

## Prescriptions PHC Remote Guideline

<b>Target Audience</b>	All Clinical Employees
<b>Jurisdiction</b>	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
<b>Jurisdiction Exclusions</b>	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 guidelines for Primary Health Care remote clinicians that should be taken into consideration when prescribing medicines for clients in remote health centres.

### Guideline

## 1. General Information

A prescription is a written or electronic direction for dispensing or administering a medicine that must be signed by an Authorised Prescriber. Under the provisions of the Northern Territory [Medicines Poisons and Therapeutic Goods Act \(MPTGA\) and Regulations](#) only certain practitioners are permitted to prescribe medicines. The prescriber takes the responsibility for the clinical assessment of the client, the diagnosis and the clinical management required. It is a Primary Health Care (PHC) Remote requirement that all prescriptions are printed and signed.

The [National Health \(Pharmaceutical Benefits\) Regulations 1960](#), [Pharmaceutical Benefits Scheme](#), [The Poisons Standard \(SUSMP\)](#) and the NT MPTGA regulate all aspects of prescribing. The Code of Practice [Volume 1 - Issuing Prescriptions Supplying Schedule 8 Substances](#) is available to guide NT prescribers.

The [Standard Drug List](#), [NT Hospital Formulary](#) and [Section 100 Pharmacy Arrangements](#) and the guidelines provided in this document should be taken into consideration when prescribing medicines in remote health centres.

Information in this item relates to:

- [Selection of Medicines for Prescriptions](#)
- [The Pharmaceutical Benefits Scheme](#)
- [Creating a Prescription](#)
  - ~ [Rural Prescriptions](#)
  - ~ [PBS Prescriptions](#)
  - ~ [Antineoplastics \(Cancer Treatment\)](#)

- ~ [Private Prescriptions – Medicines not listed on the PBS](#)
- ~ [Prescriptions for Schedule 8 Substances](#)
- ~ [Prescriptions for Highly Specialised Drugs](#)
- ~ [Prescriptions for Non PBS Section 100 Medicines](#)
- [Managing Ongoing Prescriptions](#)
- [Telephone / Verbal Orders](#)
- [Retention of Pharmaceutical Records](#)

## 2. Definitions

**Authorised Prescriber:** a medical officer, nurse practitioner or other health practitioner (eg Dentist, Optometrist) who is authorised to issue a prescription under the [NT Medicines, Poisons and Therapeutic Goods Act](#), and issues the prescription in the course of practicing within their scope of practice.

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

**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.

**PBS Prescription:** a written or electronic direction for dispensing or administration of an eligible medicine under the Pharmaceutical Benefits Scheme.

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

**Private (non-PBS) Prescription:** a prescription for medicines not eligible for PBS subsidy. This includes PBS items for clients whose conditions do not match the PBS requirements for the particular item.

**Rural Prescription:** a written or electronic direction authorising the supply or administration of a medicine to a particular person in remote regions of NT. The printed and signed copy is a legal document from which medicines can be dispensed.

**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

**Section 250 of the NT MPTGA:** Section of legislation that provides for the authorisation of Nurses, Midwives and Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs), working at declared places in the NT, to use certain schedule 4 and 8 substances in accordance with a Scheduled Substance Treatment Protocol. See [Section 250 NT MPTGA](#).

*Note: initiation of medicines under section 250 of the NT MPTGA is not considered "prescribing"*

**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.

### 3. Responsibilities

#### 3.1 Authorised Prescriber

- Ensure familiarity with the relevant legislation, standards and PBS requirements
- Ensure that accurate documentation of medicine/s is maintained in the client's Electronic Health Record (EHR), including:
  - ~ maintenance of the medication profile which accurately reflects the medicines the client is currently receiving
  - ~ creation of a new Rural Prescription which includes all current medicines when a medicine order is amended
  - ~ rationale for the continuation, addition, change or cessation of medicines
- Consult with the RMP and/or Specialist Medical Practitioner as necessary
- Ensure a hard copy of the current valid Rural Prescription is forwarded to the PHCM of the client's usual health centre
- Ensure there is a current valid prescription for all medicines required by the client
- Order pharmacy supplied [Dose Administration Aids](#) (DAA) by notation on rural prescription
- Order PBS stationery as required

#### 3.2 Nurses, Midwives & Aboriginal & Torres Strait Islander Health Practitioners

- Ensure that medicines, other than Section 250 items, are only issued to clients if there is a signed valid prescription or a documented verbal order from the [Authorised Prescriber](#)

#### 3.3 Primary Health Care Manager (PHCM)

- Ensure that systems to manage prescriptions are maintained
- Liaise with the Authorised Prescriber as required to ensure there is a current valid prescription for all medicines required by the client
- Ensure that the original prescription, printed and signed by the Authorised Prescriber, is forwarded to the dispensing pharmacy
- Liaise with the Authorised Prescriber to ensure adequate supply of PBS stationery
- Retain a hard copy of each prescription in the prescriptions folder kept in the drug storage room
- Forward a hard copy of the client prescription to other health centres providing shared client care, as requested

#### 3.4 Pharmacist

- Review each prescription noting a responsibility to maintain Quality Use of Medicines (QUM) safe medication practices
- Dispense prescriptions in line with the relevant standards and best practice guidelines
- Pack medicines in DAAs where requested on a prescription
- Liaise with Authorised Prescribers as required

#### 3.5 Primary Health Care Director of Medical Services (PHC DMS)

- Ensure Authorised Prescribers are aware and comply with the relevant legislation, standards and PBS requirements
- Review [Client Specific Department Funded Medicines Requests](#) and approve as appropriate
- Liaise with the PHC Remote Pharmacist regarding the appropriateness of Client Specific Department Funded Medicines Requests or alternate funding pathways

### 3.6 Primary Health Care Remote Pharmacist

- Provide advice and support for Authorised Prescribers and other clinical staff
- Liaise with the PHC DMS regarding Client Specific Department Funded Medicines Requests or alternate funding pathways
- Maintain the database of Client Specific Department Funded Medicines Requests
- Communicate the outcome of Client Specific Department Funded Medicines Requests to the relevant Authorised Prescriber, health centre and pharmacy

## 4. Procedure

### 4.1 Selection of Medicines for Prescriptions

Primary Health Care Remote supports the use of PBS listed items, prescribed according to the PBS criteria, as a first choice wherever possible. Treatment failure with PBS listed medicines, or a lack of PBS listed treatment options, may require a prescriber to select a non-PBS listed medicine. Where possible the non-PBS medicine should be selected from the [Standard Drug List](#). Where the medicine required is not available via this avenue, and the client is unable to self-fund treatment, the [Client Specific Department Funded Medicines Request](#) process must be followed to seek approval for departmental funding. Also see [Prescription and Medicine Supply Flowchart](#). If a specialist has recommended a medicine then department funding should be sought through the specialist.

### 4.2 The Pharmaceutical Benefits Scheme

Most medicines that are prescribed in remote health centres are listed on the [Pharmaceutical Benefits Scheme](#) (PBS), [Standard Drug List](#) and the [NT Hospital Formulary](#). Medicines that are eligible for subsidy under the PBS can be found in the online searchable version of the [Schedule of Pharmaceutical Benefits](#).

The Schedule also details the medical conditions and client parameters that must be satisfied for a client to qualify for a PBS subsidy. For PHC Remote purposes, a medicine listed on the [PBS Schedule](#) will generally fall into one of three broad categories for pharmaceutical benefits; namely Unrestricted, Restricted and Authority Required. [Prescribing Medicines – Information for PBS Prescribers](#) provides further description of these categories and is an important source of information for prescribers.

A range of [online education services](#) is also available to help health professionals understand their obligations when working with the PBS.

### 4.3 Creating a Prescription

All prescriptions, whether electronic or paper based, must be generated and signed by the [Authorised Prescriber](#). Prescriptions are valid for a maximum of 12 months (further restrictions apply to [Schedule 8](#) items) regardless of whether a medication profile lists a medicine for a longer period or as 'ongoing'.

#### 4.3.1 Rural Prescriptions

Rural prescriptions are generated using the client's EHR. To obtain a valid rural prescription for pharmacy dispensing, the rural prescription must be printed and signed by the Authorised Prescriber.

Authorised Prescribers must annotate the rural prescription accordingly where client medicines are to be provided in a DAA. For detailed information see [Dose Administration Aids](#).

#### 4.3.2 Urgent Client Medicine Changes

Urgent prescriptions for medicine changes 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 are often additional costs incurred where urgent orders are filled.

Acceptable reasons for requesting urgent supply of medicine changes against prescriptions are limited to:

- Newly prescribed medicines or dose adjustments where imprest stock is not available and prompt commencement of therapy is warranted.
- Amendments to prescriptions for clients prescribed DAAs where the change cannot be accommodated using imprest stock, health centre prepared DAAs or where the client may have difficulty comprehending a change in the presentation of their medicines

All prescription medicine changes will be considered non-urgent unless the rural prescription is annotated by the prescribing [Authorised Prescriber](#). Non-urgent medicine changes will be supplied according to routine order and delivery arrangements, which may take up to 4 weeks to be supplied.

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

### 4.3.3 PBS Prescriptions

When a client is organising their own medicines supply from a pharmacy, a personalised PBS Prescription form must be used which includes the Authorised Prescribers name, qualifications, practice address/es, telephone number and prescriber number. PBS prescriptions may be generated using the client's EHR and printed on official PBS stationery. PBS stationery can be ordered using the [PBS Stationery Order Form](#) available on the Medicare Australia website. All PBS stationery must be ordered by an Authorised Prescriber but may be retained by the health centre in a secure location.

### 4.3.4 Antineoplastics (Cancer Treatment)

Although most antineoplastics are available on PBS most are supplied by the cancer treatment centre, not the S100 pharmacies, as clients need to be reviewed before beginning each cycle of treatment. Some ongoing treatments which are taken on a daily basis and do not require intensive monitoring will be supplied by the S100 pharmacy.

Any questions regarding treatment and supply should be directed to the cancer treatment centre. Although the medications supplied by the cancer treatment centre should be included on the Rural Prescription to provide a complete list of the client's medication, health centre staff are not required to order these from the S100 pharmacies. Prescribers are to annotate the order to show that the medicines are supplied by the cancer treatment centre. If medicines listed as being supplied by the cancer treatment centre are requested from the S100 pharmacy, the pharmacist must check with the cancer treatment centre before supply.

### 4.3.5 Private (non-PBS) Prescriptions

When a client is organising their own medicines supply from a pharmacy and the medicine is not available under the PBS, a private (non-PBS) prescription must be used. Private (non-PBS) prescriptions may be generated using the client's EHR.

### 4.3.6 Prescriptions for Schedule 8 Substances

Schedule 8 (S8) substances must be prescribed according to the [NT MPTGA](#) and Code of Practice Schedule 8 Substances [Volume 1 - Issuing Prescriptions Supplying Schedule 8 Substances](#). When prescribing S8 Medicines, different requirements exist for a Restricted or UnRestricted S8 Medicine. See Medicines and Poisons Control [Medical Practitioners webpage](#) and Information Sheet: [Requirements of Prescriptions for S8 Substances](#) for further information.

### 4.3.7 Prescriptions for Highly Specialised Drugs (HSD)

Highly Specialised Drugs are medicines for the treatment of chronic conditions which, because of their clinical use or other special features, are restricted to supply through public and private hospitals having access to appropriate specialist facilities. Continued treatment may be required in the community. Specific issues related to prescribing HSDs include:

- only a specialist may initiate treatment with HSDs
- ongoing prescriptions may be obtained from a specialist or an RMP under the direction of a specialist. Note: Royal Darwin Hospital Pharmacy will only accept specialist outpatient prescriptions for all HSD medicines.
- new prescriptions must be written in a timely fashion to ensure continuity of supply
- the PBS supply quantity for most HSD medicines is 2 months with up to 5 repeats
- if a prescription has expired, the pharmacist may be able to contact the medical practitioner to request a new prescription, but this may delay the supply
- if ordering HSD medicines using a faxed prescription, the original prescription must be sent to the pharmacy in a timely manner, not later than seven (7) days

Requirements for prescribing HSDs differ slightly between Central Australia and the Top End. The table below describes the recommended process for each region.

Central Australia	Top End
Specialist makes decision to initiate HSD. Prescription may be generated by the specialist or RMP if advised by the specialist	Specialist generates prescription and sends to pharmacy
Specialist notifies RMP when initiating a HSD medicine or subsequent changes to treatment	Specialist notifies the RMP when initiating a HSD medicine or subsequent changes to treatment
RMP updates the client's medication profile in the EHR	RMP updates the client's medication profile in the EHR
Pharmacy dispenses from the specialist prescription or rural script and sends the medicines (and a copy of the script if new medicine or dose change) to the health centre	Pharmacy dispenses from the specialist prescription and sends the medicines (and a copy of the script if new medicine or dose change) to the health centre

#### 4.3.8 Prescriptions for Non PBS Section 100 Medicines

Occasionally medicines not funded under the PBS S100 arrangements may be required. Non PBS S100 medicines should only be prescribed where there is no appropriate PBS alternative medicine available or the client has experienced a treatment failure with available PBS S100 medicines. Where non PBS S100 medicines are required these are to be provided by the issue of a private prescription. If a non PBS S100 medicine is required and the client is unable to self-fund treatment, application for departmental funding for the treatment may be made using the [Client Specific Department Funded Medicine Request Form](#). See [Supply of Non PBS S100 Medicines PHC Remote Guideline](#) for detailed information.

### 4.3 Managing Ongoing Prescriptions

It is important to ensure that there is always a valid prescription available for ongoing client medicines. A report should be generated from the EHR to prompt renewal of expiring prescriptions each month.

### 4.5 Telephone / Verbal Orders

When giving a telephone / verbal order:

- wherever possible the [Authorised Prescriber](#) must access the client's EHR and the medicine order created immediately in the client's medication profile. This will assist the nurse / ATSIHP to administer the medicine and record it appropriately.
- when the Authorised Prescriber is unable to access the client's EHR, the nurse / ATSIHP will use the phone order function in the EHR. The Authorised Prescriber will utilise the hard copy *Telephone Consultation Record* or other relevant documentation to document the consultation, including medicine orders. Wherever possible the Authorised Prescriber must confirm the order in the client's EHR as soon as possible and definitely within 48 hours.

- when receiving a telephone order for administration of a medicine from an Authorised Prescriber
- wherever possible the Authorised Prescriber will record the order in the client's EHR
- when the Authorised Prescriber does not have access to the client's EHR, the nurse or ATSIHP must repeat the medicine order back to the prescriber to confirm the order. Whenever a second nurse / ATSIHP is present, this person must also verify the order. Where a second nurse / ATSIHP is not available, the verification process should be performed by the nurse / ATSIHP taking the order.

#### 4.6 Retention of Pharmaceutical Records

Under NT MPTGA all records listing pharmaceuticals including rural prescriptions are required to be retained for 2 years after the date of the last entry in the record. After 2 years records may be transferred to secondary storage facilities such as Iron Mountain and Centralian Records Management. See [Schedule 8 Medicines](#) for additional records requirements for S8 Medicines.

### Document Quality Assurance

	Method	Responsibility
<b>Implementation</b>	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program
<b>Review</b>	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
<b>Evaluation</b>	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

### Key Associated Documents

<b>Forms</b>	Rural Prescription Form (HM 190 – 8/95), available from Stores Ordering information available on <a href="#">Prescribing Medicines - Information for PBS Prescribers</a> : PBS Prescription Forms (for printing PCIS scripts) Individual PBS Prescription Pads Authority PBS Prescription Pads Non-Formulary Drug Request Form <a href="#">Client Specific Department Funded Medicines Request PHC Remote Form</a> <a href="#">Notification of Supply of a UnRestricted Schedule 8 Substance</a> <a href="#">Application for Authority to Prescribe a Restricted S8 Psychostimulant Medication</a> <a href="#">Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction</a>
<b>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</b>	<a href="#">Dose Administration Aids PHC Remote Guideline</a> <a href="#">Duty RMP Telephone Consultations PHC Remote TEHS Guideline</a> <a href="#">Issuing and Administering Medicines PHC Remote Guideline</a> <a href="#">Pharmacy Ordering PHC Remote Guideline</a>



	<p><a href="#">Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline</a></p> <p><a href="#">Section 100 Pharmacy Arrangements PHC Remote Guideline</a></p> <p><a href="#">Section 250 NT MPTGA PHC Remote Guideline</a></p> <p><a href="#">Standard Drug List PHC Remote Guideline</a></p> <p><a href="#">Standard Reference List PHC Remote Guideline</a></p> <p>Information Sheets:</p> <p><a href="#">Prescription and Medicine Supply PHC Remote Flowchart</a></p> <p><a href="#">Standard Drug List PHC Remote Master</a></p> <p><a href="#">Supply of Non PBS S100 Medicines PHC Remote Guideline</a></p> <p><a href="#">Medicines Poisons and Therapeutic Goods Act (MPTGA) and Regulations National Health Act 1953</a></p> <p><a href="#">National Health (Pharmaceutical Benefits) Regulations 2017</a></p> <p><a href="#">Northern Territory Hospital Formulary</a></p> <p><a href="#">Remote Health Pharmacy Group</a></p> <p>DoH <a href="#">Medicines and Poisons Control</a> website</p> <p><a href="#">Medical Practitioners</a> webpage:</p> <ul style="list-style-type: none"> <li>- <a href="#">Requirements of Prescriptions for S8 Substances</a></li> <li>- Code of Practice – Schedule 8 Substances: <ul style="list-style-type: none"> <li>~ <a href="#">Volume 1 - Issuing Prescriptions Supplying Schedule 8 Substances</a></li> <li>~ <a href="#">Volume 2 - Storage &amp; Transportation</a></li> </ul> </li> <li>- <a href="#">Voluntary Contract Notification Scheme</a></li> <li>- <a href="#">Voluntary Contract Notification Scheme</a></li> </ul> <p><a href="#">Gazette Notices</a> (Section 250, 252, 254) – <i>provides links to relevant Gazettal Notices</i></p> <p><a href="#">Assisting Aboriginal Patients with Medication Management</a></p> <p><a href="#">National Medicines Policy</a></p> <p><a href="#">Poisons Standard</a></p> <p>Pharmaceutical Benefits Scheme Information</p> <p><a href="#">Pharmaceutical Benefits Scheme</a> (Australian Government DoH website)</p> <p>Schedule of Pharmaceutical Benefits (link on above webpage)</p> <p><a href="#">Aboriginal Health Services and the Pharmaceutical Benefits Scheme</a></p> <p>Medicare Australia - <a href="#">PBS Online Education Services</a></p> <p><a href="#">Primary Care Information System (PCIS) Website</a></p> <p>Basic Steps:</p> <p><a href="#">Medications Quick List - CARPA</a></p> <p><a href="#">Medchart Cheat Sheet - Using the Quick Lists</a></p> <p><a href="#">Medchart Cheat Sheet - Prescribing</a></p> <p>PCIS Tips:</p> <p>Medchart - <a href="#">Rural Prescriptions Non S8 Comment - Doctors Only</a></p> <p><a href="#">Medchart - Rural Prescriptions S8 Comment - Doctors Only</a></p> <p><a href="#">MedChart – Use the Quick List</a></p> <p>User Reference Guides:</p> <p><a href="#">Medication End Date Behaviour: Essential Information For Medical Officers</a></p> <p><a href="#">MedChart Upgrade Advice</a></p> <p><a href="#">East Arnhem Communicare System (EACS) Website</a></p> <p>EACS Tip: <a href="#">Dosage Instruction Shortcuts</a></p>
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	User Reference Guide: <a href="#">Prescription Requirements for Schedule 8 Medicines</a>
References	As above

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