

Pharmacy Ordering PHC Remote Guideline

Target Audience	All Clinical Employees
Jurisdiction	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
Jurisdiction Exclusions	N/A
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The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

Purpose

To provide Primary Health Care remote staff with guidelines for ordering medicines from regional hospital pharmacies and private pharmacies under Section 100 arrangements.

Guideline

1. General Information

Medicines and related pharmaceutical items required for clients of Department of Health (DoH) Primary Health Care (PHC) Remote health centres are ordered either by prescription for individual clients, or as bulk supply.

Medicines prescribed for individual clients are ordered using Rural Prescriptions. Where applicable, supply of medicines in [Dose Administration Aids](#) is ordered by notation on the prescription.

Ordering of bulk supply is based on the [Standard Drug List](#) (SDL), which is an agreed list of pharmaceuticals used in Remote Health Centres throughout the Northern Territory (NT). The list includes both mandatory items which must be stocked in all health centres and non-mandatory items which health centres may opt to hold or not hold on site.

Medicines covered by Section 100 are ordered from [Section 100 contracted pharmacies](#) while most other medicines and pharmaceutical products are ordered from [Regional Hospital Pharmacies](#).

To clarify the ordering process, the following topics are covered in this document:

- [Managing Pharmaceutical Stock](#) (routine and urgent ordering)
- [Ordering Prescribed Medicines](#)
- [Ordering General Stock \(bulk supply or non prescribed\)](#)
- [Ordering - Special Arrangements](#)
- [Processing and Delivery Arrangements](#)
- [Receiving Stock](#)
- [Storage of Pharmaceutical Items](#)
- [Incomplete Order / Under Supply of Stock / Back Orders](#)

- [Returning Medicines to the Pharmacy](#)
- [Retention of Pharmaceutical Records](#)
- [Ordering Blood and Blood Related Products](#)

Pharmacy Order forms are listed in [Forms](#).

A range of complementary documents have been developed to provide ease of access and context to pharmaceutical information and the processes used within the remote health environment. These items are listed in [Key Associated Documents](#).

2. Definitions

Authorised NT Hospital Formulary: a [list](#) of medicines approved by the NT Drugs and Therapeutics Committee, for use in regional hospitals.

Bulk supply: medicines supplied to health centres as general stock, ie not dispensed to an individual client.

Dose Administration Aids (DAA): an adherence device to assist the client with their medicines management by having medicines divided into individual doses and arranged according to the dose schedule throughout the day (Reference: [Dose Administration Aids Service](#), see DAA Service Guidelines). There are essentially three types of DAAs used in the remote health context: sachets, blister packs and dosettes. See [Dose Administration Aids](#) for details.

Drug Storage Room: The dedicated room where medicines are kept in the health centre. In accordance with the NT [Health Practitioners Act](#) (clause 1 and 10 of Schedule 7) 'pharmacy' is a protected term so the use of this term is limited to premises or the part of premises in which a pharmacy business is carried out. See [Drug Storage Room Standards](#).

Medication Profile: a list of current medicines prescribed for the client. Note this is not a prescription and medicines cannot be dispensed by the pharmacy from this information alone.

Pharmaceutical Benefits Scheme (PBS): a scheme through which the Australian Government subsidises the cost of prescription medicines.

Regional Hospital Pharmacies: pharmacies based at Alice Springs Hospital, Gove District Hospital, Katherine Hospital and Royal Darwin Hospital. Their services are limited to those not provided by the S100 contracted pharmacies. See [Regional Hospital Pharmacies](#).

Section 100 (S100): a section of the [National Health Act 1953](#) which allows for special supply arrangements to be made by the Minister for Health to ensure appropriate access to a pharmaceutical service to all Australians where general PBS mechanisms aren't easily applied. For PHC remote health centres S100 provisions relate to people "who are living in isolated areas." Pharmaceuticals provided under this scheme to PHC remote clients include all PBS listed medicines **with the exception** of Schedule 8, extemporaneous products (ie products that need to be manufactured at the pharmacy) AND Highly Specialised Drugs.

Standard Drug List (SDL): an agreed [list](#) of pharmaceuticals held in remote health centres throughout the NT. It contains mandatory pharmaceuticals which must be held in every health centre and non-mandatory or optional pharmaceuticals. See [Standard Drug List PHC Remote Guideline](#) for further information.

Section 100 Contracted Pharmacy: a pharmacy contracted to provide PBS medicines, other medicines listed as per contract and services under the S100 scheme to DoH remote health centres. See [Section 100 Pharmacy Arrangements](#).

3. Responsibilities

3.1 Primary Health Care Manager (PHCM)

- Manage (or delegate) ordering of pharmaceutical supplies
- Ensure appropriate levels of pharmaceuticals are maintained in the health centre
- Ensure that security and other [Drug Storage Room Standards](#) are maintained

3.2 Health Centre Clinical Staff

- Ensure incoming items are stored appropriately, rotated and checked against the order form
- Ensure appropriate documentation is retained as per the [NT MPTGA and Regulations](#)
- Ensure drug storage rooms are kept locked at all times to avoid unauthorised entry
- Participate in pharmacy ordering as delegated by the PHCM

3.3 Medical Practitioner

- Ensure there is a current valid prescription for all medicines required for a client
- Ensure that a new Rural Prescription which includes **all current** medicines is created when a medicine order is amended. This replaces all previous prescriptions.
- Request pharmacy supplied [DAAs](#) by notation on Rural Prescription
- Endorse applications for local additions to the [SDL](#) or client specific (Department funded) non-formulary medicines as appropriate
- Endorse Schedule 8 (S8) / Restricted Schedule 4 (RS4) orders where appropriate

3.4 Primary Health Care Remote Director of Medical Services

- Approve essential non-formulary items as appropriate. See [Section 4.4.4](#).
- Approve non-standard medicine local additions for health centres as appropriate. See [Section 4.4.3](#).

3.5 Section 100 Pharmacy (see also [Section 100 Pharmacy Arrangements](#))

- Establish and maintain health centre pharmacy imprest lists and levels as required
- Provide a responsible, timely and regular service in response to health centre pharmacy orders
- Provide assistance and education to health centre staff on management of pharmaceutical supplies
- Provide guidance to health centre staff on the impact of pharmacy regulations and standards
- Provide guidance to health centre staff on issues related to the supply or use of medicines
- Liaise with regional hospital pharmacies in the supply of non-S100 Medicines
- Provide advice in ensuring the Quality Use of Medicine principals are met for individual clients

3.6 Regional Hospital Pharmacy

- Supply non S100 medicines for general health centre stock in accordance with the SDL and approved local additions
- Supply non S100 medicines for individual clients against rural prescriptions where the item is listed on the NT Hospital formulary or where a non-formulary approval exists
- Provide guidance to health centre staff on the impact of pharmacy regulations and standards
- Provide guidance to health centre staff on issues related to the supply or use of medicines
- Provide advice in ensuring the Quality Use of Medicine principles are met for individual clients
- Liaise with S100 contracted pharmacies in the supply of non-S100 Medicines

4. Procedure

4.1 Managing Pharmaceutical Stock

Primary Health Care Remote recommends that one staff member manages the drug storage room including the ordering of pharmaceutical stock from S100 contracted pharmacies, regional hospital pharmacies and, in the case of blood or blood related products, from regional hospital pathology departments.

4.1.1 Routine Orders

It is recommended that health centres submit routine orders once a month. Alternative ordering arrangements may be negotiated with the S100 contracted pharmacy if necessary, depending on health centre storage facilities, size and location and availability of transport. Staff must be mindful of the loading timetables of transport companies when preparing pharmacy orders. Good ordering practices will ensure judicious stock management yet minimise the need to place urgent orders. Also see [Standard Drug List Stock Management PHC Remote Guideline](#).

4.1.2 Urgent Orders

Urgent orders will be accepted by pharmacies. However, the additional load placed on pharmacies to attend to urgent orders significantly imposes on the processing and timely delivery of routine orders and must be kept to a minimum. Also, there may be additional transport costs incurred where urgent orders are filled.

Acceptable reasons for placing urgent orders are limited to:

- Restocking emergency medicines where they have been used (This particularly applies to those medicines where cost or infrequent use dictates that low quantities of stock are routinely held)
- Large volumes of stock have been unexpectedly used (In irregular events such as multi trauma management, epidemics, unforeseen population influx e.g. cultural business)
- Newly prescribed medicines where imprest stock is not available and prompt commencement of therapy is warranted. For related information see [Section 4.2](#).
- Other scenarios where discussion occurs with the Pharmacy and agreement is made to supply on an urgent basis.

S100 contract requirements are that S100 contracted Pharmacies will dispatch urgent orders within two days, with delivery by the most expedient arrangement.

4.2 Ordering Prescribed Medicines

Prescribed medicines for individual clients are ordered from the S100 contracted pharmacy using either a signed handwritten Rural Prescription or an electronically generated Rural Prescription which has been printed and signed by the Medical Practitioner. Under the NT MPTGA (Section 93), the pharmacist is required to record details of each supply made from the prescription on the original prescription.

For the supply of medicines in an emergency, the NT MPTGA, Section 97 also permits a pharmacist to provide an initial supply of medicines prior to receipt of the original prescription. The original must be sent to the pharmacy in a timely manner, not later than seven (7) days after the supply of the medicine/s.

See the User Reference Guide Ordering of Medications from Hospitals and Private Pharmacies ([PCIS / EACS](#)) for information on how a Rural Prescription is generated by the prescriber when using the Electronic Health Record system.

If the order includes items not provided under the S100 scheme, the contracted pharmacy will forward the order for these medicines to the appropriate regional hospital pharmacy. A [Non Pharmacy S100 Items Request Form](#) will be included with the medicines supplied informing the health centre that these items will be supplied by the regional pharmacy and the date that the order was forwarded.

Where a client is supplied with a DAA it must include both S100 and non S100 medicines. Individual arrangements for the supply of non S100 medicines from a Regional Hospital Pharmacy to the S100 pharmacy exist. Where this process may lead to a delay in supply of a DAA, this delay will be communicated to the requesting health centre by the contracted S100 pharmacy provider utilising the [Non Pharmacy S100 Items Request Form](#). Where necessary, the supply of alternatives can be negotiated with the S100 provider. See [Dose Administration Aids](#) for information on the initiation and ordering of DAAs (blister packs or sachets).

Rural Prescriptions are generally valid for a maximum of 12 months. Further restrictions exist for some medicines such as [Schedule 8 Medicines](#) or [Highly Specialised Drugs](#) (HSD).

Electronic health record [medication profiles](#) cannot be used as a replacement for the Rural Prescription but can be used to support the ordering process.

4.3 Ordering General Stock (bulk supply or non prescribed)

4.3.1 Section 100 Pharmacy

Most PBS items listed on the [Standard Drug List](#) are ordered from the contracted S100 pharmacy. The relevant pharmacy will provide S100 Medicine Order forms to guide bulk supply ordering. Imprests for health centres are not identical and will vary according to approved local additions and local pharmaceutical usage. S100 Pharmacy contact details are available in each health centre.

4.3.2 Regional Hospital Pharmacy

The range of medicines described in this section are ordered from the regional hospital pharmacy using the [Hospital Pharmacy Order Form](#), or the [S8 and RS4 Medicines from Hospital Pharmacy Order Form](#). The medicines ordered from the regional hospital pharmacy include:

- [Vaccines](#)
- Non-PBS Medicines which are on the authorised [NT Hospital Formulary](#)
- Essential non-formulary items approved by the Director of Medical Services (DMS)
- Schedule 8 Medicines which are listed on the Remote Health Hospital Order form. See [Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline](#), section 2.3 for ordering details.

Orders may be faxed, mailed or scanned and e-mailed to the appropriate pharmacy or pathology department according to locally agreed processes. If faxing an order do not send the original copy as this may result in duplication. Where S100 pharmacies utilise specific ordering software arrangements may vary for selected health centres. Pharmacy contact details are available in each health centre.

4.4 Ordering – Special Arrangements

4.4.1 Urgent Orders

Urgent orders will be prioritised, processed and dispatched as quickly as possible. Urgent orders should be kept to a minimum. It is recommended that phone contact is made with the supplying pharmacy regarding submission of any urgent orders.

4.4.2 Orders for Planned Events

Large pharmaceutical orders for planned events such as vaccination campaigns must be placed in time to allow for normal processing and transport. Generally an explanation will facilitate appropriate attention to the order.

4.4.3 Ordering Non-Standard Medicines

Remote Health staff may propose the addition of a medicine to the pharmaceutical stock routinely held at a given health centre. After checking that the medicine is not already on the [Standard Drug List](#), a [Non-Standard Medicine Local Addition Form](#) request needs to be completed and forwarded to the relevant PHC DMS for approval. If approved, arrangements will be made with the relevant pharmacy and the item

will be added to the relevant order form. Once approved, the additional item/s can be ordered as described in [Section 4.3](#).

A Non-Standard Medicine Local Addition request must not be made to propose ordering medicine for an individual client, but for items to be held as general pharmaceutical stock. A prescription is the appropriate mechanism for ordering medicines for individual clients.

Alternatively, recommendations may be made for the Remote Health Pharmacy Group to consider amendments to the SDL. A [Best Practice Referral](#) form may be used for this.

4.4.4 Ordering Non-formulary Medicine

Medicines available on the [PBS](#) and authorised [NT Hospital Formulary](#) should be considered in the first instance and used wherever possible. If a non-formulary medicine is required due to treatment failure with a standard item, see [Regional Hospital Pharmacies](#) for ordering processes.

4.4.5 Ordering Highly Specialised Drugs

Additional restrictions for the supply of Highly Specialised Drugs. They may require an additional specialist prescription / authority or a separate PBS authority approval, in addition to the supply of a valid rural prescription. See [Regional Hospital Pharmacies](#), Section 4.2.1 for details.

4.4.6 Complementary Medicines

Complementary medicines are not covered under the S100 supply system. These include some vitamins and other over the counter medicines with limited evidence to support their use. Where approved on a [Client Specific Department Funded Medicine Request Form](#) by the PHC Remote Director Medical Services these may be supplied by the regional pharmacy. In most cases, clients will have to purchase these at their own expense from the relevant contracted S100 pharmacy, or source their own supply. See [Prescriptions](#) for further details.

4.4.7 RMP Specific Medicine Requests

RMP Specific Medicines may be requested to complement a Medical Practitioner's area of advanced clinical practice (advanced skill or competency). Availability of medicines on the [standard drug list](#) and any [non-standard local additions](#) must be reviewed prior to requesting to hold RMP specific medicines.

RMPs may request approval for medicines not routinely held at a given health centre using the [RMP Specific Medicine Request Form](#). Once approved by the regional PHC DMS, the RMP will be provided with an approved order form that must be used to order the medicines from pharmacy. Only the approved RMP may order their RMP Specific Medicines. Also see section 4.6 of [Standard Drug List](#).

Note: All RMP Specific Medicines must be [returned](#) / disposed of once the approved RMP ceases to practice at that health centre.

4.5 Processing and Delivery Arrangements

Pharmacies make every effort to process and dispense bulk supply orders and other medicines as quickly as possible. The PHCM / delegate should ensure the pharmacy understands the preferred transport arrangement for delivery of medicines to the health centre. Pharmacy orders are generally dispatched using the most efficient and appropriate service available, including departmental vehicles and commercial air, sea or road services. In some cases urgent medicines are piggybacked on air charters and Retrieval Services flights. Please note use of these air charter / Retrieval Services flights are not to be utilised as a regular delivery mechanism.

Prescribed medicines will be dispatched with the health centre's next order unless advised by the health centre or prescribing doctor that the prescribed medicines are urgent. When delivery arrangements need to differ from the routine practice for the health centre, instructions for alternative arrangements should be clearly written on the order form or prescription.

In exceptional cases it may take up to two weeks for stocks to arrive, particularly if weather conditions are adverse or if there are transport or other problems beyond the control of the supplier.

See section 2.4 of [Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline](#) for details of specific packaging, delivery and receipt arrangement required for S8 and RS4 medicines respectively.

4.6 Receiving Stock

When pharmaceutical supplies are delivered to the health centre, the person signing the receipt of the delivery must check the consignment note against the number of items that are delivered. These items must be placed in the [Drug Storage Room](#) or other secure area not accessed by the public until items are able to be unpacked. Also see the Information Sheet - [Protocol for Receiving a Pharmacy Order](#).

When unpacking pharmacy orders, items must be checked:

- against the order form / packing slip on delivery
- expiry date of stock
- for viability of stock where packing may be damaged
- maintenance of cold chain where appropriate

Note: If discrepancies are noted, check the [Pharmacy Items Not Available Form](#) and/or the [Non S100 Pharmacy Items Request Form](#). If the item is not listed, contact the supplying pharmacy as soon as practicable..

When unpacking items into the Drug Storage Room, stock should be:

- rotated and items with the longest expiry date placed at the rear
- placed against the correct name tag on the shelf

Where deliveries are not made directly to the health centre, every effort must be made to collect the order from the delivery point to ensure that pharmaceuticals are not subject to prolonged heat exposure. When orders for S8 / RS4 medicines are expected, staff must ensure that someone is at the delivery point to collect the medicines as soon as they arrive. Check local procedures for collecting goods from airstrips, barges or other delivery points.

There will be a [Delivery Notification Form](#) with all incoming S8 and RS4 medicines. The Delivery Notification Form needs to be signed to confirm that the medicines were received and a copy of the signed Delivery Notification Form must be returned to the dispatching Pharmacy upon receipt of the order and within 24 hours. See [Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline](#) for further details on documenting the receipt of S8 and RS4 medicines.

If S8 / RS4 medicines have gone missing, contact the pharmacy and District Manager / Manager On-Call immediately. The staff member identifying the incident must complete an incident report via the RiskMan system within 24 hours. The pharmacy will attempt to track the order and will report the matter to the police if required. Also see [Reporting Medication Incidents](#).

4.6.1 Collecting Medicines from Alice Springs Hospital (ASH)

Departmental staff collecting medicines from ASH pharmacy for transport to communities must produce some form of identification, preferably a staff photo identification card, and must sign the Remote Order Collection Book.

4.7 Storage of Pharmaceutical Items

Pharmaceutical supplies must be moved to the drug storage room as soon as they arrive and be unpacked as soon as practicable. Storage systems are discussed in [Drug Storage Room Standards](#).

4.8 Incomplete Order / Under-Supply of Stock / Back Orders

Where an order is incomplete, either a Non S100 Item Request Form or Item Not Available – Form will be provided by the relevant pharmacy.

- [Non S100 Pharmacy Items Request Form](#) indicates that a Non-S100 medicine was requested from the S100 contracted pharmacy and forwarded to the regional hospital pharmacy for supply.
- [Pharmacy Items not Available Form](#) indicates that the item is not available from the manufacturer and contains an estimated timeframe for delivery where possible.

Where notation is not included, contact the relevant pharmacy to discuss the discrepancy.

Where an accidental undersupply has occurred but is documented as supplied, do not sign the delivery documentation, but contact the relevant pharmacy to discuss the discrepancy.

4.8.1 Back Orders

S100 contracted pharmacies and Gove District Hospital will generate back orders where an item they supply is not available. It is not necessary to re-order. If back orders are not received within a reasonable time frame as indicated on the Item Not Available - Form, contact the relevant pharmacy.

Other Regional hospital pharmacies *do not* generate back orders. The item will need to be reordered after the estimated date of availability indicated on the Item Not Available - Form.

4.9 Returning Medicines to the Pharmacy

See [Return of Unwanted Medicines](#) for details of returning unwanted medicines, including S8 and RS4 medicines, excess viable pharmaceutical stock and expired or compromised medicines.

4.10 Retention of Pharmaceutical Records

Under the NT [MPTGA](#) all records listing pharmaceuticals such as rural prescriptions, orders, invoices, receipts, delivery dockets, etc are required to be retained for two (2) years after the date of the last entry in the record. See [Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline](#) for additional records requirements for S8 Medicines.

4.11 Ordering Blood and Blood Related Products

Blood and blood related products such as anti-D, Factor VIII and immunoglobulins are no longer stocked by regional pharmacies but by pathology departments. Most of these products must be ordered by a haematologist. If these seldom use products are required, contact the regional hospital pathology department for information on how to order the product.

Compliance

Issues / incidents will be entered into RiskMan as necessary and will be followed up.	Relevant Manager
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Document Quality Assurance

	Method	Responsibility
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program
Review	Document is to be reviewed within three years, or as changes in practice occur	Senior PHC Pharmacist CAHS Senior PHC Pharmacist TEHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Senior PHC Pharmacist CAHS Senior PHC Pharmacist TEHS

Key Associated Documents

<p>Forms</p>	<p>Client Specific Department Funded Medicine Request PHC Remote Form Darbepoetin & Epoetin Order Form for Alice Springs Hospital (CAHS Only) Hospital Pharmacy Order PHC Remote Form Non-Standard Medicine Local Addition PHC Remote Form Non S100 Pharmacy Items Request PHC Remote Form NT Best Practice Reference Working Group Referral PHC Remote Form Pharmacy Items Not Available PHC Remote Form Rural Medical Practitioner Specific Medicine Request PHC Remote Form Rural Prescription Form (HM 190 – 8/95), available from Stores RiskMan down time form (ONLY to be used in the event of outages) S8 and RS4 Medicines Delivery Notification PHC Remote Form S8 and RS4 Medicines from Hospital Pharmacy Order PHC Remote Form S100 Pharmacy Order forms, available from the relevant S100 contracted pharmacy</p>
<p>Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents</p>	<p>Dose Administration Aids PHC Remote Guideline Drug Storage Room Standards PHC Remote Guideline Management On-Call PHC Remote CAHS Guideline Prescriptions PHC Remote Guideline Regional Hospital Pharmacies PHC Remote Guideline Reporting Medication Incidents PHC Remote Guideline Return of Unwanted Medicines PHC Remote Guideline Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline Section 100 Pharmacy Arrangements PHC Remote Guideline Standard Drug List PHC Remote Guideline Standard Drug List Stock Management PHC Remote Guideline Vaccines PHC Remote Guideline Standard Drug List PHC Remote Master Document Protocol for Receiving a Pharmacy Order PHC Remote PCIS User Reference Guide: Ordering of Medications from Hospitals and Private Pharmacies Medicines Poisons and Therapeutic Goods Act (MPTGA) and Regulations Northern Territory Hospital Formulary NT Medicines Management Framework Pharmaceutical Benefits Scheme PBS Schedule (search website) Prescribing Medicines - Information for PBS Prescribers: provides information re PBS Prescription Forms Pharmaceutical Society of Australia Dose Administration Aids Service Medicines and Poisons Control website Volume 1 - Issuing Prescriptions Supplying Schedule 8 Substances Volume 2 - Storage and Transportation National Health Act 1953</p>

References	As above
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Evidence Table

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A