Prescriptions PHC Remote Guideline

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This is a NT Health Policy Guidelines Centre (PGC) Approved and Controlled document. Uncontrolled if printed.	

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

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 2017, 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. The Primary Health Care Manager (PHCM is responsible for ensuring the maintenance of systems to manage prescriptions.

Information in this item relates to:

- Selection of Medicines for Prescriptions
- The Pharmaceutical Benefits Scheme
- Creating a Prescription
    - ~ Rural Prescriptions

1   Selection of Medicines for Prescriptions

PHC 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.

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.

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'.

The Authorised Prescriber must 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

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. The original prescription, printed and signed by the Authorised Prescriber, must be forwarded to the dispensing pharmacy.

A copy of the the valid Rural Prescription must be filed in the 'hard-copy current rural script folder' in the Drug Storage Room. See Managing Ongoing Prescriptions.

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.

The PHCM / delegate and Authorised Prescriber liaise as required to ensure there is a current valid prescription for all medicines required by the client. The '*Due to Expire Medication Report'* is available in the EHR to assist in identifying prescriptions that are due to expire.

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.

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.

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. Prescribers are to annotate the order to show that the medicines are supplied by the cancer treatment centre or 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. 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.

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.

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 Restricted Schedule 8 Psychostimulants Medicine Prescriptions PHC Remote Information Sheet and Unrestricted Schedule 8 Medicine Prescriptions PHC Remote Information Sheet.

The Medicines and Poisons Control Medical Practitioners webpage and Information Sheet: Requirements of Prescriptions for S8 Substances provide further information.

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.
- the specialist writes a PBS HSD prescription and must notify the RMP when initiating a HSD medicine or subsequent changes to treatment to be transcribed to the client's rural prescription.
- Ongoing prescriptions may be obtained from a specialist or an RMP under the direction of a specialist on a PBS HSD prescription.
- the Pharmacy dispenses from the PBS HSD prescription and supplies to the health centre via the usual transport mechanisms
- new prescriptions must be written in a timely fashion to ensure continuity of supply
- the PBS supply quantity for most HSD medicines is two (2) months with up to five (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

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   Managing Ongoing Prescriptions

It is important to ensure that there is always a valid prescription available for ongoing client medicines. The Rural Prescription must be filed in the 'Hard-copy current rural script' folder in the Drug Storage Room and used to supply the client medicines. A report should be generated from the EHR to prompt renewal of expiring prescriptions each month.

As new prescriptions are generated, previous prescriptions should be marked with a strike-through and the word 'cancelled' printed diagonally across the page. This should then be filed in an alternate location at the health centre for a period of two (2) years per retention of records.

3   Telephone / Verbal Orders

Telephone / verbal orders are generally not recommended unless in an urgent / emergency situation.

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.

If the EHR is not available, the Authorised Prescriber may utilise the hard copy *Telephone Consultation Record* or other relevant documentation to document the consultation, including medicine orders. The Nurse / ATSIHP will:

- 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 person is not available, the verification process should be performed by the nurse / ATSIHP taking the order.
- record the telephone order on the EHR using the 'Telephone Order' function

The Authorised Prescriber must confirm the 'Telephone Order' in the client's EHR as soon as possible and definitely within 48 hours.

5   Retention of Pharmaceutical Records

Under NT MPTGA all records listing pharmaceuticals including rural prescriptions are required to be retained for the period of time specified in the Records Disposal Schedule Pharmacy Services Department of Health Disposal Schedule No. 2015/22. Of particular note:

Record	Period of Retention *
Non S8 or RS4 medicines rural prescriptions	Two (2) years after the last date of entry
S8 or RS4 medicines prescriptions *Note: this includes the S8 and RS4 Register*	Seven (7) years after the last date of entry
S8 and RS4 medicines prescriptions should be stored separately to facilitate the period of retention. ** Records may then be destroyed following relevant approvals, see below.*	

Authorisation for the destruction of records must be sought by the PHCM / delegate by:

- Contacting DoH.CorpInfoServices@nt.gov.au to request the *Notification of Destruction of Records – NT Public Sector Organisations template.* At a minimum, details provided on the template should include:
  - health centre name, eg Atitjere (Harts Range) Health Centre
  - type of scripts eg rural prescriptions
  - date range eg 01/05/2017 – 05/05/2018
- E-mailing the completed *Notification of Destruction of Records – NT Public Sector Organisations template* to the District Manager (Level 4 Financial Delegate) for approval.

- Returning the completed *Notification of Destruction of Records – NT Public Sector Organisations template* to DoH.CorpInfoServices@nt.gov.au for final approval and permission for destruction at the health centre.

Following approval, destruction may only be done using cross cut shredder, otherwise the records with the approvals are to be sent to the relevant District Manager in the regional centre for destruction.

Quality Assurance		
	Method	**Responsibility**
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	PGC Administrators
Review	Document is to be reviewed within three years, or as changes in practice occur	Senior Pharmacist Primary Health Care CAHS Senior Pharmacist Primary Health Care TEHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Senior Pharmacist Primary Health Care CAHS Senior Pharmacist Primary Health Care TEHS
Compliance	Prescritions folder present containing hard copies of all current valid client prescriptions	Primary Health Care Manager
	Client prescriptions and other medication documentation is retained at the health centre for two years from the date of the last entry/use	Primary Health Care Manager
	Random audit of hard copy prescriptions in folder current against EHR current prescription	S100 Pharacist Senior PHC Pharmacist CAHS / TEHS Medication Safety Nurse PHC TEHS Continuous Quality Improvement Facilitator

Key Associated Documents

Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Rural Prescription Form (Cat No #100736), ONLY to be used in the event of outages, available from Stores
	
	Ordering information available on [Prescribing Medicines - Information for PBS Prescribers](#):
	    PBS Prescription Forms (for printing EHR scripts)
	    Individual PBS Prescription Pads
	    Authority PBS Prescription Pads
	
	Non-Formulary Drug Request Form
	
	[Client Specific Department Funded Medicines Request PHC Remote Form](#)
	
	[Notification of Supply of a UnRestricted Schedule 8 Substance](#)
	
	[Application for Authority to Prescribe a Restricted S8 Psychostimulant Medication](#)
	
	[Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction](#)
	
	Notification of Destruction of Records – NT Public Sector Organisations, *available on request from* [*DoH.CorpInfoServices@nt.gov.au*](#)
	
	[Dose Administration Aids PHC Remote Guideline](#)
	
	[Duty RMP Telephone Consultations PHC Remote TEHS Guideline](#)
	
	[Issuing and Administering Medicines PHC Remote Guideline](#)
	
	[Medical Officer Telephone Consultation PHC CAHS Guideline](#)
	
	[Pharmacy Ordering PHC Remote Guideline](#)
	
	[Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline](#)
	
	[Section 100 Pharmacy Arrangements PHC Remote Guideline](#)
	
	[Section 250 NT MPTGA PHC Remote Guideline](#)
	
	[Standard Drug List PHC Remote Guideline](#)
	
	[Standard Reference List PHC Remote Guideline](#)
	
	Information Sheets:
	    [Prescription and Medicine Supply PHC Remote Flowchart](#)
	    [Restricted Schedule 8 Psychostimulants Medicine Prescriptions PHC Remote Information Sheet](#)
	    [Standard Drug List PHC Remote Master](#)
	    [Supply of Non PBS S100 Medicines PHC Remote Guideline](#)
	    [Unrestricted Schedule 8 Medicine Prescriptions PHC Remote Information Sheet](#)
	
	[Medicines Poisons and Therapeutic Goods Act (MPTGA) and Regulations](#)
	
	[National Health Act 1953](#)
	
	[National Health (Pharmaceutical Benefits) Regulations 2017](#)
	
	[Northern Territory Hospital Formulary](#)
	
	[NT Primary Health Care Remote Medicines Group Terms of Reference](#)
	
	DoH [Medicines and Poisons Control](#) website

	Medical Practitioners and Schedule 8 Medicines webpage:
	- Requirements of Prescriptions for S8 Substances
	- Voluntary Contract Notification Scheme
	- Code of Practice – Schedule 8 Substances:
	  ~ Volume 1 - Issuing Prescriptions Supplying Schedule 8 Substances
	  ~ Volume 2 - Storage & Transportation
	- Gazette Notices (Section 250, 252, 254), *provides links to relevant Gazettal Notices*
	Assisting Aboriginal Patients with Medication Management
	Australian Government – The Department of Health
	- National Medicines Policy
	- Poisons Standard
	- Pharmaceutical Benefits Scheme (Australian Government DoH website)
	  ~ Schedule of Pharmaceutical Benefits (link on above webpage)
	  ~ Prescribing Medicines – Information for PBS Prescribers
	- Aboriginal Health Services and the Pharmaceutical Benefits Scheme
	- Medicare Australia - PBS Online Education Services
	Primary Care Information System (PCIS) Website
	Financial Delegate

References	As Above

Definitions, Acronyms and Alternative Search Terms	
Term	Description
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 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.

Evidence			
Reference	**Method**	**Evidence Level (I-V)**	**Summary of Recommendation from this Reference**
N/A	N/A	N/A	N/A

National Safety and Quality Health Service Standards							
Clinical Governance	Partnering with Consumers	Preventing and Controlling Healthcare Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
☒	☐	☐	☒	☐	☐	☐	☐