuse and alprazolam is the most commonly reported benzodiazepine among Australian injecting drug users who report injection of benzodiazepines.¹
- Alprazolam is more subject to non-medical use compared with other benzodiazepines, and causes a disproportionally high level of serious harm than other benzodiazepines.²
- Alprazolam 2mg tablets are often concurrently prescribed for patients for whom other medical practitioners hold permits to prescribe opioid replacement therapy without the knowledge or consent of the permit holders, who also may be prescribing longer-acting benzodiazepines, e.g. diazepam.³
- Alprazolam 2mg tablets are the subject of the majority of forged prescription reports in Victoria⁴ and have a significant street value.
- Alprazolam contributed to 56 deaths in Victoria in 2010, representing 16.6% of total drug-induced or drug-related deaths investigated by the Coroners Court of Victoria in 2010.⁵
- Inappropriately high doses of alprazolam can cause anterograde amnesia and are associated with anger, aggression plus violent and threatening behaviour, which the subjects do not remember next day.⁶
- Subjects affected by high doses of alprazolam lose inhibition and, if they commit crimes while affected, may be unaware of their surroundings and when they recover in police cells, do not remember the actions that led to their arrest.⁷

Reasons for rescheduling

Scheduling decisions on medicines are made by the Secretary of the Commonwealth Department of Health and Ageing and adopted nationally, after consideration of recommendations from an advisory committee and submissions through a public consultation process.

In summary, the reasons for the decision to reschedule alprazolam to Schedule 8 were:

- Alprazolam is associated with increased morbidity and mortality in overdose with possible increased toxicity compared with other benzodiazepines.
- Alprazolam does not appear to have any additional therapeutic benefits compared with any other benzodiazepine.†
- Submissions suggested that there has been a rapid increase in use of alprazolam compared with other benzodiazepines and that there is evidence of widespread misuse.
- There is concern that the current pack size of alprazolam is inappropriate for the approved indications, i.e. for short-term use.
- Submissions stated that there is evidence of abuse of alprazolam and misuse with opioids, with it being more subject to diversion from licit to illicit use than with other benzodiazepines.

It was also noted that listing in Schedule 8 of alprazolam does not restrict its short-term use for the approved indications.

The full record of reasons plus the summary of submissions for the rescheduling of alprazolam are available on the Therapeutic Goods Administration (TGA) website at: http://www.tga.gov.au/industry/scheduling-decisions-1306-final.htm (item 2.1).

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³ Drugs and Poisons Regulation data.
⁴ Drugs and Poisons Regulation data.
⁵ Coroners Court of Victoria (2012) Finding into death with inquest, Inquest into the Death of David Andrew Trengrove, Delivered on 18 May 2012.
⁷ Ibid.

† While this statement was made by the Secretary of the Commonwealth Department of Health and Ageing in the Record of Reasons for the rescheduling of alprazolam, the Victorian Department of Health is aware that the half-life and onset of action of alprazolam may provide some benefit over other benzodiazepines for treatment of panic disorder at therapeutic doses. However, its use is limited by the risk of dependency and the high relapse rate on cessation. Refer to the sponsor's Product Information document for further information.
Further information

Clinical advice for health practitioners

The National Prescribing Service (NPS) recommends that the use of benzodiazepines, including alprazolam, is not recommended as first line treatment for anxiety or panic disorder. Benzodiazepine use should be reserved to the short-term for patients who have not responded to at least two other therapies (e.g. psychological therapy, antidepressants).


The Royal Australian College of General Practitioners (RACGP) has issued a Health Alert Rescheduling of alprazolam to a Schedule 8 drug to advise General Practitioners with some management strategies when a patient requests a prescription for alprazolam. The alert is available on the RACGP website at: http://www.racgp.org.au/yourracgp/news/health-alerts/rescheduling-of-alprazolam-to-a-schedule-8-drug/

To obtain clinical advice from addiction medicine consultants, health professionals may phone the Drug and Alcohol Clinical Advisory Service (DACAS) on 1800 812 804.

Withdrawal and dose reduction

The Drug and Alcohol Clinical Advisory Service (DACAS) has prepared a fact sheet Withdrawal from benzodiazepine dependence for information about benzodiazepine withdrawal in a general practice setting. The fact sheet is available at the DACAS website: http://www.dacas.org.au/Clinical_Resources/For_GPs.aspx

The Therapeutic Guidelines: Psychotropic provides advice on dose reduction and diazepam dose equivalents for benzodiazepines; this advice is available at: http://docs.health.vic.gov.au/docs/doc/Benzodiazepines-problem-use

Counselling and advice for patients

The RANZCP has developed a guide Panic disorder and agoraphobia: Australian treatment guide for consumers and carers. The guide is available on the RANZCP website at: http://www.ranzcp.org/Files/ranzcp-attachments/Resources/Publications/CPG/Australian_Versions/AUS_Panic_disorder-pdf.aspx


For 24-hour confidential drug and alcohol counselling and treatment information, patients, family or health professionals may phone DirectLine on 1800 888 236.

Legislative enquiries for health professionals

Health professionals may phone Drugs and Poisons Regulation (DPR) on 1300 364 545 or email at: dpcs@health.vic.gov.au for further information about:

- Legislative requirements for the administration, prescribing or supply of alprazolam
- Schedule 8 permit requirements in relation to alprazolam
- The Department’s Policy for issuing Schedule 8 permits.

Information is also available on the Department of Health website at: http://www.health.vic.gov.au/dpcs

To receive this publication in an accessible format contact Drugs and Poisons Regulation by phone on 1300 364 545 or by email at dpcs@health.vic.gov.au. Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.