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PHARMACY PROCEDURES MANUAL

VERSION 3.1



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CONTENTS

1	Introduction.....	1
2	Specific Points to Note	1
3	Submission of Prescriptions	2
	3.1 Manual Claimants	2
	3.2 Electronic Service Providers	2
	3.3 Pharmacy Closure or Change of Ownership	2
	3.4 Delivery Instructions.....	2
	3.5 Audit.....	2
4	Legal and Subsidy Issues.....	3
	4.1 Prescription Requirements	4
	4.1.1 Prescriber Information	4
	4.1.2 Patient Information	4
	4.1.3 Pharmacy Stamp.....	7
	4.1.4 Date of Dispensing	7
	4.1.5 Prescription Number.....	7
	4.2 Specialist Recommendation	8
	4.3 Controlled Drug Prescriptions.....	8
	4.3.1 Annotation of Controlled Drug Prescriptions	9
	4.3.2 Submission of Controlled Drug Prescriptions.....	10
	4.4 Supply Orders	10
	4.5 Prescriptions for Multiple Patients	11
	4.6 Repeat Supplies.....	11
	4.7 Copies of Prescriptions.....	12
	4.7.1 Certified Repeat Copies	12
	4.7.2 Certified True Copies	12
	4.7.3 Certified True Photocopies.....	12
	4.8 Prescription Item Owing.....	13
	4.9 Uncollected Prescription Items	14
	4.10 Annotations and Endorsements.....	14
	4.10.1 Annotations.....	14
	4.10.2 Endorsements	15
	4.11 Alteration to Quality Dispensed	16
	4.12 Cost, Brand, Source (CBS).....	16
	4.13 Original Pack Dispensing.....	16
	4.14 Oral Antibiotic Liquids	17
	4.14.1 Broken Packs	17
	4.15 Close Control	17
	4.16 Multiple Dispensings in Out of Stock Situations	19

5	Interpretation of Reimbursement Restrictions	19
5.1	Eye Drops	20
5.2	Insulin Vials and Cartridges	20
5.3	Mucilaginous Laxatives	20
5.4	Bronchodilator Asthma Inhalers	20
5.5	Steroid Asthma Inhalers	21
6	Health Entitlement Cards	21
6.1	Community Service Cards	21
6.2	High Use Health Cards	22
6.3	Pharmaceutical (Prescription) Subsidy Cards	22
7	Special Authority	24
7.1	Special Foods	28
7.2	Exceptional Circumstances	29
8	Receipts and Late claims	29
8.1	Receipts	29
8.2	Late Claims	29
9	Nicotine Replacement Therapy (NRT)	30
9.1	Electronic Claiming	30
Glossary	31

Pharmacy Procedures Manual (Version 3.0)

1 Introduction

This document:

- a. Has been compiled for Pharmacies when claiming reimbursement for services;
- b. Should be read in conjunction with:
 - i. The Pharmaceutical Schedule;
 - ii. The Pharmaceutical Transactions Data Specification (in relation to matters concerning file formats and data to be provided for processing purposes), and
 - iii. The Pharmacy Services Agreement or section 88 notice for the provision of pharmacy services.

For the purpose of reimbursement, the order of priority for the above documents is as follows:

- i) The Pharmaceutical Schedule;
- ii) The Pharmaceutical Transactions Data Specification (in relation to matters concerning file formats and data to be provided for processing purposes);
- iii) The Pharmacy Services Agreement or section 88 notice for the provision of pharmacy services;
- iv) This Procedures Manual.

2 Specific Points to Note

All electronic claim items submitted by a Pharmacy must:

- a. Be supported by an original prescription form filed in either date of dispensing and/or numerical order;
- b. Meet all legal and contractual requirements.

Variances between the original prescription and the computer record or supply must be clearly annotated on the prescription form for clarification.

3 Submission of Prescriptions

3.1 Manual Claimants

Pharmacies which are currently claiming manually and are interested in claiming electronically should liaise with HealthPAC's Contact Centre. For further information, phone 0800 353 2425.

3.2 Electronic Service Providers

Pharmacies must retain prescription batches for five months. After the five-month period, prescription batches must be submitted to HealthPAC once or twice each month

3.3 Pharmacy Closure or Change of Ownership

Where there is a pharmacy closure or change of ownership, guidance on appropriate procedures is available from HealthPAC's Contact Centre phone 0800 353 2425

3.4 Delivery Instructions

The delivery address for prescription batches is:

HealthPAC
179 St Hill Street
WANGANUI

Or as advised by HealthPAC from time to time.

3.5 Audit

On occasion, HealthPAC may require prescription batches to be submitted early for audit purposes. Pharmacies will be notified when this is necessary.

4 Legal and Subsidy Issues

Procedure:

For prescriptions other than Controlled Drugs the following is a checklist of the *legal requirements* that must be on the prescription when it is presented to you for dispensing. Prescriptions submitted for payment must meet certain legal requirements. (For Controlled Drugs – refer to Section 4.3).

Checklist

- Prescriber's signature
- Prescribing date
- Prescriber's address
- Title, surname and initials of the patient
- Address of the patient
- Date of birth (if the prescription is for a child under 13 years)
- Name of the medicine
- Strength of the medicine (where appropriate)
- Dose and frequency of the dose, for an internal medicine
- Method and frequency of use for an external medicine
- Total quantity to be supplied as a single supply or on each dispensing e.g. 90 tablets or 30 tablets

*If the medicine is to be supplied more than once **the pharmacist** must ensure the prescription is annotated with the following information:*

- The number of times the medicine can be supplied; or
- The interval between each supply; or
- The total period of treatment,

e.g. 30 x 3 or 30 per month or 3 month's supply.

*The following are the legal requirements, which must be **added by the pharmacist**:*

- Pharmacy stamp – per form
- Dispensing date – per item
- Prescription number – per item

4.1 Prescription Requirements

All claim items entered by the pharmacy must be supported by a prescription form which meets all legal and contractual requirements

4.1.1 Prescriber Information

In addition to the legal requirements of a prescription, the following information is required for subsidy purposes:

a. Signature

A facsimile signature is not acceptable. Subject to the conditions below, if a prescription is faxed, the original prescription must be obtained or the prescriber must indelibly sign the faxed copy before a claim can be made for the prescription item/s.

However, if the original prescription (or the faxed copy signed by the prescriber as above) has not been received by the pharmacist four weeks after the date of the original dispensing, reimbursement can be claimed.

The signed prescription must be obtained and submitted in due course (see clause 3.2 and 3.4 of the Procedures Manual) with the batch for audit purposes.

b. Legibility

The prescription must be legibly and indelibly printed and cannot be written in pencil. A reprint of the label for the item attached to a prescription form is not acceptable for claiming payment.

c. Prescriber's address

The prescriber's address must be specified and clear. This must be the practice address, not a PO Box or Rural Delivery number. A rural grid number is acceptable.

4.1.2 Patient Information

In addition to the legal requirements of a prescription as set out under clause 4 - Procedure, the following Patient information is required for subsidy purposes:

a. Patient address

The address of the Patient must be specified. This must be the residential address, not a PO Box or Rural Delivery number. A rural grid number is acceptable.

b. Patient category

Patient eligibility must be clearly identified in accordance with the Pharmaceutical Schedule. If the prescriber has included this information on the prescription, the pharmacist may accept these details as correct unless the Patient provides documented evidence to the contrary.

Information on eligibility can be found on the MoH web site at:
<http://www.moh.govt.nz/eligibility>

An “H” code is used for a Patient who is usually resident in the Hokianga Ward of the Far North District. The prescription must be written by a registered medical practitioner employed by, and on a form supplied by, the Hokianga Health Enterprise Trust.

Procedure

The patient categories and pharmaceutical co-payments as at 1 July 2007 are:

Youth (ages 0 to 5 years)

CSC or PHO Status	HUHC Holder / Care Plus Patient	Patient Category	Maximum Pharmaceutical Co-payment	
			No PSC	With a PSC
Low-cost PHO Enrollee	Yes	Y4Z	\$0	\$0
	No	Y4	\$0	\$0
CSC Holder	Yes	Y1Z	\$0	\$0
	No	Y1	\$0	\$0
None of the Above	Yes	Y3Z	\$0	\$0
	No	Y3	\$0	\$0

Junior (ages 6 to 17 years)

CSC or PHO Status	HUHC Holder / Care Plus Patient	Patient Category	Maximum Pharmaceutical Co-payment	
			No PSC	With a PSC
Low-cost PHO Enrollee	Yes	J4Z	\$3	\$0
	No	J4	\$3	\$0
CSC Holder	Yes	J1Z	\$3	\$0
	No	J1	\$3	\$0
None of the Above	Yes	J3Z	\$3	\$2
	No	J3	\$10	\$2

Adult (ages 18 and above)

CSC or PHO Status	HUHC Holder / Care Plus Patient	Patient Category	Maximum Pharmaceutical Co-payment	
			No PSC	With a PSC
Low-cost PHO Enrollee	Yes	A4Z	\$3	\$0
	No	A4	\$3	\$0
CSC Holder	Yes	A1Z	\$3	\$0
	No	A1	\$3	\$0
None of the Above	Yes	A3Z	\$3	\$2
	No	A3	\$15	\$2

Persons usually resident in the Hokianga Ward of the Far North District with a prescription issued by a registered medical practitioner employed by, and on a form supplied by, the Hokianga Health Enterprise Trust

CSC or PHO Status	HUHC Holder <u>Care Plus</u> <u>Patient</u>	Patient Category	Maximum Pharmaceutical Co-payment	
			No PSC	With a PSC
¹ Low-cost PHO Enrollee	Yes	H4Z	\$0	\$0
	No	H4	\$0	\$0
CSC Holder	Yes	H1Z	\$0	\$0
	No	H1	\$0	\$0
None of the Above	Yes	H3Z	\$0	\$0
	No	H3	\$0	\$0

Glossary

CSC means a Community Services Card

HUHC means a High Use Health Card

PSC means a Pharmaceutical (Prescription) Subsidy Card

Low-cost PHO Enrollee means an eligible person who is:

A) Low-cost PHO Enrollee means an eligible person who is:

enrolled in any practice in a Primary Health Organisation (PHO);

and the prescription has been issued by a prescriber working for the eligible person's enrolling PHO (unless local arrangements are in place).

Could also be simply "enrolled in a Primary Health Organisation (PHO) either with or without Care Plus Services

Note: Care Plus patients will be coded either Y4Z, J4Z, A4Z or H4Z.

Updating

The Crown may update the co-payments listed here from time to time. Pharmacies will be notified of these changes via the Pharmaceutical Schedule and/or directly by the Ministry of Health or DHBs.

The patient category codes may also be updated from time to time. Any changes to the patient category codes will be linked to an amendment of the Pharmaceutical Transactions Data Specification.

4.1.3 Pharmacy Stamp

As per the Medicine Regulations 1984, the pharmacy stamp is required to be on all prescriptions submitted for claiming purposes.

4.1.4 Date of Dispensing

The Date of Dispensing must not precede the prescribing date.

If the date returned on a signed telephone/faxed prescription is after the date of dispensing, for the purposes of payment, the signed prescription and the faxed forms can be stapled together or the date may be amended and annotated by the pharmacist to reflect the date of dispensing.

The Date of Dispensing must be either stamped or hand-written on all prescriptions for which a subsidy is claimed. The Date of Dispensing on the prescription including that on the three part label must be the same as the date in the computer record.

If the three-part label is used as the only indication of Date of Dispensing the pharmacy has a responsibility to ensure that the quality of the label means that it is fixed to the prescription in a manner that will withstand multiple handling

4.1.5 Prescription Number

This numbering system applies to all prescriptions, Supply Orders, and Nicotine Exchange Cards.

The appropriate suffix is determined by the prescription. If the prescription is for a single supply (including those items dispensed stat), the suffix used is '0'. For the initial dispensing of a prescription where eligible repeats are prescribed, the suffix is '1'. Each subsequent dispensing of a repeat on a prescription has the next consecutive number as its suffix.

Prescription numbers should follow the following format:

123456789/1

If Certified Repeat Copies (refer to Section 4.7) are used, three part labels should be attached however, a pharmacy stamp with a Date of Dispensing will also be accepted. The dispensing pharmacist must initial the form.

The prescription number should be adjacent to the relevant item on the original prescription form. Sometimes three part labels have a reference to the item, but an effort should be made to place the label next to the item. Hand written, legible numbers are for emergency or exceptional circumstances only.

4.2 Specialist Recommendation

Definitions for Specialist, Retail Pharmacy–Specialist and Retail Pharmacy-Specialist Prescription, in relation to a Prescription, are detailed in the Pharmaceutical Schedule. A look-up facility is available on the Medical Council of New Zealand’s website (www.mcnz.org.nz) to attain a prescriber’s specialist status.

A Specialist Recommendation (within their scope of practice) should follow the format below:

“Recommended by [name of the specialist and year of authorisation]”

The recommendation must be written on the prescription form and signed or initialled by the prescriber. The authorisation is valid for two years.

Prescriptions originating from hospitals for “specialist” prescription items (i.e. Retail Pharmacy-Specialist, and Hospital Pharmacy-Specialist) are deemed to have been prescribed by an appropriate specialist, irrespective of the status of the medical practitioner writing the prescription. For the purposes of the definition, it makes no difference whether or not the Specialist is employed by a hospital.

This however does not apply to prescriptions which are subject to the restrictions “Retail Pharmacy–Specialist Prescription” and “Hospital Pharmacy-Specialist Prescription”, where the Specialist must sign the prescription.

4.3 Controlled Drug Prescriptions

The following is a checklist of the *legal requirements* that must be on the prescription when it is presented for dispensing:

For **CLASS B** Controlled Drugs, the prescription must:

- Be written on a form provided by the Director General of Health.
- Be legibly and indelibly written in the Prescriber’s own handwriting.
- Be indelibly signed by the Prescriber personally with his/her usual signature.
- Include the date on which the Controlled Drug prescription is written.
- Include the address of the Prescriber (this can be stamped however the stamped address must be on all three copies of the Controlled Drug prescription).
- Include the surname, initials, and street address of the patient.
- Include the age in years and months (in words) if the patient is under 12 years.
- Include the name and total amount of the Controlled Drug to be dispensed and the number of occasions on which it may be dispensed.
- Set out the name of the Controlled Drug in full or be abbreviated only by the use of BP, BPC or other recognised titles.
- Include the dose and frequency of the dose for an internal use medicine, and for external use have the directions of use.
- Where the prescription has an unusual dose, or what may be regarded as a dangerous dose, the dose should be underlined and initialled by the Prescriber.
- Any alterations must be signed by the Prescriber.

In addition to the above, if the Class B Controlled Drug is Methadone and if the prescriber works in a place for the time being specified by the Minister under the Misuse of Drugs Act, the prescription:

- Can be legibly and indelibly written, or in a form approved from time to time by the Director-General of Health.

Controlled Drug Prescriptions Written by a Registered Midwife

- The Controlled Drug prescription must include the words “For midwifery use only.”
- Midwives can only prescribe pethidine.
- A prescription written by a midwife for pethidine must be first dispensed not more than 4 days after the date on which the prescription was written.
- The medicine can not be supplied on more than 2 occasions.
- The total quantity prescribed cannot exceed 1 month.

Controlled Drug Prescriptions Written by a Dentist

- If the prescriber is a dentist the prescription must include the words “For dental treatment only”
- A dentist can not write a prescription for a supply of a Controlled Drug in any quantity greater than 7 days.
- In accordance with the Pharmaceutical Schedule, only a quantity sufficient to provide 5 days treatment will be reimbursed.

If for special reasons relating to the protection of the patient or for limiting the quantity of any Controlled Drug in the possession of the patient, the prescriber directs daily dispensing or other dispensing intervals a Controlled Drug may be supplied on that number of occasions and not more frequently than the intervals indicated. The total quantity covered by such a prescription can not exceed one month.

4.3.1 Annotation of Controlled Drug Prescriptions

All three copies of the prescription form must be annotated with:

- a. The prescription number(s);
- b. Each Date of Dispensing;
- c. The quantity dispensed; and
- d. The strength dispensed.

The first dispensing (for the supply of Class B Controlled Drugs only) can be claimed as two dispensings if stock is unavailable to dispense the full amount required. This includes situations where both dispensings are supplied on the same day.

Procedure:

- Claim for the first supply as an initial dispensing.
- The second dispensing should be claimed as a repeat dispensing.
- A note should be made on the Controlled Drug Prescription of the quantities and dates of the dispensing of both supplies.

4.3.2 Submission of Controlled Drug Prescriptions

The top copy (white) is to be retained in the pharmacy;

On the completion of all dispensings, the 2nd copy (yellow) is to be filed in the batch on the date of initial dispensing; and

The 3rd copy (red) is to be sent twice a month with the prescription claim to:

HealthPAC
179 St Hill Street
WANGANUI

or to

MOH Medsafe
P O Box 5013
WELLINGTON

4.4 Supply Orders

Bulk Supply Orders (BSOs), Practitioner Supply Orders (PSOs) and Wholesale Supply Orders (WSOs) must be supplied in accordance with 'Miscellaneous Provisions' of the Pharmaceutical Schedule.

Except antipsychotic injections for mental health day clinics, PSOs will not be reimbursed where the pharmaceuticals are supplied to hospitals or clinics.

BSOs, PSOs and WSOs will not be reimbursed where the pharmaceuticals are supplied to the Armed Services or the Department of Corrections (including prisons).

Supply Order forms are available from Wickliffe Ltd 0800 259 138. The reorder numbers are:

Wholesale Supply Order	82363
Practitioner Supply Order	74169
Bulk Supply Order	82375

4.5 Prescriptions for Multiple Patients

Prescriptions, such as antifungals or scabies treatments, for multiple Patients on one form should be treated as separate prescriptions. All names are required on the prescription.

Where a prescription is written for multiple rest home Patients, the prescriber must ensure that the medication for each Patient is initialled, each page must have a full prescriber's signature and should include a statement acknowledging that each named Patient is under their care. In addition to this, each prescription must meet the requirements set out in the Medicine Regulations 1984. Co-payment requirements apply to individual Patients.

4.6 Repeat Supplies

To be eligible for subsidy, repeats must be dispensed in accordance with the terms and conditions of the Pharmaceutical Schedule as summarised in the table below:

Prescription details	Indicator in the Pharmaceutical Schedule		
	*	▲	Unmarked
No Endorsement (i.e. default)	Stat	Monthly repeats	
Prescriber endorsed: "Certified exemption"	Stat		Monthly repeats
Patient certified access exemption	Stat		
Prescriber endorsed: "Close control"	As directed by the prescriber		
Prescriber or pharmacist endorsed: "Unstable medicine"	As specified by the prescriber or pharmacist		
Dentist's prescription (other than sodium fluoride)	5 days treatment + no more than one repeat for a further 5 days treatment		

If not dispensing from the original prescription, a Certified Repeat Copy (CRC) must be generated when repeats are dispensed and the conditions of supply are different to those entered in the computer at the first dispensing (e.g. supply of the prescription item for two months for access purposes). The change must be annotated on either the original prescription or on the CRC.

The certified repeat copy must be filed at the date of dispensing.

Authorised repeats can be dispensed:

- a. When a specific request for that repeat is made by the Patient or his/her caregiver, and
- b. The pharmacist can reasonably assume that the last preceding supply has been exhausted or substantially exhausted including any previous prescriptions and repeats dispensed by that pharmacy, or otherwise known to the pharmacist.

As a general rule, for a pharmaceutical benefit to apply 'substantially exhausted' means that either 2/3rds of the supply period has elapsed since the previous dispensing or 2/3rds of the supply has been used. In special circumstances where the Patient has lost or damaged the previous supply, or has an increased need for the medication due to a change in dose or frequency, the pharmacist can supply the medication earlier. If an additional supply is made in these circumstances, the reason for the early supply must be annotated on the prescription or CRC for the Patient to be eligible for a subsidy.

4.7 Copies of Prescriptions

4.7.1 Certified Repeat Copies

A Certified Repeat Copy is a computer generated copy of the record of a prescription. It can be used for dispensing repeat supplies as an alternative to dispensing from the original prescription.

If the original prescription is not being used a Certified Repeat Copy must be generated to indicate changes from the original dispensing. Refer to Section 4.6

4.7.2 Certified True Copies

A Certified True Copy must be used only:

- a. When the original prescription form has to be made available to the police; or
- b. Where an item has to be dispensed by another pharmacy as per conditions set out in the Pharmacy Services Agreement.

Procedure:

- Those items which can be dispensed should be supplied and the pharmacy stamp, date of dispensing, prescription number(s), and items dispensed should be clearly indicated on the original form.
- A Certified True Copy of the complete prescription form should be made by the pharmacy, and submitted in the normal manner.
- The original prescription which has been annotated is given to the Patient to take to a pharmacy for supply of the undispensed items.
- A Certified True Copy must be annotated with the words: "Certified True Copy" and be signed and dated by the dispensing pharmacist.
- A photocopy is the preferred option for a Certified True Copy. In special circumstances the Certified True Copy can be handwritten or computer generated.

4.7.3 Certified True Photocopies

A Certified True Photocopy must be made when all the items on a multi item prescription are not dispensed on the same day;

Procedure:

- Take a photocopy of the original prescription.
- On the copy of the prescription, or on the original prescription, cross through the items not being claimed on this day.
- The photocopy is referred to as a Certified True Photocopy and should be either filed in date of dispensing order or retained on file for dispensing of the remaining original items.
- The copy of the form MUST BE a photocopy.
- A Certified True Photocopy is different from a Certified Repeat Copy and is used for a different purpose.
- A Certified True Photocopy must be annotated with the words: "Certified True Photocopy" and be signed and dated by the dispensing pharmacist.
- The Certified True Photocopy MUST include all the items on the original prescription with the items previously dispensed crossed through and annotated with their Date of Dispensing. Prescription numbers for the items previously dispensed must be included on the photocopy. Once a Certified True Photocopy has been submitted as part of a claim, there must be no changes to the original prescription. The Certified True Photocopy must be an exact copy of the original when the original is submitted to HealthPAC for claiming.

4.8 Prescription Item Owing

The pharmacy must comply with the requirements of the Pharmacy Council's Code of Ethics Obligation 1.7

"The pharmacist must consult with the patient to achieve a mutually acceptable arrangement when it is not possible to dispense a medicine as prescribed."

The commentary for this Obligation states:

"This provision will include situations such as part supply on dispensed medicines. In such cases the Charge Pharmacist should ensure that there is a documented procedure detailing the handling of medicines owed on prescriptions"

Procedure

- It is preferable to provide the full dispensing. The pharmacist should issue a part supply of a prescription item in cases where the Patient is required to begin the treatment immediately.
- If the full quantity of prescription item is not available, there must be a reference in the computer record, or in an owes file and on the prescription form specifying the quantity dispensed and the quantity owing.
- The patient must be provided with written information on the quantity owed and the timeframe for collection for the owed prescription item. Owed prescription items must be collected or delivered within the period of supply on the prescription.
- The pharmacist must not re-dispense any item for which a claim has been submitted.
- Payment will only be made for any owed prescription items when supplied to the Patient or his/her caregiver. Dispensing fees will not be paid for these balances.

4.9 Uncollected Prescription Items

The original prescription must be clearly annotated and except where permitted by this Procedures Manual, only dispensed prescription item(s) can be claimed. Uncollected prescription items may not be claimed until they are supplied to the Patient or his/her caregiver.

Pharmacists are expected to make reasonable attempts to ensure medicines are collected.

Reconstituted antibiotic mixtures and extemporaneously compounded preparations may be claimed if they are uncollected by the date that the prepared medicine expires or three months after the date of dispensing, whichever comes sooner. Prescriptions must be annotated "uncollected medicine" with the date and pharmacist signature

4.10 Annotations and Endorsements

4.10.1 Annotations

An annotation is text written by a pharmacist. Any annotation should clearly differentiate the information added by the pharmacist from that written by the prescriber. If possible all annotations should be adjacent to the prescription item. Green ink is preferred.

Prescriptions should be annotated:

- a. Where it is required by regulations, or
- b. Where it is necessary for clarification, or
- c. Where it is required for subsidy, including those outlined in the Pharmaceutical Schedule e.g. CBS, Multiple-Patients.

- d. Where a prescription is not endorsed by the prescriber, or where the pharmacist is satisfied that the endorsement of the prescriber is erroneous e.g. Special Authority Approval.
- e. Where there is no Patient category code or status code on the prescription or when it is known to be erroneous.

Changes made to the category codes by the pharmacist must be initialled and reflected in the electronic claim file.

Pharmacists may annotate prescriptions with clarifications to:

- a. Dosage;
- b. Strength;
- c. Quantity;
- d. Brand (the pharmacist may only annotate a change of brand subject to the substitution rules contained in the Medicines Regulations)

Points to Note:

- The reason for any variance between the original prescription and the electronic record must be annotated on the prescription
- Where there is a financial implication for the DHB the pharmacist cannot increase the quantity of a prescription, without the prescriber signing the alteration
- Non-subsidised items should be identified.
- Manual Claimants should annotate the brand dispensed on any generic prescription.

4.10.2 Endorsements

An endorsement is text written by a prescriber on a prescription. The Pharmaceutical Schedule defines the requirements, which may vary from time to time. Where an endorsement is required on a prescription it must either be:

- a. Hand-written on the prescription by the prescriber; or
- b. Where it is not hand-written, and where it is specified in the Pharmaceutical Schedule, be initialled by the prescriber; and
- c. Where it has been altered by the pharmacy, be initialled by the prescriber.

4.11 Alteration to Quantity Dispensed

An alteration made by a pharmacist to the unit quantity dispensed is one that does not affect the end amount of medicine prescribed to the Patient. The Patient will get the same dosage of medicine in the following example: the prescription reads “500 mg, one tablet per day, 30” and the pharmacist dispenses “250 mg tablets, two tablets per day, 60.” In this case, the pharmacist has altered the unit quantity, and subsequent dosage instructions, without changing the total daily dose or frequency ordered by the prescriber.

In the above example, if there is no additional cost to the District Health Board the pharmacist can annotate and sign the changes.

Procedure:

For any alteration made by the pharmacist to the quantity dispensed, if there is a financial implication to the DHB:

- The pharmacist must annotate the reason for the change
- The change must be authorised and signed by the prescriber.

4.12 Cost, Brand, Source (CBS)

Where CBS is indicated against a medicine in the Pharmaceutical Schedule or if the item is an Exceptional Circumstances medicine not in the paper Pharmaceutical Schedule (as described in the Pharmacy Agreement), the medicine is eligible for subsidy on the basis of the Pharmacists annotation of purchase price, brand and source of supply. The purchase price should be GST exclusive.

The details of the purchase may be subject to audit, and all receipts of purchase must be kept.

4.13 Original Pack Dispensing

Procedure:

- If an item has the letters “OP” in the pack size column of the Pharmaceutical Schedule, then payment is made to the nearest original unit size.
- The pack size dispensed should be the closest size to meet the dosage instructions, and will be reimbursed for the total subsidy per OP dispensed.

Example: Collapsible Tube (if defined as ‘OP’ in the Pharmaceutical Schedule): Locoid cream Apply bd 15g. Even though the prescription only calls for 15g, the pharmacist can claim 1OP or 30g. If the Locoid prescription had called for 50g, the pharmacist can claim 2OP or 60g.

4.14 Oral Antibiotic Liquids

Where a prescriber has written a prescription for a reconstitutable oral liquid antibiotic indicated in the Pharmaceutical Schedule as an original pack, and the dispensing of which would require the pharmacist to break into another pack, the pharmacist should reduce the amount dispensed to the quantity contained in a whole pack provided that the reduction in the amount dispensed is less than 10% of an original pack and in the reasonable opinion of the pharmacist will not effect the efficacy of the course of treatment.

Example:

5ml tds for 7 days = 105ml

Dispense 100ml

Example:

10ml stat, 5ml tds for 7 days = 110ml

Dispense 110ml.

Remainder can be claimed if unused

4.14.1 Broken Packs

Where a pharmacist dispenses a part pack of a proprietary product, subsidy is based on the appropriate portion of the pack size listed in the Pharmaceutical Schedule, unless the item lists "OP" in the pack size column of the Schedule.

Payment for reconstitutable antibiotic oral liquids to which a diluent must be added by the pharmacist at the time of dispensing will be made only for the quantity prescribed unless the pharmacist satisfies HealthPAC or the DHBs payment agent that payment should also be made for the balance of any Original Packs (OP).

The additional payment is dependent on the pharmacist claiming for the balance and stating that no further prescriptions in which the balance of the prescription item could have been used were dispensed on the day of dispensing or the following two days.

For example, a prescription dispensed on 19 February 2005 should be annotated: "One OP claimed. Balance not used by 22 February 2005". These excess amounts must be claimed on the relevant claim for the prescription.

4.15 Close Control

Every medicine in the Pharmaceutical Schedule has a defined maximum period of supply for subsidy purposes.

1. In the case of pharmaceuticals listed in Section F Part I of the Pharmaceutical Schedule (otherwise known as the "stat list"), the defined maximum period of supply is 90 days, or for oral contraceptives, 180 days.

2. In general, if a medicine is not listed in Section F Part I (a non stat medicine) the defined period of supply is 30 day (monthly) lots, unless either
 - The patient signs the back of the prescription form and indicates which of the Access Exemption Criteria applies; or
 - The pharmaceutical is listed in Section F Part II and has been endorsed by the prescriber with "Certified Exemption."
3. For Class B Controlled Drugs, other than methylphenidate hydrochloride and dexamphetamine, the defined maximum period of supply is 10 days.

In all the above cases if the prescriber requires the pharmaceutical to be dispensed in smaller more frequent amounts than the defined maximum period the prescription item must be endorsed with "close control."

For a patient to be eligible for "close control" he/she must

- Require the medicine in smaller quantities than the defined period; and
- Not be resident in a penal institution, rest home or residential disability care institution; and
- In the opinion of the prescriber, be:
 1. Frail, or
 2. Infirm, or
 3. Unable to manage the medication without additional support, or
 4. Intellectually impaired

The endorsement must

- Be handwritten or computer generated as "Close Control" or "CC"; and
- Be beside each item which is to be dispensed in smaller quantities; and
- Be initialled by the prescriber in his/her own handwriting; and
- Specify the maximum quantity or period of supply to be dispensed at any one time.

General Terms

A rubber stamp with the words "close control" or "cc" is not acceptable.

As outlined above "close control" is not available for a patient who is a resident in a residential care facility. This includes patients in penal institutions, rest homes or residential disability care institutions. For residential care facilities the prescriber can write prescriptions for a shorter time period than the defined maximum period eg in terms of a medicine on the stat list they can write 30 day prescriptions.

4.16 Multiple Dispensings in Out of Stock Situations

There will be situations where there are limited supplies of subsidised items due to the manufacturer/distributor having insufficient stock to meet demand. PHARMAC will assess these situations and may amend the defined period of supply. (Refer to Section 4.15) In these instances pharmacists will be eligible to endorse the prescription as “close control” and be reimbursed for the extra dispensings.

The procedure to be followed is:

PHARMAC will notify pharmacies by fax of the effective date of the change. Where appropriate the advice will be reiterated in the following Pharmaceutical Schedule Update.

Pharmacists may reduce the period of supply in accordance with the instructions issued by PHARMAC.

The change to the period of supply must be annotated on the prescription as Close Control and the annotation initialled and dated by the pharmacist.

The change must be consistent with the period authorised by PHARMAC eg monthly rather than three monthly.

Once there is sufficient stock PHARMAC will advise pharmacies of the date when pharmacists may not endorse the pharmaceutical “close control.” This advice will be sent by fax, and reiterated in the following Pharmaceutical Schedule Update.

Any prescription first dispensed under these arrangements as “close control” may be completed as “close control” unless otherwise directed by PHARMAC or dispensed in accordance with the prescriber’s original instructions

5 Interpretation of Reimbursement Restrictions

There are several specific rulings that provide an interpretation for pharmacists on the quantity of pharmaceuticals that can be reimbursed under the Pharmaceutical Schedule General Rules, the Pharmacy Services Agreement or the section 88 notice for the provision of pharmacy services. These rulings are provided to HealthPAC, having been considered by the DHBs.

Procedure:

- The pharmacy is required to comply with the Pharmaceutical Schedule General Rules and subsidy restrictions, the Pharmacy Services Agreement or the section 88 notice for the provision of pharmacy services.
- Where necessary for clarification, the pharmacist should annotate the prescription.

5.1 Eye Drops

If a prescription is written for a three-month supply of eye drops, at least one original pack will be subsidised per month even if the directions are such that one pack would suffice for the complete three-month course. This follows the requirement to discard eye drops 30 days after opening. The pharmacist must annotate the prescription when they are claiming for quantities in excess of dose and frequency prescribed.

The following guidelines should be used for calculating quantities of eye drops:

- a. 12 drops = 1ml
- b. 60 drops = 5ml

5.2 Insulin Vials and Cartridges

If a prescription is written for a three-month supply of insulin, at least one vial or one cartridge will be subsidised per month even if the directions are such that one pack would suffice for the complete three-month course. This follows the need to discard vials 30 days after opening. The pharmacist must annotate the prescription when claiming for quantities in excess of dose and frequency prescribed.

5.3 Mucilaginous Laxatives

These products are reimbursed as an original pack. The following guidelines should be used to calculate quantities.

- a. One teaspoonful = 7 grams
- b. One dessertspoonful = 14 grams
- c. One tablespoon = 28 grams

5.4 Bronchodilator Asthma Inhalers

Where a prescription for a bronchodilator inhaler has a “when required” component in the dosing schedule, up to 1200 doses will be reimbursed per 3 months.

Example:

Salbutamol inhaler: 2 puffs bd and prn Or 2 puffs prn

In these circumstances, up to 1200 doses (or 6 x 200 dose inhalers) will be reimbursed. These inhalers should be dispensed in quantities depending upon the Patient’s needs.

Example:

Six inhalers can be dispensed as 2+2+2 or 3+2+1 or 4+1+1

If the dosing schedule does not have a “when required” component, then the quantity supplied must relate to the total number of doses ordered.

Example:

2 puffs qid for 3/12

720 doses (or 4 x 200 dose inhalers)

In instances where a quantity larger than 1200 doses is required and the reason for the extra quantity is annotated on the prescription by the Prescriber, the quantity prescribed will be reimbursed.

5.5 Steroid Asthma Inhalers

For steroid inhalers without a definitive dosing and frequency instruction, only one inhaler can be claimed in each monthly dispensing.

Example:

Beclomethasone inhaler 100mcg/dose 2-4 puffs prn

Prescriptions, which specify both a dose and frequency of dose, will be reimbursed up to the maximum number of inhalers as provided for by the prescriber's instructions.

Example:

Beclomethasone inhaler 100mcg/dose 2-4 puffs bd prn

Up to four 200-dose inhalers would be reimbursed on these instructions

Example:

Beclomethasone inhaler 100mcg/dose 4 puffs bd increasing to 8 puffs bd prn

A maximum of eight 200-dose inhalers would be reimbursed on this prescription.

6 Health Entitlement Cards

6.1 Community Services Cards

Community Services Cards are available to provide targeted subsidies to selected Patients to access Health and Disability Services, in particular pharmaceuticals and general practice services.

If a Patient qualifies for a Community Services Card, he/she will receive an individual card. If the Patient is married (i.e. legally married or living with someone in a relationship which is similar to marriage – reference Health Card Regulations 1993 Reg. 3) both Patients will have their own card. Either card can be used to cover dependent children.

Patients who qualify for NZ Super or a Veteran's Card will have CSC entitlement noted on their SuperGold Card.

For further information, contact Work and Income National Community Services Card Centre on 0508 555 999 between 9.00am - 5.00pm Monday to Friday, with the exception of Wednesday when the hours are 9.30am – 5.00pm.

Community Services Card status should be indicated by either 1 or 3 on the prescription form: 1 is used for those Patients covered by a Community Services Card, 3 is used for Patients without a Community Services Card.

6.2 High Use Health Cards

High Use Health Cards are for those people who visit their doctor on 12 occasions within a year for an ongoing medical condition/s. There are specific requirements necessary for eligibility.

A prescriber applies for, a High Use Health Card on behalf of a Patient. Applications are made to HealthPAC's Wanganui office.

A High Use Health Card is issued to an individual and not a family.

Application forms and information brochures for Patients are available from Wickliffe Ltd 0800 259 138.

6.3 Pharmaceutical (Prescription) Subsidy Cards

Each time an initial dispensing of a prescription with repeats or a "stat" dispensing (single supply) is made and all or the initial part of a co-payment (\$3, \$10 or \$15) is paid by a family unit, this should be recorded on either the Patient's Prescription Record Card or against the individual's medication history.

Please note that where the Patient does not pay a patient co-payment the item does not count towards the family's PSC count.

Patient Co-payments are not required for the following items/prescriptions:

- a. Class B Controlled Drugs, **other than methylphenidate hydrochloride or dexamphetamine sulphate**
- b. Children aged under 6 years
- c. Patients enrolled with the Hokianga Health Enterprise Trust
- d. Antituberculous (TB) prescription items
- e. Antiepileptic prescription items
- f. Repeat supplies if the full co-payment has been made on previous dispensings.
- g. Prescription items that are not subsidised
- h. Smoking Cessation medicines
- i. Medicines for approved Templeton patients
- j. Nicotine Replacement Therapy

Under co-payment prescriptions must be added to the Prescription Record Card as a Patient co-payment has been paid.

Procedure for Issuing a Prescription Subsidy Card (PSC):

Glossary

Definition of a Family Unit

From The Health Entitlement Cards Regulations:

Part 3 – Pharmaceutical Subsidy Cards, Section 22(1)

Family Unit means –

- (a) A married (or partnered) couple with one or more dependent children:
- (b) A married (or partnered) couple with no dependent children:
- (c) One person with one or more dependent children:
- (d) One person who is not a member of a family unit described in paragraphs (a) to (c) of this definition:

Part 3 – Pharmaceutical Subsidy Cards, Section 22(2)

For the purposes of this Part, the Director-General may regard as married any man and woman who, although not legally married or in a civil union, have entered into a relationship in the nature of marriage, and may determine a date on which that relationship is to be taken as having commenced.

Section 2(1)

A dependent child has the meaning given to it by section 3(1) of the Social Security Act 1964; but does not include a child for whom an orphan's benefit or an unsupported child's benefit is paid under that Act:

From the Social Security Act 1964

Part 1 – Monetary Benefits (Section 3(1))

Dependent child, in relation to any person, means a child –

Whose care is primarily the responsibility of that person; and

Who is being maintained as a member of that person's family; and

Who is financially dependent on that person; and

Who is not a child in respect of whom payments are being made under section 363 of the Children, Young Persons, and Their Families Act 1989.

- A member of a family unit may, at any time, request to see a copy of the family prescription record.
- The pharmacy computer system must maintain accurate links to the prescriptions of the family unit members. These links will be audited.
- Once a family unit has received 20 initial dispensings or single supplies of subsidised pharmaceuticals in the year commencing 1 February to 31 January, the family must be issued with a Prescription Subsidy Card by the pharmacist.

- The 20 prescriptions recorded may have been dispensed by any number of pharmacies. However, prescriptions from another pharmacy must be able to be verified by a printout or receipt from the dispensing pharmacy.
- The PSC must contain the names of the family members eligible to use the card, be signed by the issuing pharmacist and stamped on the back with the pharmacy stamp as indicated on the card.
- The pharmacist certifying exemption and issuing the Prescription Subsidy Card must sign the printout of the 20 items or the Prescription Record Card. The claimant number must be included.
- On the issue of a Prescription Subsidy Card, the pharmacist must record the number of the Prescription Subsidy Card on the Prescription Record Card and retain the printout or completed Prescription Record Card for 10 years following the date of issue.
- If the pharmacy uses computerised records to register the dispensed items to the family unit, a print out of the items from all involved pharmacies should be attached and retained when issuing a Prescription Subsidy Card.

A duplicate card should not be issued under ordinary circumstances. A photocopy of the prescription subsidy card can be used to inform another pharmacy of the family member's entitlement such as in the case of a child at a boarding school.

Any further dispensings to that family unit during that twelve (12) month period are eligible for reduced charges.

The pharmacist will be provided with a supply of blank PSCs for each period by Wickliffe Ltd on behalf of HealthPAC (Reorder Number 74077). Additional supplies are available from Wickliffe Ltd 0800 259 138.

7 Special Authority

The Pharmaceutical Schedule specifies "Special Authority" pharmaceuticals and their access criteria. "Special Authority" means that the Community Pharmaceutical is not eligible for Subsidy unless it has been prescribed and dispensed to a Patient in accordance with all the restrictions and instructions specified for that Pharmaceutical in Sections B, C or D of the Schedule. Clinicians submit applications for Special Authorities on behalf of their Patients to HealthPAC.

A Special Authority numbers entitles Patients who comply with the relevant criteria to one of the following:

1. **Subsidy** on pharmaceuticals or special foods;
2. **Manufacturer's price** in cases where a premium would otherwise be payable. The entitlement to full subsidy continues following an increase in price;
3. A higher subsidy than would be available without a Special Authority, but possibly still less than the manufacturer's price. This is known as an **alternate subsidy** and is

sometimes linked to the price of cheaper alternate products. Although the entitlement may at times be equal to the manufacturer's price, this would not continue following an increase in price;

4. **Waive a restriction** that would otherwise apply, such as a maximum quantity per prescription.

An example of the approval number is CHEM0000078/Jan06. The month and year refer to the expiry date of the Special Authority (the approval will expire on the last day of the stated month).

Special Authority numbers can be verified by phoning HealthPAC on 0800 243 666. Access to this number is available 8 am – 5 pm Monday to Friday with the exception of Thursday when the hours are 9:30am – 5pm. A pharmacist must quote the pharmacy's claimant number before any information can be obtained. If HealthPAC staff cannot identify the pharmacy, they will ask for the query to be forwarded by fax to 0800 100 131. HealthPAC will then contact the Pharmacy to discuss the query.

To verify the expiry date of a Special Authority Approval the pharmacist needs to quote the approval number or the Patient's name and NHI number to obtain any Patient information.

Special Authority approvals are not retrospective. Subsidy is applicable from the date of receipt of a valid application at HealthPAC. If prescriptions are presented prior to authorisation of the Special Authority approval number, and medication is required urgently, payment arrangements should be made with the patient.

The pharmacist is required to check expiry dates on Special Authority numbers. The expiry date forms part of the Special Authority number.

If a three-month prescription is first dispensed before the expiry date, the repeats will be reimbursed if they are collected after the expiry date unless the medicine has been delisted from the Pharmaceutical Schedule.

Procedure

If the Special Authority has been annotated on the prescription by the prescriber

- Check the expiry date given to ensure that it is still current
- Check that it follows the appropriate format (up to 10 numeric characters)
- Check the patient's Special Authority approval letter if it is available.
- Dispense the medication either with a valid Special Authority number, or at a charge to the patient, or as an ethical supply.
- Submit a claim.

The claim system will validate the Special Authority number prior to payment by reference to the Special Authority database. If the number can be found on the database, is still current and is being used for the designated medicine the item will be reimbursed.

If the claim item is unable to be validated, it will be rejected. In these circumstances refer to the Error Code Booklet. The first action should to ascertain how the error has occurred.

A. Pharmacist error

If on data entry the Special Authority number is not entered correctly the claim will be rejected. Refer to the original prescription. The item will need to be edited to include the correct number and resent.

B. Prescriber Error

The problem here can be ascertained by reference to the prescriber, HealthPAC (0800 243 666) or the patient.

- i) If the patient has a valid Special Authority and the information has not been written on the prescription correctly, eg it is a problem with transposition of numbers, the claim for the item can be edited to include the right number and resent.
- ii) If an application has been submitted, and the medicine has been dispensed prior to the approval being processed, the correct number should be added to the claim item and resubmitted for reimbursement. Please note that the Special Authority is valid from the date of a correct application being received by HealthPAC.
- iii) If the problem can not be corrected (eg an application has not been submitted or the information as supplied cannot be validated) contact HealthPac on 0800 243 666, and advise that the correct procedures listed above have been followed, but a correct number has not been available. HealthPAC will provide a Risk number after a review of the circumstances.

The Risk number can be added to the claim and the item resent.

If a prescription is presented without a Special Authority number and the item requires

one:

Contact the prescriber, the patient or HealthPAC on 0800 243 666. If a Special Authority application has been made successfully, and the appropriate information (eg number and expiry dates) is available this can be added to the claim for reimbursement.

If there is to be a delay in obtaining the information, (e.g. an application is pending, no application has been received, or there is no ability to contact anyone to ascertain the correct information) the following options should be considered:

- iv) Delay supply of the medication until the appropriate documentation can be sourced if the pharmacist is comfortable that the patient can wait; or
- v) Supply the medicine at the patient's cost; or
- vi) Supply the medication as an **"ethical supply"** because in the professional judgement of the pharmacist the patient will be at serious risk without the pharmaceutical. In this situation, if possible, the steps already outlined to obtain the correct Special Authority number before sending in the claim should be followed.
- vii) If this can not be done contact HealthPAC (0800 243 666) to request a RISK number to enable reimbursement.

Risk Number Procedure

1. A RISK Special Authority number to cover "ethical supply" will be issued only in the following circumstances.
 - The prescriber could not be contacted.
 - The prescription was presented during hours that the HealthPAC 0800 number was not operational.
 - The patient was at serious risk without the medication, such as a life threatening condition or imminent hospitalisation. Examples of where this would apply are an hyperglycaemic event when appropriate insulin is not available, or a risk of kidney graft rejection without immediate availability of immunosuppressants.
2. "Ethical supply does not cover medicines where it is unlikely there would be a serious deterioration in the patient's condition due to a delay in receiving the medicine, such as a prescription for a statin. It is expected that "ethical supply" under Special Authority will not be a frequent occurrence. It is designed as a last resort to protect patients at risk. These should only be for a supply that is enough to get the Patient through while the clinician is contacted for an application.
3. RISK numbers issued to cover prescriber error or the ethical supply situations are valid for the life of the prescription

It is important with the administration of Special Authority numbers that any additions or changes made by the pharmacist are initialled on the prescription and dated and timed. In an audit situation it is obvious which information the pharmacist is responsible for.

The following table may be of assistance as a 'quick reference' table for Pharmacists.

Prefix	SA Type	Description
CHEM	Special Authority	Allow patients to receive Special Authority medicines through a Community Pharmacy
EXCP	Community Exceptional Circumstances	Allows a patient to access a subsidy sufficient to fully fund the pharmaceutical. Criteria and application details are described in the Pharmaceutical Schedule.
HOSP	Special Authority	<u>Special Foods</u> This prefix indicates that either: a) the doctor has requested a complete diet for their Patient, or b) the medicine can only be dispensed by a hospital pharmacy.
RISK	Risk Number	Available where a Pharmacy has made a dispensing in good faith or if the patient has a life threatening condition.
SPEC	Special Authority	This prefix is indicates that either: a) the Prescriber has requested a supplement diet for their Patient, restricted to 500ml per day or as defined in the Pharmaceutical Schedule, or b) to waiver a restriction
TEMP	Templeton	Enables subsidy for patients who were residents at the Templeton Centre at the time of closure. The approval numbers cover all medicines required by the patient.
Note: The prefix (HOSP or SPEC) is only required on a prescription if Special Foods have been prescribed.		

7.1 Special Foods

Prefixes are used to identify whether a Special Authority has been allocated for complete diet or for supplementary purposes.

- a. A HOSP number for the purposes of a Special Food is an indication that the doctor has requested a complete diet for their Patient.
- b. A SPEC number for the purposes of a Special Food is an indication that the doctor requested a supplement diet for their Patient, restricted to 500ml per day or as defined in the Pharmaceutical Schedule.

Refer above for Approval information and to the Error Code book for managing rejected claims.

7.2 Exceptional Circumstances

The purpose of the Exceptional Circumstances scheme is to provide funding from the Exceptional Circumstances budget for medication to be used in the community, in circumstances where provision of a funded Community Pharmaceutical is appropriate, but funding from the Pharmaceutical Budget cannot be provided through the Pharmaceutical Schedule

Further information can be obtained from the Pharmaceutical Schedule.

8 Receipts and Late Claims

8.1 Receipts

The following information is required on each receipt issued:

- a. Name of the Patient;

And for each prescription item on the receipt:

- b. Name of the prescription item
- c. Total Cost
- d. DHB subsidy
- e. Patient contribution

8.2 Late Claims

Time limit for receiving Claim Items

Subject to clauses H9.2 and H9.3 of the Pharmacy Services Agreement, all Claim Items must be received within six months after the date when the Pharmaceutical is Dispensed, except for oral contraceptive Pharmaceuticals where the Claim Items must be received within nine months after the date when that Pharmaceutical is Dispensed (**Final Due Dates**).

Submission out of time

Where a Claim Item (provided it is for more than \$20.00) has not been submitted or resubmitted by the applicable Final Due Date, it may be submitted out of time together with a written explanation of the reason for the delay. This explanation must be submitted to the DHB and copied to HealthPAC. Where, in the reasonable opinion of the DHB, reasonable grounds have been established for late submission, the DHB will consider that Claim Item for payment.

No submission after 12 months

In no circumstances will any Claim Item submitted or resubmitted more than 12 months after the date of the Service qualify for payment.

9 Nicotine Replacement Therapy (NRT)

This is a guideline for the reimbursement of Nicotine Replacement Therapy claims made in accordance with the Pharmacy Services Agreement or section 88 notice for the provision of pharmacy services.

9.1 Electronic Claiming

The procedure for NRT claiming is the same as for normal prescriptions.

NRT Exchange Cards should be submitted in the same manner as a prescription and in accordance with the Pharmacy Services Agreement.

Hard copy NRT Exchange Cards should be retained by the pharmacy for five months. After this time, these should be submitted with the prescription batches.

For advice regarding the capture and submission of your NRT Exchange Cards, please contact your software vendor.

Glossary:

CSC means a Community Services Card

Family Unit Refer Section 6.3 Pharmaceutical (Prescription) Subsidy Cards.

HUHC means a High Use Health Card

Low-cost PHO Enrollee means an eligible person who is:

enrolled in any practice in a Primary Health Organisation (PHO);

and the prescription has been issued by a prescriber working for the eligible person's enrolling PHO (unless local arrangements are in place).

Patient(s) For the purposes of this document, the term Patient(s) refers to the term Service User as defined in the Pharmacy Services Agreement. (Note: Audit reports from HealthPAC will refer to Service Users and not Patients – this needs to be recognised by pharmacy as appropriate).

PSC means a Pharmaceutical (Prescription) Subsidy Card