Pharmacy Procedures Manual
- a guide to payment and claiming

Effective (14 December 2015)
Version 7.2
PREAMBLE
This Pharmacy Procedures Manual V7.0 replaces the (INTERIM) Pharmacy Procedures Manual v6.0.

Version control is held by the Community Pharmacy Services Team The latest version, as well as archived documents, may be found at the following website: www.centraltas.co.nz

Feedback on this document can be sent to: pharmacy@dhbss.health.nz

VERSION CONTROL
These tables are used to document subsequent amendments to Version 7.0 of the Pharmacy Procedures Manual:

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<td>14/12/15</td>
<td>6.29</td>
<td>Certified True Copy</td>
<td>Clarification of procedure - Flowchart</td>
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1.0 GLOSSARY

The following terms have the specific meaning as listed in the table below:

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<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement</td>
<td>The Community Pharmacy Services Agreement (CPSA) that became effective 1 July 2012, together with subsequent variation updates. Refer to the CPSA.</td>
</tr>
<tr>
<td>Annotation</td>
<td>Notes made on the prescription by the Pharmacist to assist with interpretation or claiming.</td>
</tr>
</tbody>
</table>
| Authorised Prescriber | The Medicines Act 1981 defines an authorised prescriber as:                                                                                                                                           - a nurse practitioner; or  
<p>|                       | - an optometrist; or                                                                                                                                                                                                                   |
|                       | - a practitioner; or                                                                                                                                                                                                                 |
|                       | - a registered midwife; or                                                                                                                                                                                                               |
|                       | - a designated prescriber                                                                                                                                                                                                                 |
|                       | Refer also to the definition of Designated Prescriber.                                                                                                                                                                                   |
| ARRC                  | Age-Related Residential Care.                                                                                                                                                                                                           |
| Audit and Compliance  | A unit of the National Health Board at the Ministry of Health, that acts as an agent for District Health Boards (DHBs) to provide assurance, through audit and risk assessment, that provider’ claims for subsidies and fees meet contractual and legal obligations. |
| Batch                 | The collated prescriptions to be claimed relating to dispensing within a Claim Period.                                                                                                                                                 |
| CDOS                  | Co-Dispensed Opioid Services.                                                                                                                                                                                                          |
| Claim                 | [From the CPSA] A batch of Claim Items plus any LTC Service Fee Claim in respect of a particular Claim Period submitted by you to our Payment Agent for payment in accordance with the CPSA.                                               |
| Claim Period          | [From the CPSA] One of the four Claim Periods in a single calendar month as described in clause H3.1 of the CPSA.                                                                                                                                 |
| Claim Item            | [From the CPSA] An individual transaction for the provision of services and/or dispensing of pharmaceuticals in accordance with the CPSA, but excludes a Long Term Condition (LTC) claim. Refer Part E, E1.3 Definitions in the CPSA.                           |
| CPAMS                 | The Community Pharmacy Anti-Coagulation Management Services (CPAMS) described in the service specification for Community Pharmacy Anti-Coagulation Management Services in Schedule C1 of the CPSA.                        |
| Co-payment            | The payment to be made by a Service User when they are provided with a subsidised Services or Dispensed Pharmaceutical. For a full description see clause H4.4 of the CPSA.                                               |
| CPSA                  | Community Pharmacy Services Agreement.                                                                                                                                                                                               |
| CRC                   | Certified Repeat Copy.                                                                                                                                                                                                                  |
| CRC service           | Community Residential Care service.                                                                                                                                                                                                  |
| CSC                   | A Community Services Card as defined in the Health Entitlement Card Regulations 1993.                                                                                                                                                |
| Designated Prescriber | The Medicines Act 1981, defines a Designated Prescriber as a person, other than a practitioner, nurse practitioner, optometrist, or a registered midwife, who:                                                                                                  |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
</table>
| Term         | - belongs to a class of registered health professionals authorised by regulations made under this Act to prescribe any specified prescription medicines, or any specified class or description of prescription medicines subject to the satisfaction of requirements specified in or imposed under those regulations;  
  - and satisfies any applicable requirement relating to competency, qualifications, or training specified in or imposed under regulations made under this Act.  
  
  Note: This definition may differ for other legislation (e.g. the Misuse of Drugs Act 1975), so care must be taken to ensure prescribers are working within each definition, or they may not be eligible prescribers for funding purposes. Refer also to the definition of Authorised Prescriber. |
<p>| DHB          | District Health Board.                                                                                                                                                                                 |
| Dispensing   | [From the CPSA] The process of a Pharmacist providing a Service User, the Service User’s caregiver, or a Prescriber, with a Prescription Item pursuant to a Prescription Form or order, and includes all the steps that occur from receipt of the Prescription Form or order at the pharmacy to the Prescription Item being collected by, or delivered to the service user or the service user’s caregiver or Prescriber. Dispense and Dispensed have the same meaning. |
| EAR          | Eligibility and Registration System. This system is located via the Pharmacy Portal; it is used to register patients for different services, i.e. LTC, ARRC, CDOS and CRC. LTC Service payments are based on the register. It is also where the pharmacy can view information about LTC service fee payments and case mix service fee payments. |
| Eligible Person | Any individual who is a user of the Services and is eligible to receive Services funded under the New Zealand Public Health and Disability Act 2000 as specified in a direction issued under Section 32 of that Act. This Act is amended from time to time. Refer to: <a href="http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0">http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0</a>. |
| Eligible Prescriber | Refer to clause 6.1.                                                                                                                                                                                  |
| Endorsement  | An endorsement is text written on a prescription by a prescriber. Unless otherwise specified, endorsements should be either handwritten or computer generated by the practitioner prescribing the medication. The endorsement can be written as “certified condition”, or state the condition of the patient, where that condition is specified for the Community Pharmaceutical in Section B of the Pharmaceutical Schedule. Where the practitioner writes “certified condition” as the endorsement, he/she is making a declaration that the patient meets the criteria as set out in Section B of the Pharmaceutical Schedule |
| GP           | General Practitioner.                                                                                                                                                                                 |
| Handling Fee | [From the CPSA] The applicable Handling Fee as set out in Schedule H1 of the CPSA. This fee is provided for dispensing the Pharmaceutical to the Service User.                                                                 |
| HUHC         | High Use Health Card, as defined in the Health Entitlement Card Regulations 1993.                                                                                                                   |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC</td>
<td>Long Term Condition as defined in the LTC Pharmacy Services Protocol (refer to clause 8.1 of this Manual).</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health.</td>
</tr>
<tr>
<td>NPPA</td>
<td>Named Patient Pharmaceutical Assessment.</td>
</tr>
<tr>
<td>NZePS</td>
<td>New Zealand Electronic Prescription Service.</td>
</tr>
<tr>
<td>NZePS Controlled Drug Perscription</td>
<td>A printed paper prescription that contains a barcode that carries the same unique identifier as its electronic counterpart for a Controlled Drug produced by an electronic prescribing system that is an approved system for the purposes of Regulation 29(1)(b) of the Misuse of Drugs Regulations 1977, and is signed by the prescriber.</td>
</tr>
<tr>
<td>Patient(s)</td>
<td>For the purposes of this document, the term patient(s) refers to the term Service User as defined in the CPSA.</td>
</tr>
<tr>
<td>Pharmaceutical</td>
<td>[From the CPSA] A medicine, therapeutic medical device or related product or related thing.</td>
</tr>
<tr>
<td>Pharmaceutical Schedule</td>
<td>[From the CPSA] The Pharmaceutical Schedule produced by PHARMAC.</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>[From the CPSA] A person registered as a Pharmacist with the Pharmacy Council of New Zealand and who holds a current annual practising certificate under the Health Practitioners Competency Assurance (HPCA) Act 2003.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>[From the CPSA] A place of business that is licensed under the Medicines Act 1981.</td>
</tr>
<tr>
<td>PhMS</td>
<td>Pharmacy Management System used for dispensing (either Toniq or LOTS).</td>
</tr>
<tr>
<td>Pharmacy Procedures Manual</td>
<td>[From the CPSA] The publication entitled “Pharmacy Procedures Manual”, as varied by DHBs or their agent, together with all of the other DHBs, from time to time following consultation with Providers.</td>
</tr>
<tr>
<td>PHO</td>
<td>Primary Health Organisation.</td>
</tr>
<tr>
<td>PRC</td>
<td>Prescription Record Card.</td>
</tr>
<tr>
<td>Prescriber</td>
<td>[From the CPSA] A person authorised under the Medicines Regulations 1984 or the Misuse of Drugs Regulations 1977 to prescribe pharmaceuticals. For the purposes of this document, it is assumed that prescribers are working within their scope of practice. Refer also to the definition of: Authorised prescriber, Designated prescriber and Eligible prescriber</td>
</tr>
<tr>
<td>Prescription</td>
<td>[From the CPSA] A form completed and signed by a Practitioner in accordance with the Medicines Regulations 1984. The prescription specifies the pharmaceuticals prescribed for a named person. Note: this same definition applies to a prescription produced via NZePS.</td>
</tr>
<tr>
<td>Prescription Item</td>
<td>[From the CPSA] A single pharmaceutical prescribed for a named person on a Prescription Form.</td>
</tr>
<tr>
<td>PSC</td>
<td>[From the CPSA] Pharmaceutical Subsidy Card as defined in the Health Entitlement Card Regulations 1993.</td>
</tr>
<tr>
<td>Safety Medicine</td>
<td>A Community Pharmaceutical as defined in the Pharmaceutical Schedule.</td>
</tr>
</tbody>
</table>
Term | Meaning
--- | ---
Sector Operations | Business unit within the Ministry of Health responsible for providing strategic advice on the impact of sector changes on payment processes and for the administration of the core health payment processes (formally known as Sector Services, HBL, Health PAC, HPAC).

2.0 INTRODUCTION

2.1 Overview

The Pharmacy Procedures Manual is a resource for community pharmacy. It includes relevant procedures and processes required for claiming funding as part of the Community Pharmacy Services Agreement (CPSA), and other relevant procedures and processes linked to the current legislation and service delivery.

This manual should be read in conjunction with the following source documents as these documents form part of any audit process:

- All relevant legislation and regulations applicable to the practice of pharmacy in New Zealand;
- The Pharmaceutical Schedule;
- The Pharmaceutical Transactions Data Specification (for applicable file formats and data to be provided for processing); and
- Service specifications within the current CPSA.
- New Zealand Standard Health and Disability Services Pharmacy Services Standards (also known as PSS)

Audit and Compliance provides assurance to the DHBs, through audit and risk assessment, that provider’s claims for subsidies and fees meet contractual and legal requirements. Pharmacies may be audited to ensure that they are compliant with these requirements.

2.2 Order of Priority

In the event of any conflict between the current CPSA and other documents the order of priority is:

- all relevant legislation and regulations applicable to the practice of pharmacy in New Zealand; then the;
  - a) Pharmaceutical Schedule;
  - b) Pharmaceutical Transactions Data Specifications (solely in relation to file formats and data required to be provided to Sector Operations for claiming);
  - c) LTC Pharmacy Services Protocol;
  - d) CPSA;

In the event of any discrepancy between the Procedures Manual and any source document, the priority list above takes precedence.

2.3 Pharmacy Closures, Merge or Change of Ownership

Pharmacy owners should always seek advice from their DHB Portfolio Manager as soon as they become aware of an intended change of ownership. There are many issues that need to be considered when changing ownership of a pharmacy, including contractual obligations and licensing implications.
The following is a list of parties that may need to be contacted throughout the process. Contact details are included under Section 10.0:

- Licencing Authority and Medicines Control
- Business Support Services (BSS) Helpdesk
- Online Helpdesk
- Pharmacy Programme at TAS

3.0 SUBMISSION OF CLAIMS

3.1 Claim Submission Requirements

All claim batches submitted by a pharmacy must meet all legal and contractual requirements. All claimed items will be submitted electronically and following the process in your Pharmacy Management System. [PhMS]

Following electronic submissions all prescriptions must be bundled into a batch that reflects the claim period in which the dispensings have been submitted to the Ministry of Health for payment.

1. Each item in the electronic claim must be supported by an original prescription (refer to Section 4.2.2 for clarification regarding faxed NZePS produced prescriptions).
2. The forms must be collated into batches and submitted to the Ministry of Health no later than 5 months after the end of the relevant claim period.
3. The prescriptions are to be collated in order of the date in which the items were dispensed.
4. Any prescription received by the pharmacy at a later date must be inserted into the original batch at the corresponding date of dispensing.
5. Each batch must be accompanied by the approved Ministry of Health Batch Record form.
6. The coversheet must be completed in full and signed on behalf of the pharmacy.
7. Variances between the original prescription and the computer record or supply must be clearly annotated on the prescription.

3.2 Batch Delivery Instructions

All prescriptions for a claim period must be batched separately, with the approved Ministry of Health Batch Record form, and must replicate the electronic claim file and claiming cycle.
For example, if claims are submitted once a week, the prescription batch must be bundled weekly.
Where claims are submitted fortnightly, the prescription batch must be bundled fortnightly.

<table>
<thead>
<tr>
<th>Weekly Claim Periods</th>
<th>Fortnightly Claim Periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 7 day of the calendar month</td>
<td></td>
</tr>
<tr>
<td>8 - 15 day of the calendar month</td>
<td>1 – 15 day of calendar month</td>
</tr>
<tr>
<td>16 - 23 day of calendar month</td>
<td></td>
</tr>
<tr>
<td>24 - last day of the calendar month</td>
<td>16 – last day of calendar month</td>
</tr>
</tbody>
</table>
## Procedures

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Collate prescriptions in order of date of dispensing; each dispensing date must be secured tightly into a separate bundle.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Collate into a batch all of the date of dispensing bundles relevant to the Claim Period which reflects the electronic claiming cycle used by the Pharmacy.</td>
</tr>
</tbody>
</table>
| Step 3 | Complete the approved Ministry of Health Batch Record form, which can be printed from the PhMS. The form must include the following information:  
  a) Pharmacy claimant number.  
  b) Pharmacy name.  
  c) Period from (start date of the Claim Period).  
  d) Period to (end date of the Claim Period).  
  e) Signature of a Pharmacist or person authorised by a pharmacy as its representative.  
  f) Date of signing. |
| Step 4 | Attach the approved Ministry of Health Batch Record form to the front of the Claim Period batch and tightly secure the entire prescription batch together.  
The delivery address for batches is:  
  Archive Pharmacy Claims  
  137 London Street  
  WHANGANUI 4500 |
| Step 5 | More than one prescription batch may be sent to the Ministry of Health at one time, but each Claim Period batch must be sent as a separate claim batch. |

### Important Notes

- Pharmacies may retain batches for up to 5 months.  
- If an audit of the pharmacy is undertaken, the Ministry of Health may request that a prescription batch be sent to them at any time before the 5 month period is complete. Pharmacies will be notified if this is the case and must comply with the time frames and delivery requirements.  
- After the 5 month period, batches must be submitted to the Ministry of Health.  
- Batches may be returned to the pharmacy for correction if the batch does not meet the procedure specified above.  
- If batches are not received by the due date the Ministry of Health may send a warning letter requiring the batch to be sent within 30 days.  
- If the batch has not been received within that 30 days funding may be withheld for an amount equating to the value of that batch.  
- Certified repeat copies are not required to be printed and sent with batches if they do not differ from the original prescription.
3.3 Rejected Items

Items can be rejected for payment because the item does not conform with the rules specified in the Pharmaceutical Schedule, the CPSA or the Pharmaceutical Claim Data Specification. An explanation of the Error Codes appearing on the reports after processing of the claim can be found in the Ministry of Health publication “Error Codes for Community and Pharmaceutical Cancer Treatments (PCT) Pharmacy Electronic Claiming (PEC) v8.0” (http://www.health.govt.nz/new-zealand-health-system/claims-provider-payments-and-entitlements/sector-services-resources)

An item will be rejected for payment if the dispensing is submitted outside of the claim period (i.e. 120 days after the prescription has been entered into the computer), except in exceptional circumstances and as agreed by your DHB.

A pharmacy can apply in writing to the DHB if the pharmacy considers that special circumstances apply to a specific item, and the DHB may, at its discretion, allow the pharmacy to receive payment.

3.4 CPAMS Claiming/Invoicing

An invoice template that satisfies the Sector Operations Requirements in clause 2.8 in Schedule H1 of the CPSA is available on the Central TAS website:
https://intranet.centraltas.co.nz/SitePages/Home.aspx

Claims are made manually at the end of the month. Invoices received by the 4th working day of the month are paid on the 20th (or the next business day). After that, the invoice is paid the following month.

The invoice should be sent to:
  Sector Operations
  Ministry of Health
  Private Bag 3015
  Whanganui 4540

To verify your claim you should attach the Monthly Patients Report which contains the NHIs of active patients for the month. (Note: the patient’s name is not required, only the NHI). The reporting requirements for this service are outlined in the CPAM Service Specification in the Agreement (Schedule C1, CPAM Service Specification, Clause 11.3) - and are outlined in 3.4.1.
3.4.1 Quarterly Reporting

Quarterly reporting will be provided to Sector Operations on the following dates:

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Report Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 July - 30 September</td>
<td>20 October</td>
</tr>
<tr>
<td>1 October - 31 December</td>
<td>20 January</td>
</tr>
<tr>
<td>1 January - 31 March</td>
<td>20 April</td>
</tr>
<tr>
<td>1 April - 30 June</td>
<td>20 July</td>
</tr>
</tbody>
</table>

The Quarterly Report will include a summary of:

- Number of Service users registered by NHI with the Community Pharmacy Anti-Coagulation Management Service in the quarter (i.e. active patients plus new patients minus patients who have exited the Community Pharmacy Anti-Coagulation Management Service).

- Average number of INR test per quarter.

- Documentation of Key Performance Indicators:
  - Compliance (Test on time, 1-3 days, 4-7 days, 7+ days)
  - Control (Test in range, tests above, tests below)

- Adverse events (Total recorded bleeds, total recorded hospital admissions)

- A brief narrative report outlining progress implementing the service in this quarter, and any issues experienced.

Send reporting to: performance_reporting@moh.govt.nz or Performance Reporting Team
Sector Services
Ministry of Health
Private Bag 1942
Dunedin 9054
4.0 LEGAL REQUIREMENTS OF PRESCRIBING UNDER THE MEDICINES ACT 1981

4.1 Authorised and Designated Prescribers

An Authorised (or Designated) Prescriber, including medical practitioners, dentists, midwives, nurse practitioners, designated prescriber Pharmacists, or veterinarians, means someone registered in New Zealand in that profession AND who holds a current annual practising certificate under the Health Practitioners Competence Assurance (HPCA) Act 2003.

Prescriptions for Prescription Medicines written by overseas prescribers who are not registered to practice in New Zealand are not legal.

An Authorised Prescriber (except Medical Practitioners) may only prescribe medicines registered for use in New Zealand. Unregistered medicines may only be dispensed on a prescription from a Medical Practitioner under Section 29 of the Medicines Act 1981.

Designated Prescribers may only prescribe a prescription medicine if it is included in the Schedule of Medicines they may prescribe in the Medicines Act 1981.¹

When a pharmacist is unsure of the registration or signature of the prescriber a check should be made with the prescriber e.g. sight their annual practising certificate, or their regulatory body.

4.1.1 Under their Care

An Authorised Prescriber (including a Designated Prescriber) may only prescribe a prescription medicine for the treatment of a patient under the Authorised Prescriber's care.²

A veterinarian may only prescribe a prescription medicine that is for the treatment of an animal under the veterinarian's care.³ The Veterinary Council can be contacted for any queries regarding Vets http://www.vetcouncil.org.nz/

4.1.2 Scope of Practice

An Authorised Prescriber (including a Designated Prescriber) may only prescribe in accordance with the prescribers' scope of practice as granted under Section 21 of the Health Practitioners Competence Assurance Act 2003.⁴

Pharmacist Prescribers

Pharmacist Prescribers are Designated Prescribers, and are governed by the Medicines (Designated Prescribers: Pharmacist Prescribers) Regulations 2013.

Registered Nurses Practising in Diabetes Health

Registered Nurses Practising in Diabetes Health are Designated Prescribers and are governed by the Medicines (Designated Prescriber - Registered Nurses Practising in Diabetes Health) Regulations 2011.

Midwives

Registered midwives are able to take responsibility for the care of a woman throughout her pregnancy, childbirth and post-natal period. They may claim maternity, pharmaceutical and other related benefits relevant to pregnancy and childbirth.

¹ Medicines Regulations 1984; Regulation 39 (2)
² Medicines Regulations 1984; Regulation 39 (1) (a) (i)
³ Medicines Regulations 1984; Regulation 39 (3)
⁴ Medicines Regulations 1984; Regulation 39 (1) (a) (ii)
Registered midwives may prescribe:

- any medicine for the mother providing it is during pregnancy, labour and the postpartum period up to six weeks;
- for the baby during this six week period;
- morphine, fentanyl and pethidine, but no other controlled drug;
- Midwives should not prescribe for the woman’s partner.

They may not prescribe for an underlying medical condition, e.g. asthma or hypertension.

In relation to a preterm baby, the Midwifery Council defines the six-week postpartum period as commencing from the expected date of birth rather than the actual date of birth. In other words, for preterm babies, the postpartum midwifery role may extend beyond six calendar weeks.

Midwives are entitled to use a Practitioner’s Supply Order form to order medicines within their scope of practice and to verbally communicate prescriptions in an emergency situation.


The Midwifery Council can be contacted for any queries regarding Midwives.

[https://www.midwiferycouncil.health.nz/](https://www.midwiferycouncil.health.nz/)

**Dietitians**

Dietitian Prescribers are Designated Prescribers, and are governed by the Medicines (Designated Prescribers: Dietitian Prescribers) Regulations 2015 and can write prescriptions for only those medicines specified in notices published in the NZ Gazette. If they are not qualified as a Designated Prescriber a Dietitian may write prescriptions for funded Special Foods listed in Schedule D of the Pharmaceutical Schedule or any pharmaceutical identified in Section D as being able to be prescribed by a Dietitian.

**4.1.3 Limit on Supply**

An Authorised Prescriber may only prescribe a 3 month supply of any medicine, except for an oral contraceptive, in which case 6 months may be supplied.\(^5\)

A prescription is legally able to be dispensed up to 6 months from the date of prescribing, or for an oral contraceptive, up to 9 months from the date of prescribing.\(^6\) However, it is only valid for subsidy purposes if dispensed within 3 months from the date of prescribing.\(^7\)

**Note:** Not all registered medicines are subsidised. Even when an item is not subsidised (NS), only a 3 month quantity of supply is allowed to ensure that the patient is reviewed on a regular basis by the practitioner responsible for their care.

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\(^5\) Medicines Regulations 1984; Regulation 39A(1)

\(^6\) Medicines Regulations 1984; Regulation 42 (3) (c) (d)

\(^7\) Pharmaceutical Schedule Section A: 3.1.5
4.2 Legal and Contractual Requirements of a Prescription

Legal and Contractual Requirements of a Prescription

The information supplied on a prescription must be legible and indelible (written in pencil is not acceptable) and must include all of the following:

- Prescriber’s usual signature in their own handwriting (not being a facsimile or other stamp)
- The date on which the prescription was signed
- Prescriber details, which includes:
  - Prescriber’s full name
  - Prescriber’s physical work address, or postal address for those who do not have a place of work
  - Prescriber’s telephone number.
- Patient details, which includes:
  - Surname and each given name of the patient
  - Physical address of the patient
  - Patient’s date of birth if the prescription is for a child under 13 years for prescription medicines or 12 years for controlled drug medicines.
- Medicine details, which includes:
  - Name of the medicine
  - Strength of the medicine to be dispensed (where appropriate)
  - Total amount of medicine or the total period of supply to be dispensed
  - Dose and frequency of the dose for internal medicines
  - Method and frequency of use for external medicines
- The following are required to be added by the pharmacy to the Prescription form:
  - Name and address of the proprietor of the business at which the prescription is dispensed; and
  - Date on which the prescription is dispensed; and
  - Each item annotated with the quantity of the medicine dispensed; and
  - Each item annotated with the strength of the medicine dispensed (where appropriate); and
  - Prescription number (unique identifying number) for each item; and
  - Identity of the individual dispensing each item; and
  - Each item annotated with the initials of the checking Pharmacist for completeness and accuracy.

Note: In the case of a prescription relating to the treatment of an animal the following information is supplied here for completeness only as medication for the treatment of animals is not subsidised.

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8 Medicines Regulations 1984; Regulation 41
9 Medicines Regulations 1984; Regulation 42 (3) (b)
10 New Zealand Health and Disability Pharmacy Service Standards 5.2.3 (f)
A prescription relating to the treatment of an animal must contain:
- The surname, each given name, and the address of the owner of the animal, and
- Contain the following statement, or words of similar meaning - “Not for human use” or “For animal use only”.

For further information regarding the subsidy of medication refer to Section 6: Subsidy Requirements

4.2.1 Legibility
The prescription must be legibly and indelibly printed and cannot be written in pencil.

Even if all the other requirements are met a reprint of the dispensary label for the medicine attached to a prescription to provide the medication detail is not acceptable for claiming payment as the label is able to be substituted.

4.2.2 Prescriber Signature
The Medicines Regulations 1984, Regulation 41 requires that a prescription is “signed personally by the prescriber with his usual signature (not being a facsimile or other stamp)”. In cases of an emergency, legislation allows for Pharmacists to dispense a medicine from a verbal order from an authorised prescriber or veterinarian who is known personally by the Pharmacist.11

If the original prescription has been created using an approved electronic system, i.e. NZePS, and includes a barcode generated by that system and the prescriber’s usual signature, then the faxed copy may be considered to be a legal prescription for claiming purposes by the pharmacy as these prescriptions are considered to be protected from unauthorised alteration and multiple use providing the faxed prescription is scanned – or the barcode number is manually entered if the scan fails – by the Pharmacist.

In all other circumstances a fax signature on a prescription is not acceptable as a legal signature on a prescription. The original prescription must be obtained or the Prescriber can indelibly sign the faxed copy.

4.2.3 Prescriber Address Requirements 12
The prescriber’s full physical work address must include:
- For an urban based prescriber: the full street address (including unit number (if applicable), street number/alpha, street name, suburb (if in common use), and town or city.
- For a rural prescriber: street number and street name (if applicable) and RD number with the correct mail town.
- The address may not be a PO Box or Rural Delivery number, except where the Prescriber does not have a place of work. A Rapid Rural Number is acceptable.
- Prescriber’s telephone number.

4.2.4 Patient Address Requirements
The patient’s full home address shall include:
- For an urban patient: the patient’s full street address (including unit number (if applicable), street number/alpha, street name, suburb (if in common use), and town or city.
- For a rural patient: street number and street name (if applicable) and RD number with the correct mail town. A Rapid Rural number is acceptable.

11 Medicines Regulations 1984; Regulation 40 A
12 Medicines Regulations 1984, Regulation 41 (c)
• The address may **not** be a PO Box or Rural Delivery number.

For a patient with no fixed abode:
The practice address of the prescriber (full street address), including unit number (if applicable), street number/alpha, street name, suburb (if in common use), and town or city.

**4.2.5 Prescribing Date**
The date of dispensing must not precede the prescribing date.

The prescription must not be dispensed where 6 months\(^{13}\) have elapsed since the date on which it was written, unless it is for an oral contraceptive, where the time limit is 9 months\(^{14}\).

**Note:** these timeframes are longer than those required to obtain a subsidy for the medicine.

**4.2.6 Quantity Dispensed**
An authorised prescriber may not prescribe a quantity of any prescription medicine that **EXCEEDS:**

a) 6 months’ supply in the case of an oral contraceptive or  
b) 3 months' supply in any other case.\(^{15}\)

If the prescriber has only written a period of supply, the pharmacy must annotate the quantity to be dispensed on each occasion\(^{16}\). See also Section 5 Misuse of Drugs for supply information for Controlled Drugs.

**4.2.7 Unique Identifying Number (Prescription Number)**
This will generally be the number generated by the PhMS, which are consecutive. This number is printed on the third part of the dispensary label and must be affixed onto the prescription.

Hand written, legible numbers are for emergency or exceptional circumstances only. See also Section 5 Misuse of Drugs.

**4.2.8 Labelling Requirements**\(^{17}\)
The label on a medicine supplied by a pharmacy to a patient must contain the following:

a) the name of, or a description of the nature of, the contents; and  
b) the name of the patient; and  
c) the name and address of the seller; and  
d) in the case of a medicine for internal use, the dose and frequency of dose; and  
e) in the case of a medicine for external use, a statement of the directions for use and frequency of use, and one or other of the following statements, or words of similar meaning:

   “Caution: Not To Be Taken”, or “For External Use Only”; and  
f) a unique identifying number or code for the prescription or record of supply; and  
g) the date on which the medicine was packed, sold, or supplied.

**4.3 Recalls**
A recall is required when an affected therapeutic product(s) is required to be removed from supply or use for reasons relating to deficiencies in the safety, quality, efficacy or performance of the product.

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\(^{13}\) Medicines Regulations 1984, Regulation 42 (3) (c)  
\(^{14}\) Medicines Regulations 1984, Regulation 42 (3) (d)  
\(^{15}\) Medicines Regulations 1984; Regulation 39A (1)  
\(^{16}\) Medicines Regulations 1984, Regulation 42 (3) (b) (iii)  
\(^{17}\) Medicines Regulations 1984; Regulation 23
Guidance on recalls can be obtained from Medsafe. Each recall may be different due to the variety of reasons and products that may be recalled. The Medsafe ‘Recall Code’ provides specific information on the responsibilities of Pharmacies and Healthcare Professionals in Sections 8 and 9. Should specific advice be required it will be provided by the sponsor company at the time of the recall.

A response should always be provided to a recall notice, even if it is a NIL return. Some companies will include an email address for the response; consider using this approach should the fax line be unavailable.

When a replacement dispensing is required no co-payment may be charged. The Ministry of Health has committed to ensuring that a recall dispensing transaction is cost neutral to the pharmacy from a patient co-payment perspective. This dispensing will not contribute to the patient count towards a prescription subsidy card.
5.0 LEGAL REQUIREMENTS OF PRESCRIBING UNDER THE MISUSE OF DRUG ACT 1975

5.1 Controlled Drug Prescribing

A controlled drug prescriber means a medical practitioner, a dentist, a nurse practitioner, a midwife, a designated prescriber nurse, a designated prescriber Pharmacist, or a Veterinarian who is registered in New Zealand in that profession AND who holds a current annual practising certificate under the HPCA Act 2003.

Controlled Drug Prescriptions written by overseas prescribers who are not registered to practice in New Zealand are not legal.

When a pharmacist is unsure of the registration or signature of the prescriber a check should be made with the prescriber e.g. sight their annual practising certificate, or their regulatory body.

|--------------------|-------------------------------------------------------------------------------------------------|---------|---------------------------|
| Medical Practitioners and Nurse Practitioners (an Authorised Prescriber) | For the medical treatment of a patient under their care: 18  
   • Class B: maximum period of supply is 1 month. 19  
   • Class C: maximum period of supply is 3 months. 20 | May authorise multiple repeats, e.g., daily or at such other regular intervals, as the prescriber considers necessary. 21  
   The total quantity must not exceed 1 month. | Class B:  
   • Not more than 7 days after the date of prescription. 22  
   • Maximum quantity for any dispensing is 1 month supply. 23  
   • Repeats must be dispensed no less than 7 days after the previous supply is exhausted.  
   Class C:  
   • First dispensed within 6 months of prescribing, 24 but within 3 months for subsidy. |
| Dentists (an Authorised Prescriber) | For the dental treatment of a patient under their care:  
   • For Class B and C: for a maximum period of 7 days. 25  
   Every Controlled Drug prescription must state ‘for | May NOT authorise any repeats. 28 | Class B:  
   • Not more than 7 days after the date of prescription. 29  
   • Only subsidised for 5 days treatment. 30 |

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18 Misuse of Drugs Regulations 1977; 21 (2), 21 (5B)  
19 Misuse of Drugs Regulations 1977; 31 (1) (d)  
20 Misuse of Drugs Regulations 1977; 31A (4)  
21 Misuse of Drugs Regulations 1977; 31A (7)  
22 Misuse of Drugs Regulations 1977; 31 (1) (b)  
23 Misuse of Drugs Regulations 1977; 31A (2)  
24 Misuse of Drugs Regulations 1977; 31 (1) (c)  
25 Misuse of Drugs Regulations 1977; 21 (3)
| Midwives (an Authorised Prescriber) | For the treatment of a patient under their care. Midwives may only prescribe pethidine, morphine or fentanyl. Maximum period of supply is 1 month. Every Controlled Drug prescription must state ‘for midwifery use only’. Note: They may not prescribe any other Controlled Drugs, e.g. codeine and benzodiazepines. | May only authorise 1 repeat at a specified interval. First dispensed no more than 4 days after the date of the prescription. Repeats must be dispensed no more than 7 days after the previous supply is exhausted. |
| Pharmacist Prescribers (a Designated Prescriber) | For the treatment of a patient under their care. Limited to drugs listed in the Misuse of Drugs Regulations 1977, Schedule 1B: Class B and C: maximum period of supply is 3 days. | First dispensed not more than 7 days after the date of prescription. |
| Designated Nurse Prescribers (a Designated Prescriber) | For the treatment of a patient under their care. Limited to drugs listed in the Misuse of Drugs Regulations 1977, Schedule 1B: | First dispensed not more than 7 days after the date of prescription. |

26 Misuse of Drugs Regulations 1977; 31A (7) 27 Misuse of Drugs Regulations 1977; 31 (1) (a) 28 Pharmaceutical Schedule Section A: 3.1.1 (b) 29 Misuse of Drugs Regulations 1977; 31 (1) (a) 30 Pharmaceutical Schedule Section A: 3.1.3 (b) 31 Misuse of Drugs Regulations 1977; 29 (4) (g) 32 Misuse of Drugs Regulations 1977; 34 (6) 33 Pharmaceutical Schedule Section A: 3.1.4 (a) 34 Misuse of Drugs Regulations 1977; 21 (5A) 35 Misuse of Drugs Regulations 1977; Schedule 1C 36 Misuse of Drugs Regulations 1977; 31A (6) 37 Misuse of Drugs Regulations 1977; 29 (4) (h) 38 Misuse of Drugs Regulations 1977;31A (5) 39 Misuse of Drugs Regulations 1977; 31A (5) (a) 40 Misuse of Drugs Regulations 1977; 21 (5) (a) 41 Misuse of Drugs Regulations 1977; 12A (1) (b) 42 Misuse of Drugs Regulations 1977; 21 (4) (a)
- Class B and C: maximum period of supply is 3 days.\(^{43}\)

| Veterinarians | For the treatment of an animal under their care:\(^{44}\)  
Class B: maximum period of supply is 1 month.\(^{45}\)  
Class C: maximum period of supply is 90 days  
Every Prescription must state “for animal treatment only”\(^{46}\) | May NOT authorise any repeats.\(^{47}\)  
Veterinarians are not required to prescribe Controlled Drugs on a Triplicate Prescription form.  
No veterinary prescriptions are funded. |

**Note:** Optometrists have no prescribing rights for Controlled Drugs.

### 5.2 Legal Requirements of a Controlled Drug Prescription

The following list refers to Class A and Class B Controlled Drugs plus specified Class C Controlled Drugs when they are intended for human use. Specified Class C Controlled Drugs include amobarbital, amobarbital sodium, buprenorphine, butobarbitone, glutethiamide, ketamine, secobarbital, or secobarbital sodium either in combination or not. These products do not fall under this category if they are combined with another substance not in Schedule 3, Part 4 (1) of the Misuse of Drugs Act.

*For example:* A prescription for buprenorphine on its own must meet all the requirements specified on the list, whereas a prescription for buprenorphine plus naloxone does not need to meet the requirements on the list.

There are two physical types of Controlled Drug Prescriptions, an NZePS Controlled Drug Prescription and a triplicate form. Both versions may be received from the same prescriber, and other than the physical form of the prescription all other requirements are the same.

### Legal and Contractual Requirements for Class A, B and specified Class C Controlled Drug Prescriptions

A Controlled Drug Prescription can be either:
- An H572 or H572M triplicate prescription form provided by the Director General of Health and completed in the handwriting of the Controlled Drug Prescriber; or
- An NZePS Controlled Drug Prescription form electronically generated by a system approved by the Director General of Health containing a barcode which is scanned (or the barcode number is manually entered if the scan fails).

**Note:** the NZePS Controlled Drug Prescription is not a legal Controlled Drug Prescription until the barcoded prescription has been downloaded from the electronic prescription repository (the broker). The Controlled Drug may not be dispensed if the prescription is unable to be downloaded if it is an NZePS Controlled Drug Prescription, not a triplicate form.

\(^{42}\) Misuse of Drugs Regulations 1977; 12A (1) (a)  
\(^{43}\) Misuse of Drugs Regulations 1977; 21 (4) (b)  
\(^{44}\) Misuse of Drugs Regulations 1977; 21 (5C)  
\(^{45}\) Misuse of Drugs Regulations 1977; 31 (1) (d)  
\(^{46}\) Misuse of Drugs Regulations 1977; 29 (4) (i)  
\(^{47}\) Misuse of Drugs Regulations 1977; 31A (7)
The information supplied on either form of Controlled Drug Prescription must be legible and indelible (written in pencil is not acceptable) and must include all of the following:

- The Prescriber signature in his/her own handwriting
- Date on which it was signed
- Prescriber details, which must be set out or stamped with: Prescriber’s full name;
- Prescriber’s physical work address, or postal address for those who do not have a place of work
- Prescriber’s telephone number
- Patient details of which the controlled drug is intended to be administered, which includes:
  - Surname and each given name of the patient;
  - Physical address of the patient;
  - Patient’s date of birth and set out in words the age in years and months of that person if the patient is under the age of 12 years:
- Name of the Controlled Drug in full or abbreviated only by the use of British Pharmacopoeia (BP), British Pharmaceutical Codex (BPC) or other recognised titles
- Strength of the Controlled Drug
- Total amount of the Controlled Drug to be dispensed
- The number of occasions on which the Controlled Drug may be dispensed (where appropriate)
- Dose and frequency of the dose for internal Controlled Drugs
- Method and frequency of use for external Controlled Drugs
- Where the Controlled Drug 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.
- For methadone prescribed by a prescriber who is authorised by the Ministry of Health or its delegate, or works in a place for the time being specified by the Minister of Health under the Misuse of Drug Act 1975, the prescription must be legibly and indelibly written, or in a form approved from time to time by the Director General of Health (including electronically generated forms from an approved system).

The following are the legal requirements that must be added by the pharmacy to all three copies of the triplicate form or the NZePS Controlled Drug Prescription form:

- Name and address of the proprietor of the business at which the Controlled Drug prescription is dispensed; and
- Each item annotated with the date of dispensing on each occasion; and
- Each item annotated with the unique prescription number on each occasion; and
- Each item annotated with the quantity of the Controlled Drug dispensed on each occasion; and
- Each item annotated with the strength of the Controlled Drug dispensed on each occasion.

The following are also required to be added by the pharmacy to the Prescription form:

- Identity of the individual dispensing each item; and
- Each item annotated with the initials of the checking Pharmacist on each occasion for completeness and accuracy.
Telephoned prescriptions for Controlled Drugs are permitted from medical practitioners, nurse practitioners; midwives, designated prescriber Pharmacists, and designated prescriber nurses personally known to the Pharmacist. However no repeat of a telephone or faxed Controlled Drug prescriptions is permitted until the original Controlled Drug prescription is received by the pharmacy. The original of a faxed NZePS Controlled Drug Prescription must still be obtained.

Note: In the case of a Controlled Drug prescription relating to the treatment of an animal the following information should be supplied for completeness as medication for the treatment of animals is not subsidised:

- The surname, each given name, and the address of the person who has custody of the animal to which the controlled drug is intended to be administered; and
- Contains the following statement, or words of similar meaning - “Not for human use” or “For animal use only”.

Example:

```
Dr Sam Entwistle  
NZMC Reg No. A88884-3  HP6 Facility  T2V09-1  
Item Count  Subsidy Card  
Mr Testpatient Eps  
48 Market Place, Auckland Central, Auckland 1010  
GMO: J4  DOB: 20 Mar 1987  NHI: AA8888  
Rx  8 Apr 2015  
Dispense stat list medicines once only unless Frequent Dispense specified  
Panadol Gelscaps 500mg Caplets  
Sig: 1, three times daily  
Mite: 90  
( Generic Substitution Allowed )  
Trial Period  Initial Dispensing Period: 30 days  
```

5.2.1 Methadone Prescriptions for Opioid Dependent Clients
Methadone prescriptions for Opioid Dependent clients can only be written by authorised Addiction Prescribers or a Prescriber working in an authorised Addiction Clinic. Addiction Clinics can use a different (approved) Controlled Drug Prescription form for methadone (H572M), including electronically generated forms from a Director General of Health approved system.

5.2.2 Prescribers Address Requirements
Prescribers address can be stamped on the Controlled Drug prescription form but must be stamped on all three copies.

5.2.3 Repeat Dispensing of Controlled Drug Prescriptions

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48 Misuse of Drugs Act 1975; Section 24
49 Misuse of Drugs Regulations 1977; 29 (4) (d)
The timeframes for repeat dispensing of Controlled Drugs are shown in Section 5.1 above and are clarified below:

- Repeats of a Controlled Drug, where allowed, must be dispensed within 7 days (or 4 days for a Midwife’s prescription) of each supply being finished – taken from the date of dispensing. Should the patient present within this timeframe then the total quantity dispensed must not exceed that required to complete the remaining 30 days (or other specified period) of treatment. So the total quantity provided to the patient may not be 30 days worth of controlled drug medication.

  *For Example:* If the patient presents after the 7 days (or 4 days) cut-off, then the repeat must not be dispensed.

- If the patient does not collect a repeat on the date when the Controlled Drug would have run out but presents within the 7 day (or 4 day) period, then the pharmacy may only provide enough medication to the patient for the remainder of the initial 30 day (or as otherwise specified) period. This is to ensure that the patient is seen by the prescriber regularly.

  *For Example:* A Controlled Drug Prescription with a first dispensing and two repeats within a 30 day period is presented. The patient collects the initial dispensing for 10 days supply on the 1st of the month. The patient is unable to collect the second dispensing (i.e. due to hospitalisation, or improvement of the condition) and does not present for the second dispensing until the 17th of the month, then a second dispensing may be made for a 10 day supply. But the last repeat would only be able to be for 3 days should the patient present when the second supply is exhausted, i.e. on the 27th of the month.

- 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 Controlled Drug prescriber (not a dentist or veterinarian) direct 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 prescription cannot exceed one month. 50 This does not apply to midwives. A midwife may only prescribe 1 repeat. 51

### 5.2.4 Controlled Drugs with Prescribing Restrictions

Pseudoephedrine, ephedrine, methylphenidate and dexamfetamine are scheduled as Class B2 Controlled Drugs, and Ministerial Approval is required before these medicines can be prescribed or supplied. Listed below are the circumstances under which approval are considered met. Further information can be found on the Medsafe website: [www.medsafe.govt.nz/profs/riss/restrict.asp](http://www.medsafe.govt.nz/profs/riss/restrict.asp)

#### 5.2.4.1 Pseudoephedrine and Ephedrine

Prescriptions must only be written by medical practitioners registered with the Medical Council of New Zealand under the Health Practitioners Competence Assurance (HPCA) Act 2003. 53

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50 Misuse of Drugs Regulations 1977; 31A (7)
51 Misuse of Drugs Regulations 31A(1)
53 Medicines (Class B controlled drugs) with prescribing restrictions under Regulation 22 of the Misuse of Drugs Regulations 1977, Medsafe 17/7/2014
No other prescriber including veterinarians may write a prescription for ephedrine or pseudoephedrine, unless they have a specific written authority from the Director General of Health.\textsuperscript{54}

5.2.4.2 Prescribing Dexamfetamine

Prescriptions of dexamfetamine \textbf{may only be} written by:

- Medical practitioners with a vocational scope of practice of Paediatrics or Psychiatry, registered with the Medical Council of New Zealand under the Health Practitioners Competence Assurance (HPCA) Act 2003, for the treatment of Attention Deficit and Hyperactivity Disorder (ADHD); or
- Medical practitioners with a vocational scope of practice of Internal Medicine, registered with the Medical Council of New Zealand under the HPCA Act 2003, for the treatment of narcolepsy; or
- Any other medical practitioner registered with the Medical Council of New Zealand (“registered Medical Practitioner”), or Nurse Practitioner practising within their area of practice, when acting on the written recommendation of one of the vocationally registered medical practitioners described above, for the conditions specified.\textsuperscript{55}

5.2.4.3 Prescribing Methylphenidate

Prescriptions of methylphenidate \textbf{may only be} written by:

- Medical practitioners with a vocational scope of practice of Paediatrics or Psychiatry, registered with the Medical Council of New Zealand under the Health Practitioners Competence Assurance (HPCA) Act 2003, for the treatment of Attention Deficit and Hyperactivity Disorder (ADHD); or
- Medical practitioners with a vocational scope of practice of Internal Medicine, registered with the Medical Council of New Zealand under the HPCA Act 2003, for the treatment of narcolepsy; or
- Any other medical practitioner registered with the Medical Council of New Zealand (“registered Medical Practitioner”), or Nurse Practitioner practising within their area of practice, when acting on the written recommendation of one of the vocationally registered medical practitioners described above, for the conditions specified.\textsuperscript{56}
- \textbf{For Palliative Care:} Only medical practitioners with a vocational scope of Palliative Medicine, registered with the Medical Council of New Zealand under the HPCA Act 2003, or a Nurse Practitioner practising within their area of practice, when acting on the written recommendation of one of the vocationally registered medical practitioners described above, for use of palliative care treatment.

\textbf{Note:} No other prescriber type or non-New Zealand registered medical practitioners may legally prescribe or recommend methylphenidate or dexamfetamine.\textsuperscript{57}

Information of the vocational scope of practice for prescribers can be found on the Medical Council of New Zealand website: \url{http://www.mcnz.org.nz}.

\textsuperscript{54} \url{http://www.medsafe.govt.nz/profs/riss/restrict.asp}
\textsuperscript{55} NZ Gazette Notice 2015 760 & 761
\textsuperscript{56} NZ Gazette Notice 2015 760 & 761
\textsuperscript{57} Medicines (Class B controlled drugs) with prescribing restrictions under Regulation 22 of the Misuse of Drugs Regulations 1977, Medsafe 17/7/2014
5.2.4.3 Dispensing Methylphenidate or Dexamfetamine

A prescription written by a GP for methylphenidate or dexamfetamine must be endorsed by a New Zealand registered medical practitioner who has the appropriated vocational scope to prescribe these controlled Drugs. Prescriptions without this endorsement cannot legally be dispensed.

A Pharmacist can endorse the Controlled Drug prescription with the appropriate vocationally registered medical practitioner’s name if they have verification of the correct information either from the prescriber themselves or from the patient’s medication record from a previous prescription. Pharmacists are permitted to accept the endorsements provided on a prescription at “face value” unless there is reason to believe the endorses are incorrect.

The funding of methylphenidate and dexamfetamine is controlled through the Pharmaceutical Schedule published by PHARMAC by the provision of a Special Authority number. The Controlled Drug prescription must be endorsed with the vocationally New Zealand registered medical practitioner’s name, even when a Special Authority number is provided. A valid Special Authority number only means that patient is eligible for funding. Medical practitioners prescribing under written endorsement from a specialist listed are still legally required to endorse this on the prescription. In order to be a legal Controlled Drug prescription, even a non-subsidised prescription (one without a Special Authority number) must be endorsed with the vocationally New Zealand registered practitioner’s name.

5.3 Labelling Requirements

The following should be on the label for a Controlled Drug: 58

- a unique identification number, and the
- name of patient, and the
- name and address of pharmacy, and the
- date of dispensing, and the
- the name and strength of the medication, and the
- the dose and frequency of dose for an internal medicine, or the directions for use for an external medicine.

For the treatment of an animal the label should also contain: 59

- The name of the person in charge of the animal, and
- The words “Not for human use” or “For animal use only”

5.4 Completed Controlled Drug Prescriptions

On the completion of all dispensings from an approved Controlled Drug Prescription triplicate form:

- The top copy (white) is to be retained in the pharmacy for 4 years; 60 and
- The second copy (yellow) and third copy (red) are to be filed in the bundle of prescriptions on the date of initial dispensing, or the bundle of prescriptions on the date of the final dispensing. Whichever filing order system is chosen, filing must be consistent.

58 Misuse of Drugs Regulations 1977; 24 (4)
59 Misuse of Drugs Regulations 1977; 25 (54)
60 Misuse of Drugs Regulations 33 (2)
• If the second and third copies are filed on the day of the final dispensing and a patient does not collect the final repeat dispensing, then the pharmacy is required to refile the second and third copies of the Controlled Drug prescription on the date of the next most recent dispensing, as reflected in the date of dispensing in the electronic claim.

On the completion of all dispensings from an approved barcoded paper NZePS Controlled Drug Prescription form:

• On the completion of all dispensings from an approved barcoded paper NZePS Controlled Drug Prescription form: The form is to be retained in the pharmacy for 4 years.
6.0 SUBSIDY REQUIREMENTS

To be eligible to receive subsidised medication the following requirements must be met.

6.1 Patient Eligibility

In accordance with the Health and Disability Services Eligibility Direction 2011 only eligible people are entitled to receive subsidies for pharmaceuticals in New Zealand. A claim should not be made if the prescription identifies the patient as ineligible.

The Pharmacist is entitled to rely on the prescriber’s information about eligibility unless the Pharmacist knows it to be incorrect.

Further detail on the eligibility criteria in New Zealand is available on the following link, and is summarised below: [http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0](http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0)

The following people are eligible for subsidised pharmaceuticals in New Zealand:

- New Zealand citizens (including those from the Cook Islands, Niue or Tokelau)
- New Zealand permanent residents
- An Australian citizen or permanent resident who has lived, or intends to live, in New Zealand for two years or more
- Work visa holder eligible to be in New Zealand for two years or more
- People aged 17 years or younger, in the care and control of an eligible parent, legal guardian, adopting parent, or person applying to be their legal guardian
- Interim visa holders
- New Zealand Aid Programme student receiving Official Development Assistance (ODA) funding
- Commonwealth scholarship students
- Foreign language teaching assistants
- Refugees and protected persons, applicants and appellants for refugee and protection status, and victims of people trafficking offences

6.1.1 Reciprocal Health Agreements

**Australia**

An Australian resident is eligible if he/she is temporarily visiting New Zealand for up to 2 years AND in the opinion of the provider of medical treatment it is deemed he/she needs immediately necessary medical treatment while in New Zealand OR the Medical Practitioner considers that treatment is clinically necessary for the diagnosis, alleviation, or care of the condition requiring attention.

**United Kingdom**

A United Kingdom (UK) citizen (passport holder) or person with a European Union (EU) passport with **UK citizenship** is eligible for treatment (medical, hospital and related) on the same basis as a New Zealand citizen if he/she:

- is ordinarily resident in the UK (including England, Scotland, Wales, Northern Ireland, the Isle of Man, the Island of Jersey and the Bailiwick of Guernsey, comprising the islands of Guernsey, Alderney, Herm, Jethou and Sark) AND
- is on a temporary stay in New Zealand (a temporary stay would be any stay that was not permanent, and to become permanent they would need to have a residence visa or NZ...
citizenship) AND requires medical treatment which in the opinion of a medical practitioner (or dentist for people 19 years or younger) AND

- needs prompt attention AND
- is for a condition that arose after arrival into New Zealand, OR became, OR without treatment would have become, acutely exacerbated after arrival.

**Note:** Australian and United Kingdom citizens are eligible for a $5 Patient Co-payment (or no Co-payment for a child under 13 years) on their prescriptions while in New Zealand.  

### 6.1.2 Accidents and Personal Injury

People needing treatment for personal injuries can be covered by ACC regardless of their residential status. This includes, e.g. tourists and overseas students, even if they are not eligible for any other funded health services. The person needs to complete a claim form at the time of treatment, and the health service provider decides whether a claim should be lodged. The claim must be accepted by ACC before they will contribute to on-going funding.

**Note:** ACC patients are eligible for a $5 Patient Co-payment (or no Co-payment for a child under 13 years) on their prescriptions while in New Zealand.

### 6.1.3 Other circumstances (refer to the link above for further information)

- Compulsory health services
- Emergency services
- Foreign diplomats and their family
- Immunisations and Well Child services
- Infectious diseases
- Maternity services
- Pregnant women infected with HIV
- Prisoners

### 6.1.4 NHI Number

The National Health Index number (NHI number) is a unique identifier assigned to every person who uses health and disability support services in New Zealand. A person’s NHI number is stored on the National Health Index (NHI) along with that person’s demographic details.

A patient does not need to be a New Zealand resident to be entitled to a NHI number. The patient will be registered as a non-resident until documentation is sighted by the person applying for the NHI number to prove the patient’s residency status.

**Having an NHI does NOT mean the person is eligible for subsidised medical and pharmaceutical benefits (refer to the Definition of Eligible Person).**

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57 Misuse of Drugs Regulations 1977; 24 (4)
61 Ministry of Health Pharmaceutical Co-payments  
The NHI number is a mandatory field when registering a patient for the following services: ARRC, CRC, LTC, CPAMs, CDOS, or Clozapine.

Where a prescription form is presented with an NHI number which is different from the NHI number already held for that Service User, then the NHI number on the presented prescription form should be used unless it is known to be incorrect, in which event the correct NHI number for that Service User should be used.\(^63\)

An NHI number is not needed if the patient is not eligible to receive subsidised medicines.

### 6.1.5 Date of Birth

Date of Birth is a mandatory field when registering a patient for ARRC, CRC Services and the LTC Service.

**Note:** Date of birth is a mandatory legal requirement on prescriptions for children:
- For Prescription Medicines for a child under the age of 13 years.\(^64\)
- For Class B Controlled Drugs the date of birth and age of a child under 12 years must be set out in years and months.\(^65\)

### 6.1.6 ARRC

Before dispensing to an ARRC patient, a check must be made that the patient is a permanent resident in a residential care facility as listed on the Ministry of Health website: [http://www.health.govt.nz/your-health/certified-providers/aged-care](http://www.health.govt.nz/your-health/certified-providers/aged-care)

If patient is a permanent resident of the facility then the dispensing must be recorded as such (i.e. tick the ARRC flag in the PhMS).

### 6.1.7 CRC

The following details are required when registering a patient for CRC Services:
- Patient details: Name, NHI, Date of birth
- CRC Provider details: Name, Address.

### 6.2 Approved Prescriber for A4/J4 Prescriptions

The prescriber must be an “Approved Prescriber” for the patient to receive lower co-payment prescriptions. An Approved Prescriber refers to one who issues a prescription in the following circumstances:
- The prescriber is employed by a DHB (e.g. Public Hospital or community-based service);
- The prescriber is subcontracted to a PHO;
- The prescriber is employed by an After Hours provider with a service agreement with a DHB or a PHO;
- The prescriber is providing a fully publicly-funded service under a Section 88 notice alone (i.e. a midwife under the Maternity Notice).

It does NOT include:

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\(^{63}\) CPSA Clause 6.1 (l)
\(^{64}\) Medicines Regulations 1984; 41 (d) (2)
\(^{65}\) Misuse of Drugs Regulations 1977; 29 (4) (f)
• Prescribers providing completely privately-funded services;
• Prescribers providing services under a Section 88 notice alone that are not solely publicly-funded (i.e. a specialist under a Maternity Notice, a practitioner or specialist under the General Practitioners Notice or a Specialist Notice).

6.3 Prescriber Details

In every claim, the pharmacy must include the prescriber’s health group code (e.g. NZMC) and registration number (Prescriber Identifier) if it is either listed on the prescription or otherwise known to the pharmacy, i.e.:
- Medical Council of New Zealand number
- Nursing Council of New Zealand number
- Midwifery Council of New Zealand number
- Dental Council of New Zealand number
- Pharmacy Council of New Zealand number
- Other registration number, as applicable

The Prescriber Identifier must match the identity of the prescriber signing the prescription. This information is also used by registration authorities who are required to monitor and audit the prescribing behaviour of their members.

Any claim (excluding supply orders and brand switch fees) submitted with less than 90% of health professional group codes and registration numbers will be rejected for payment.

If a prescription is received without a Prescriber Identifier and the pharmacy is unable to determine the correct identifier of the prescriber, in order to ensure that the prescriber is eligible to prescribe the pharmaceuticals the registration number can be obtained from either the prescriber directly or their professional organisations.

6.4 Health Entitlement Cards

6.4.1 Community Services Cards

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

If a person qualifies for a CSC, he/she will receive an individual card. If the person is married (that is, legally married or living with someone in a relationship which is similar to marriage) both patients will have their own card. Either card can be used to cover dependent children.

People who qualify for NZ Super or a Veteran’s Card and are eligible for a CSC will have the CSC entitlement noted on their Supergold or Veteran’s Card.


6.4.2 High Use Health Cards

High Use Health Card (HUHC) applications are made by a Medical Practitioner on behalf of his/her patient. HUHCs 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 HUHC is issued to an individual and not a family.
6.4.3 Veterans
Veterans are able to receive a Disablement Pension which fully funds medical care for disabilities that have been accepted as being attributable to, or aggravated by, their service.

Veterans with a Disability Pension are issued with a War Pension Treatment Card, which lists the disabilities that War Pensions will fund (any pharmaceuticals provided for a disability not listed on the War Pension Treatment Card, will not be paid for.)

This funding covers:
- the Prescription Co-payment(s),
- premiums for non-fully subsidised medicines,
- any non-subsidised medicine costs (note: some non-subsidised medication will require Case Manager approval).
- blister packaging

If the pharmacist is unsure if a new medicine or service is covered, telephone the Veterans Affairs Helpdesk on 0800 483 8372. [http://www.veteransaffairs.mil.nz/contact-us-html/](http://www.veteransaffairs.mil.nz/contact-us-html/)

### Veteran Procedures

The Veteran can pay for the Prescription Co-payment(s) + any Premiums + non-subsidised costs, or the pharmacy can send an account to:
- Veterans Affairs
  - P O Box 9448
  - Hamilton 3240,OR

An invoice can be sent via email to vanzaccounts@nzdf.mil.nz. The invoice must include the following information:
- the Veteran’s name,
- their Veteran ID Number,
- a copy of their Prescription Receipt.

(**Note:** if this is the first invoice sent to Veterans Affairs please include the pharmacy’s verified bank details)

6.4.4 Pharmaceutical Subsidy Cards

A Pharmaceutical Subsidy Card (PSC) – also known as a Prescription Subsidy Card - entitles a family unit to an exemption from paying the co-payment towards their publicly funded medicines. A family unit (refer below) is entitled to receive a PSC once the family has paid co-payments towards 20 initial subsidised dispensings. Each dispensing should be recorded on either the patient’s Prescription Record Card or against the individual’s medication history.

A medicine is not eligible for inclusion on the PSC item count if the patient does not pay a co-payment towards a prescription item (Part H clause H4.4 (d) in the CPSA).

**Patient Charges links**


**Definitions related to Pharmaceutical Subsidy Cards**

As per the Health Entitlement Cards Regulations, 1993: Part 3 – Pharmaceutical Subsidy Cards:

**Family Unit** means – as described in Section 22(1):

- 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.

**Married or partnered** means:

- being married to a spouse (subject to regulations 3(b) and 22(2)); or
- being in a civil union with a civil union partner; or
- any man and woman who, not being legally married or in a civil union, who have entered into a relationship in the nature of marriage.

**Child** means:

- A single person under the age of 18 years, other than a person who is
  - aged 16 or 17 years; and
  - is financially independent

**Dependent Child** means:

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.

**Note** that in a shared care arrangement a child can be a member of more than one Family Unit.

### 6.4.5 No Co-payments

Patient Co-payments are not required for the following situations and therefore do not count towards the PSC item count:

- Subsidised Class B Controlled Drugs, except methylphenidate hydrochloride or dexamfetamine sulphate.
- Buprenorphine with naloxone sublingual tablets.
- Children aged under thirteen years.
- Patients enrolled with the Hokianga Health Enterprise Trust.
- Antituberculotic (TB) prescription items.
• Antileprotic prescription items.
• Patients receiving antibiotics through the Rheumatic Fever Prevention Programme Sore Throat Management Service.
• Repeat supplies if the full co-payment has been made on previous dispensings.
• Prescription items that are not subsidised.
• Medicines for approved Templeton patients who were residents at the Templeton Centre, Christchurch at the time of its closure.
• If the patient specifically requests a change to a brand which is not listed in the Pharmaceutical Schedule where there is an alternative subsidised brand available.
• Any other pharmaceuticals listed from time to time in the Pharmaceutical Schedule with no co-payment payable.
• Prescriptions for prisoners.
• Replacement dispensing due to recall.

6.4.6 Procedure for Issuing a Pharmaceutical Subsidy Card

**Prescription Subsidy Card Procedure**
The pharmacy management software system (PhMS) must maintain accurate links to the prescriptions of the family unit members, where known. These links may be audited.

- The PSC period is from 1 February in any year until 31 January of the next year.
- Once a family unit has received 20 initial dispensings, which have attracted co-payment, of subsidised pharmaceuticals in the year commencing 1 February to 31 January, the family must be issued with a PSC by the pharmacy.
- The 20 prescriptions recorded may have been dispensed by any number of pharmacies. Prescriptions from another pharmacy must be able to be verified by a printout or receipt from the dispensing pharmacy.
- All people noted on the Pharmaceutical Subsidy Card are exempt from co-payment charges until that card expires.
- When issuing a Prescription Subsidy Card:
  - The PSC must contain the names of the family members eligible to use the card, the name of the issuing pharmacy, and must be signed by the issuing Pharmacist.
  - A record of the number of items from all involved pharmacies should be retained by the issuing pharmacy.
  - A duplicate card should not be issued under ordinary circumstances.
  - A photocopy of the PSC 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.
  - Retain the signed Exemption Certificate until the 31st of January of the following year.
- A member of a family unit can request to see a copy of the number of items dispensed on the Family Prescription Record of the PSC.
- The pharmacy will be provided with a supply of blank PSCs for each period by Wickliffe Ltd on behalf of Ministry of Health. Additional supplies are available from Wickliffe Ltd (Re-order Number 74077).
6.4.7 Prescription Count Service

The Ministry of Health provides a basic search service to assist pharmacies in determining eligibility for a Prescription Subsidy Card (PSC). The search service will enable a pharmacy to get a count of qualifying dispensings for one or more NHIs. It will include items dispensed by a pharmacy other than their own. The service will not adjudicate regarding the entitlement to a PSC for a person or family. Pharmacies will assess entitlement as they do today and PSC cards will continue to be issued. The PSC card number will be available on the search results for an NHI where the PSC number has been submitted electronically with the Batch Claim.

The PSC Search Service is provided by the Ministry of Health, not the PhMS vendor. The PhMS vendors are not responsible for the prescription count information provided by the service, nor for the Prescription Card Subsidy scheme. Contact Sector Operations with any queries regarding the prescription counts.

6.5 The Dispensing Date

The date of dispensing must be recorded on all prescriptions for which a subsidy is claimed and must be the same as, or later than, the prescribing date. This record must be stamped, legible hand-written or recorded on the third-part label. The date of dispensing on the prescription, including that on the third-part label, must be the same as the date of dispensing in the computer record.

There is only one consistently recorded date in the current dispensing process - the date on which the prescription is entered into the pharmacy management system (PhMS).

A claim for payment cannot be made until the dispensing process is complete. The process is complete, when the Pharmacist provides the patient, the patient’s caregiver, or a prescriber, with a prescription item following a prescription or order. It includes all the steps that occur from receipt of the prescription or order at the pharmacy to the prescription item being collected by, or delivered to, the patient or the patient’s caregiver or prescriber.

Uncollected medicines must be deferred and not included in any claim.

The Pharmacist must not re-dispense any medicine for which a claim has been submitted.

6.6 Deferred Prescription Items

A deferred prescription item is an item on the prescription which has been fully processed through the PhMS and which may or may not have been dispensed to the patient, yet is not able to be claimed for (see potential reasons below). This involves marking an item as deferred in the pharmacy PhMS in order to exclude it from the current claim file.

Potential Reasons for deferring a prescription are:

a) Prescription items may only be claimed for payment once they have been dispensed to the patient (clause H9.1 in the CPSA) so if the patient has not yet collected their medicine the pharmacy is not able to claim for it.

b) Items may also be deferred for administrative reasons (e.g. waiting for the return of a signed prescription following a telephone order, or waiting for the original of a faxed prescription) and the claim may not be made until the prescription is valid. The deferred item is excluded.
from any claims submitted to the Ministry of Health for payment until the prescription is validated.

6.7 Facsimile (fax)/Telephone/Pharmacy-generated Prescriptions

Regulation 40A (2) of the Medicines Regulations 1984 states:

“Within 7 days after a communication made by an authorised prescriber or veterinarian to a pharmacist, the authorised prescriber or veterinarian must forward to the Pharmacist a written prescription confirming the oral communication.”

A fax signature on a prescription is not acceptable as a legal signature. The original prescription must be obtained or the prescriber can indelibly sign the faxed copy. Note that if the original prescription has been created using an approved electronic system (i.e. NZePS) and includes a barcode generated by that system and the prescribers usual signature, then the faxed copy may be accepted for claiming purposes providing that the barcode is scanned (or the number entered manually if required) to ensure that the prescription is protected from unauthorised alteration or multiple use. (See Section 4.2.2). Note that this exemption for obtaining the original does not apply to prescriptions for Class B Controlled Drugs.

If the original prescription (or the faxed copy signed by the prescriber as above) has not been received by the pharmacy within 4 weeks of the date of the original dispensing, reimbursement can be claimed. However a valid prescription or annotated Certified True Copy must be submitted with the Claim Period Batch when it is sent to the Ministry of Health 5 months after the claim date.

If no signed prescription is submitted with the batch then the pharmacy must refund any money previously claimed in respect of this claimed item by crediting the amount against its next claim(s).

In circumstances where the pharmacy is sent the original prescription, filing both copies in the appropriate date of dispensing bundle is acceptable and best practice, provided the fax copy and original prescription:

- are correctly matched, and
- are securely fastened to one another.

If the prescribing 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 must be stapled together, and the date annotated by the Pharmacist to explain the discrepancy between the prescribing date and the date of dispensing.

6.8 Endorsements

An endorsement is text written on a prescription by a prescriber. The Pharmaceutical Schedule defines these endorsement requirements, which may vary from time to time.

Where an endorsement has been altered or added to by the pharmacy, it must be initialled by the prescriber, unless the Pharmaceutical Schedule permits the Pharmacist to annotate endorsements.

Where an endorsement is required on a prescription it must be:

a) Hand-written, or computer generated on the prescription by the prescriber; or
b) Initialled by the prescriber (where it is not hand-written, or computer generated by the prescriber, and where it is specified in the Pharmaceutical Schedule); or
c) Initialled by the prescriber where it has been altered or added to by the Pharmacist, unless the Pharmaceutical Schedule permits the Pharmacist to annotate the endorsement themselves. Where the Specialist’s name and/or year of endorsement, Special Authority Number, or NPPA Number are omitted from a prescription, and that information is already in that Patient’s Medication Record from a previous prescription, provided it is valid the Pharmacist is able to copy the information from the Patient Medication Record, and does not need to return the prescription to the prescriber to initial.

6.9 Specialist Recommendation

A “Specialist” for subsidy purposes is defined in the Pharmaceutical Schedule, Section A, Part 1, Interpretations and Definitions.

Prescriptions originating from DHB hospitals on DHB stationery for “Specialist” prescription items (that is, Retail Pharmacy-Specialist and Hospital Pharmacy-Specialist) are deemed to have been prescribed by an appropriate Specialist or authorised prescriber employed within the hospital, irrespective of the status of the medical practitioner signing the prescription.

Note: Only prescriptions written by a medical practitioner in the hospital are eligible for a subsidy under this Pharmaceutical Schedule Rule. Other prescriber types (e.g. midwife, nurse practitioner, and dentist) must include the name of the recommending Specialist for the patient to receive the corresponding subsidy.

This rule 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.

6.10 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 Pharmaceutical Schedule.

Clinicians submit applications for Special Authorities on behalf of their patients to Sector Operations. If a Special Authority application is approved, this is added to the claim for payment.

A Special Authority number entitles patients who comply with the relevant criteria to one of the following:

- A subsidy on pharmaceuticals or special foods;
- Payment using the manufacturer’s price, in cases where a premium would otherwise be payable. The entitlement to a full subsidy continues following an increase in price;
- 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;
- Waive a restriction that would otherwise apply, such as a maximum quantity per prescription.
Special Authority approvals are not granted retrospectively. A Special Authority, including a renewal for a previous Special Authority number, is only valid from the date a valid application is received by Sector Operations.

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

6.10.1 Obtaining Special Authority Information

Special Authority information can be obtained from:

1. The online Special Authority Look-up System. Online access is available 24 hours per day, seven days per week (unless an outage is notified by email to you from Sector Operations).
2. The National Contact Centre on 0800 243 666. The National Contact Centre is available from 8am – 5pm Monday to Friday with the exception of Wednesdays when the hours are 9:30am – 5pm.

When calling the National Contact Centre, before any information will be given, the pharmacy’s claimant number must be provided.

If staff at the National Contact Centre cannot identify the pharmacy, they will ask for the query to be forwarded by fax to 0800 100 131. Sector Operations will then contact the pharmacy to discuss the query.

To clarify the expiry date of a Special Authority approval the Pharmacist should quote the approval number, or the patient’s name and NHI number (if known).
Special Authority Procedure

Before an initial dispensing of a medicine with a Special Authority it is *strongly recommended* that the pharmacy verifies that the approval is still current:

1. Check the expiry date of the Special Authority (the expiry date forms part of the Special Authority number), e.g. the approval number is CHEM1234567890/Jan16. 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).
2. Dispense the medication either with a valid Special Authority number, or at a charge to the patient, or as an ethical supply.

Each item submitted with a Special Authority number for payment is validated by the claim system to ensure that:

1. The Special Authority number exists and covers the medicine prescribed, and
2. The dispensing date is within the Effective and Expiry Dates recorded on the Special Authority

Any claim unable to be validated will be rejected. The Error Code Booklet can assist with understanding this (see Section 3.3, Rejected Items).

If the problem cannot be corrected (e.g. a Special Authority application has not been submitted by the prescriber, or the information as supplied cannot be validated) contact Sector Operations on 0800 243 666, and advise that the correct procedures have been followed, but a correct number has not been available. After a review of the circumstances Sector Operations will provide a Risk Number (refer below) which is added to the claim and resent/resubmitted.

Options if there is a delay in receiving a Special Authority Approval

There could be a delay issuing a Special Authority when:

- An application has not been submitted by the prescriber.
- Sector Operations has returned a Special Authority application to the prescriber for correction.
- Staff at Sector Operations are unable to contact anyone to ascertain the correct information.

The following options are available when a Special Authority has not been issued:

a) *Delay the supply of the medicine*. If the patient is not at risk you could delay the supply of the medicine until the Special Authority is approved.

b) *Dispense a small unsubsidised quantity of medicine*. It is permitted to split the prescription item and supply enough medication to the patient until the Special Authority is approved. When approved, the balance of the script can be processed as a subsidised prescription (not to exceed in total the original prescribed amount). Dispense the balance of the prescription using a new unique prescription number.

c) *Supply the medicine as an ‘ethical supply’*. If the patient will be at serious risk without the medicine, the Pharmacist can supply the medicine as an ‘ethical supply’ and contact Sector Operations for a Risk Number to cover the dispensing made in good faith (see Section 6.10.3 Risk Number Procedure).
6.10.2 Rejected Special Authority Claim Items

Take the following steps if a claim item submitted with a Special Authority Number has been rejected for payment:

1. Use the Error Code Booklet to understand the reason for the rejection (see Section 3.3, Rejected Items), and
2. Use the online Special Authority Look-up system to verify whether the patient has a valid Special Authority; or
3. Contact Sector Operations on 0800 243 666 to enquire about the validity of the patient’s Special Authority; or
4. Contact the prescriber.

If the Special Authority information has been incorrectly recorded on the prescription, the correct information should be added and the claim item edited to include the correct information, and resent/resubmitted in the next batch claim for payment.

Note: The Special Authority Number is effective from the date Sector Operations has received a correct Special Authority application.

6.10.3 Risk Number Procedure

Sector Operations may issue a pharmacy with a Risk Number for a single prescription item when:

a) a claim item has been rejected for payment because the Special Authority information supplied on a prescription is incorrect; or
b) the pharmacy has dispensed an ‘ethical supply’.

When a Risk Number is issued, the approval covers the life of the prescription item. The Risk Number can be submitted for the rejected claim item and resent/resubmitted in the next claim.

Note: “Ethical supply” dispensings are not expected to be a frequent occurrence. The supply should only be enough to get the patient through until the Special Authority Number can be obtained, or while the clinician is contacted to submit an application. This process is only to be used as a last resort to protect patients that would be adversely affected from not receiving their medication.

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**Risk Number Procedure**

After a review of the circumstances Sector Operations may approve a Risk Number. This number is added to the claim item and resent/resubmitted in the next claim for payment.

A Risk Number to cover ethical supply will only be issued where:

- a prescription item has been rejected for payment because an incorrect Special Authority Number is recorded on a prescription, or
- the incorrect expiry date (or no expiry date) has been recorded on the prescription, but the medicine has been dispensed in good faith that the expiry date was correct, or
- the prescriber could not be contacted in advance of the patient needing their medication, or
- the prescription was presented at a time when:
  - the online Special Authority Look-up System was unavailable, e.g. a notification from Sector Operations had been received about an outage,
  - it was outside the Sector Operations Contact Centre hours and the patient could not wait to receive their medication, or
• The patient was at serious risk without their medication, such as a life-threatening condition or imminent hospitalisation. Examples of a life threatening circumstance are when a patient has a hyperglycaemic event and the appropriate insulin is not available, or a patient is at risk of a kidney graft rejection without the immediate availability of immunosuppressants.

Note: “Ethical supply” does not cover medicines where it is unlikely there would be a serious deterioration in a patient’s condition due to a delay in not receiving the medicine.

Note: Any additions or changes to the Special Authority information on a prescription must be initialled and dated by the Pharmacist.

6.10.4 Types of Special Authority Approvals

There are different types of Special Authority approvals. The Special Authority prefix can be used to identify the type of Special Authority that has been approved for a patient. The following table provides a description of each type of Special Authority:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>SA Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEM</td>
<td>Special Authority</td>
<td>Allows patients to receive Special Authority medicines through a community pharmacy.</td>
</tr>
<tr>
<td>EXCP</td>
<td>Named Patient Pharmaceutical Assessment</td>
<td>Allows a pharmacy to claim the full cost of the pharmaceutical dispensed. The application criteria are defined in the Pharmaceutical Schedule.</td>
</tr>
<tr>
<td>RISK</td>
<td>Risk Number</td>
<td>Available where a pharmacy has made a dispensing in good faith or if the patient has a life threatening condition.</td>
</tr>
<tr>
<td>TEMP</td>
<td>Templeton</td>
<td>Enables a full subsidy for patients who were residents at the Templeton Centre at the time of closure.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A Templeton Approval covers any medicine required by the patient.</td>
</tr>
</tbody>
</table>

6.11 Named Patient Pharmaceutical Assessment (NPPA)

NPPA provides a mechanism for prescribers to apply for funding for medicines not listed in the Pharmaceutical Schedule (either at all or for their clinical circumstances). The NPPA Policy, which includes the prerequisite requirements and criteria for funding, is available on the PHARMAC website.

People approved for Exceptional Circumstances funding prior to 1 March 2012 will continue to receive medicines funding and be considered for renewal funding (where applicable) according to the Exceptional Circumstances criteria under which funding was initially granted.

6.11.1 Reimbursement for NPPA funded medicines

NPPA Services A

If the NPPA funded medicine is listed on the Pharmaceutical Schedule, the pharmacy will be reimbursed with a multiplier on the Handling Fee as per NPPA Services A (PUC PH1004) in the CPSA.

NPPA Services B

If the NPPA funded medicine is NOT listed on the Pharmaceutical Schedule, the pharmacy will be reimbursed with a multiplier on the Handling Fee as per NPPA Services B (PUC PH1005) in the CPSA.

Note: Refer to CPSA (Schedule H1, Payment Terms) for the full payment calculation.

Further information can be obtained from the PHARMAC website and the CPSA.
6.12 Unique Prescription Numbers

The following numbering system applies to all prescriptions and supply orders:

- Prescription numbers follow the following format: 123456789/number suffix.
- The appropriate prescription suffix is included on 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 repeats are prescribed, the suffix is ‘1’.
- Each subsequent dispensing of a repeat on a prescription has the next consecutive number as its suffix.

The prescription number from the third part label is required to be placed next to the relevant prescription item on the original prescription, where possible.

If working from a faxed or telephoned copy, place the third part label on the copy, and then staple this to the original prescription when it is received.

Note: Prescription numbers are required on labelling for compliance packaged items.

6.13 Annocations

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. Any annotation made should be in a different coloured pen to that used by the prescriber.

Prescriptions should be annotated:

- Where it is required by legislation; or
- Where it is necessary for clarification or is specified in the CPSA or this Manual; or
- Where it is required for subsidy, including those outlined in the CPSA or Pharmaceutical Schedule, e.g. Cost Brand Source, Multiple-Patients; or
- Where there is no Patient Category code on the prescription, or when it is known to be an error in the code (refer to the table in Section 9.)

Changes made to the Patient Category code by the Pharmacist must be initialled and reflected in the electronic claim file. Attaching the third part label showing the Patient Category Code alongside each item fulfils this annotation requirement.

Pharmacists may annotate prescriptions with clarifications to:

- Dosage; and/or
- Strength; and/or
- Quantity; and/or
- Brand (the Pharmacist may only annotate a change of brand subject to the substitution rules contained in the Medicines Regulations 1984, Regulation 42 (4)).

Points to Note:

1. When dispensing a subsidised alternative brand, the Pharmacist must annotate and sign the prescription and inform the patient of the brand change (see Section 6.16, Substitution).

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66 Medicines Regulations 1984; Regulation 42 (4) (e) (f)
2. A Pharmacist may annotate an endorsement required for subsidy within the Pharmaceutical Schedule only where the Pharmaceutical Schedule specifically permits the Pharmacist to annotate the endorsement. All other endorsements must be hand-written or computer generated by the prescriber or, where it has been altered or added by the Pharmacist, initialed by the prescriber.

3. Where a Specialist recommendation is required for subsidy on a prescription or PSO the Pharmacist may annotate the prescription or PSO, following verbal confirmation from the prescriber, with the name of the Specialist and date of recommendation. The Pharmacist must also annotate the prescription with the words “Confirmed by [practitioner’s name]”. Where the Pharmacist has an electronic record of such a valid Specialist recommendation from a previous prescription for the same community pharmaceutical written by a prescriber for the same patient, the Pharmacist may annotate the prescription accordingly.

6.14 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. Alternatively, a change in presentation of medicine (e.g. from tablets to mixtures) is deemed appropriate as long as both the individual dose and total daily dose is not altered.

The patient will receive the same dose of medicine in the following example. 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:

- the Prescription reads “500 mg, one tablet per day, 30” and the Pharmacist dispenses “250 mg tablets, two tablets per day, 60”.

For any alteration made by the Pharmacist to the quantity dispensed, if there is additional cost to the DHB, the Pharmacist must annotate and sign the reason for the change.

In cases where PHARMAC has approved and notified in writing a change in dispensing of a named pharmaceutical due to an out of stock event or short supply, the Pharmacist must annotate and initial the alteration. In this case, the prescription does not need to be returned to the prescriber for endorsement.

6.15 Alteration to the Presentation of a Pharmaceutical Dispensed

When dispensing a subsidised community pharmaceutical, the Pharmacist may alter the presentation of a pharmaceutical dispensed to another subsidised presentation without requiring a signature from the prescriber. The Pharmacist cannot however alter the dose, frequency, and/or the total daily dose. The change in presentation may only occur when it is not practicable for the Pharmacist to dispense the requested presentation. If the change will result in additional cost to the DHB, then the Pharmacist must annotate the reason for the change on the prescription and initial the change for the purpose of Audit.

For clarity: The Pharmacist may not alter the dose, frequency and/or the total daily dose without sending the altered prescription to the prescriber to be endorsed.
6.16 Substitution

Where a prescriber has prescribed a brand of a community pharmaceutical that has no subsidy, or has a manufacturer’s price that is greater than the subsidy, or is no longer available in New Zealand, and there is an alternative fully subsidised community pharmaceutical available with the same active ingredient/ingredients and no other active ingredients, a Pharmacist may dispense the fully subsidised community pharmaceutical, unless either or both of the following circumstances apply:

a) there is a clinical reason why substitution should not occur; or
b) the prescriber has marked the prescription with a statement such as “No brand substitution permitted”

The substituted medicine must be in the same dose form and strength as the prescribed brand.

When dispensing a subsidised alternative brand, the Pharmacist must annotate the brand substitution on the prescription (i.e. the brand used), sign and date the prescription, and inform the patient of the brand change.

6.17 Cost, Brand, Source (CBS)

Where CBS is required for a medicine listed in the Pharmaceutical Schedule, or if the item is a NPPA medicine not listed in the Pharmaceutical Schedule (as described in the CPSA as NPPA Services B), the medicine is eligible for subsidy on the basis of the Pharmacist’s annotation of purchase price, brand and source of supply.

The purchase price should be GST exclusive. The Pharmaceutical Schedule requires that the purchase price, brand, and source of supply be annotated. A copy of the invoice for the purchase of the pharmaceutical should be attached to the prescription in order to be eligible for the subsidy.

Notes:
- Items are calculated for payment using the CBS price submitted.
- For items not listed in the Pharmaceutical Schedule, the CBS price should include any procurement costs, if applicable. For items listed in the Pharmaceutical Schedule, the price should be submitted less all mark-ups.
- The price paid is for each pack even when the whole pack is not used.
- The details of the purchase may be subject to audit and all receipts of purchase must be kept and available in case it is requested at audit.

6.18 Holding or Splitting a Prescription

A “split script” or “held script” is where items on a single prescription are processed and dispensed on different days. The decision to “split” or “hold” a prescription is made before processing and may be due, but is not limited to:

a) the patient advising he/she is unable to afford, or does not require all of the items on a prescription at that time; or
b) the pharmacy holding items in order to allow for synchronisation.

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67 Medicines Regulations 1984: Regulation 42 (4)
When a prescription is “split” or “held”, the subsequent items dispensed will have a different date of dispensing compared to the initial item dispensed. A Certified True Copy of the prescription must be made to ensure there is an original prescription filed for each dispensing (see Section 6.29, Certified True Copy).

A prescription produced via NZePS may be “split” by unselecting the items that are not required once the barcode has been scanned. A Certified True Copy of the hard copy is still required.

Items on a Controlled Drug prescription may have different start date i.e. they may be “split”, however all dispensing’s must be recorded on the original prescription. While each item may be started on a different date, refer to the table in Section 5.1 to ensure that the date of the first dispensing (i.e. the time it is “held” for) is within the timeframe specified for that prescriber. All dispensings of Controlled Drugs must be annotated on the original triplicate prescription (no Certified True Copies) - (see Section 6.29, Certified True Copy).

6.19 Owings

6.19.1 General Requirements

**Prescription Item Owing Procedure**

- The Pharmacist must consult with the patient to achieve a mutually acceptable arrangement when it is not possible to dispense a medicine fully as prescribed.
- 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 patient’s record in the pharmacy management system (PhMS), or in an “owes” file, AND on the prescription specifying the quantity of the medicine dispensed and the quantity of the medicine owing.
- The patient must be provided with written information on the quantity of medicine owed and the timeframe for collection for the owed prescription item where the availability is known (e.g. could be out of stock).
- The owed prescription items must be collected or delivered within the period of supply on the prescription.

Payment will only be made for any owed prescription items when supplied to the patient or his/her caregiver. No Service or Handling Fees will be paid for these owed balances.

**6.19.2 Controlled Drug Owings**

If stock of a Controlled Drug is unavailable and prevents the full amount from being dispensed, the first dispensing (for the supply of Class B Controlled Drugs only) can be claimed as two dispensings. This split dispensing includes instances where both dispensings are supplied on the same day. Subsequent repeats where insufficient stock is available must be claimed as one repeat and an “owe”.

**Owe/Out of Stock Dispensing for Class B Controlled Drugs Procedure**

1. Claim for the first supply as an initial dispensing.
2. The second dispensing (i.e. the owe) should be claimed as a repeat dispensing.
3. Separate entries must be made on the Controlled Drug Prescription and in the Controlled Drug Register of the quantities and dates of the dispensing for both supplies.
6.20 Repeat Supplies

6.20.1 Repeats

Repeats can be dispensed when:

a) the Pharmacist has previously dispensed an initial dispensing from a prescription and repeat items are permitted in accordance with the Pharmaceutical Schedule; and

b) the patient or his/her caregiver has a specific request for a repeat; and

c) the Pharmacist can reasonably assume that the supply has been exhausted or substantially exhausted, including any previous prescriptions and repeats dispensed by that pharmacy, or for a reason otherwise known to the Pharmacist (e.g. the patient is travelling and signs the Access Exemption Declaration), OR

d) Where PHARMAC advises that, to manage stock supply issues, the Pharmacist may dispense more frequently than the Pharmaceutical Schedule would normally allow.

As a general rule, for a pharmaceutical subsidy to apply, “substantially exhausted” means that either two thirds of the supply period has elapsed since the previous dispensing or two thirds 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 earlier supply is made in these circumstances, the reason for the early supply must be annotated on the prescription or Certified Repeat Copy (CRC see Section 6.19.2) for the patient to be eligible for a subsidy.

The pharmacy responsible for any initial dispensing on a prescription must remain available to dispense any authorised repeats requested by the patient and/or his or her caregiver, and the pharmacy may not return the original prescription to the patient.

6.20.2 Certified Repeat Copy (CRC)

A Certified Repeat Copy (CRC) is a computer generated record of a repeat prescription item. A CRC can be used for dispensing a repeat item as an alternative to dispensing from the original prescription.

If not dispensing from the original prescription, a CRC must be generated when repeats are different to what has been prescribed at the first dispensing. This difference can occur when two repeats are dispensed stat.

The CRC form must be filed in the date of dispensing bundle on the date of the repeat dispensing. A CRC does not need to be sent with the Claim Period batch to the Ministry of Health if it does not differ from the original prescription (see Section 3.2, Batch Delivery Instructions).

However, if not sent in with the whole Claim Period batch, the CRC must be filed and retained in the pharmacy for three years.

6.21 Original Pack Dispensing

<table>
<thead>
<tr>
<th>Original Pack Dispensing Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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68 Health (Retention of Health Information) Regulations 1996; Regulation 5
For Example. Collapsible Tube (if defined as ‘OP’ in the Pharmaceutical Schedule): Locoid Lipocream 15g. Even though the prescription only calls for 15g, the Pharmacist can claim 1OP or 30g. If the Locoid Lipocream prescription had called for 50g, the Pharmacist can claim 2OP or 60g.

6.22 Broken Packs

Where a Pharmacist dispenses a part pack of a proprietary product, the 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 Pharmaceutical Schedule.

For a prescription written for a three-month supply of a pharmaceutical that is supplied in a collapsible tube, only the total quantity required to complete the three-month course will be subsidised. Funding is not provided for one tube per month. However, if the Medicine Data Sheet specifically states the product should be discarded after a period of time, e.g. 30 days, then funding will be provided accordingly. This must be annotated by the Pharmacist on the prescription.

To clarify: Ovestin vaginal cream has no requirement to be discarded one month after opening. If the prescribed quantity equates to one tube per month then this will be subsidised. In all other circumstances only the quantity which equates to the dosing instructions will be subsidised.

6.23 Oral Antibiotic Liquids

Where a prescriber has written a prescription for a re-constitutable oral liquid antibiotic indicated in the Pharmaceutical Schedule, and the dispensing of which would require the Pharmacist to reconstitute 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 the pack, and in the reasonable opinion of the Pharmacist will not affect the efficacy of the course of treatment.

For Example:
5mL tds for 7 days = 105mL
Dispense 100mL

For Example:
10mL stat, 5mL tds for 7 days = 110mL
Dispense 110mL

The remainder of the oral liquid antibiotic can be claimed as wastage if unused. The Pharmacist must record the quantity discarded and the date it was discarded on the prescription.

6.24 Claiming Wastage

Using the ‘Wastage’ rule in the Pharmaceutical Schedule, pharmacies can claim wastage for certain pharmaceuticals listed. This includes:

- all subsidised unapproved medicines supplied under Section 29 of the Medicines Act 1981, but excluding any medicine listed as Cost, Brand, Source of Supply; or
- any other medicine that PHARMAC determines and is identified within the Pharmaceutical Schedule that ‘Wastage’ is claimable.
A pharmacy should only claim wastage when the remainder of a pack is unlikely to be dispensed in the future. If a patient is on a long term treatment where wastage is claimable, the pharmacy should not claim wastage on every dispensing.

At the time of dispensing the Pharmacist must keep a record of the quantity discarded and the date it was discarded on the prescription.

Wastage should only be claimed where the remainder of a medicine has been discarded, that is, you cannot claim wastage and then use the wastage amount for any subsequent prescription.

**6.25 Liquid Medicine Dilution**

Where the dose of the liquid prescribed is not easily measurable for the patient or caregiver, the Pharmacist may add a compatible diluent to the medicine if satisfied that:

1. such dilution is necessary to adjust the dose to a quantity easily measurable by the patient or by any other person on behalf of the patient; and
2. the addition of that diluent will not injuriously affect the composition of the medicine.  

**6.26 Supply Orders**

6.26.1 Practitioner Supply Orders (PSOs)

Practitioner Supply Orders (PSOs) must be supplied in accordance with “Miscellaneous Provisions” in the Pharmaceutical Schedule.

Any PSO for a drug that is required to be written on a triplicate Controlled Drug form for a patient (i.e. a Class B Controlled Drug) is required to be written on a Controlled Drug PSO form.

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

With the exception of ivermectin, BSOs and PSOs will not be reimbursed where the pharmaceuticals are supplied to the Armed Services or the Department of Corrections (including prisons). Ivermectin tablets are subsidised when prescribed on a PSO for institutional use (age related residential care facilities, disability care facilities or penal institutions only). Up to 100 tablets of Ivermectin will be subsidised on a PSO, which must be endorsed with the name of the institution and a valid Special Authority for a patient of that institution. Ivermectin is also fully subsidised on a BSO where there is a valid Special Authority for a patient of that institution.

6.26.2 Practitioner Supply Orders (PSOs) for the Rheumatic Fever Programme.

PHARMAC has specified the quantities of certain antibiotics that medical practitioners, nurse prescribers, and pharmacist prescribers can order on a Practitioners Supply Order (PSO), if they are taking part in the Rheumatic Fever Prevention Programme (RFPP).

They are ordered on a normal PSO with the following additional requirements:

- the antibiotics must be in course-specific quantities, e.g. 30’s of amoxicillin capsules, 20’s of phenoxymethylpenicillin 500mg caps or erythromycin 400mg tabs, or 100mL bottles of granules of oral antibiotic liquids.

The RFPP provider name (e.g. the clinic providing the service) is written on the PSO.

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69 Medicines Regulations 1984; Regulation 5
70 Pharmaceutical Schedule Section A: General Rules 5.2.6
Dispensing of PSOs for a Rheumatic Fever Prevention Programme

- Check the PSO complies with Pharmaceutical Schedule rules, i.e. only certain antibiotics and specific quantities.
- Process through the PhMS in course-specific amounts, e.g. if 10 x 20 amoxicillin 500mg capsules are ordered then enter each quantity as a separate line and repeat this process 10 times.
- Specific labels are required on each container (see detailed instructions below). Ensure a place is left on the label for the prescriber to write the patient’s name.
- Each container needs to be labelled.
- Antibiotic granules of oral liquids are dispensed in un-reconstituted powder form.

Labelling of Antibiotics for a Rheumatic Fever Prevention Programme

Specific quantity, dose and frequency instructions are required on each label, for example:

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Quantity</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin 250mg caps</td>
<td>30</td>
<td>Take THREE capsules ONCE a DAY for 10 days.</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin 500mg caps</td>
<td>30</td>
<td>Take TWO capsules ONCE a DAY for 10 days.</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin 250mg/5mL &lt;30Kg</td>
<td>200ml</td>
<td>Take 15mL ONCE a DAY for 10 days.</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin 250mg/5mL &gt;30Kg</td>
<td>300ml</td>
<td>Take 20mL ONCE a DAY for 10 days.</td>
<td></td>
</tr>
</tbody>
</table>

Definite or possible anaphylaxis to penicillin or amoxicillin

Erythromycin Ethyl Succinate

Children and adults: 40mg/kg/day in 2-3 divided doses, Maximum adult daily dose 1000mg orally for 10 days

For the un-reconstituted granules:

- Add the Cautionary Advisory information: “Shake the Bottle”, Keep in the fridge” and “Discard any remainder after 10 days”
- Ensure the Cautionary Advisory label does not obscure the reconstituting instructions

Notes:

- For each course-specific amount of antibiotic dispensed, the pharmacy system will claim a service fee according to the CPSA.
- Patients receiving antibiotics through the RFPP sore throat management service will not be charged a co-payment.

6.27 Prescriptions for Multiple Patients

Prescriptions for multiple patients on one prescription form, such as antifungal or scabies treatments, should be treated as separate prescriptions for each patient. All the patient’s names are required on the prescription. Normal co-payment rules will apply for each patient, that is, one co-payment per patient.

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6.28 Bulk/Merged Prescriptions

Where a prescription is generated for multiple ARRC patients, the pharmacy must ensure that:

- The prescriber has initialled beside each patient on the page; and
- Each patient’s NHI number is listed; and
- The name of the ARRC facility is annotated; and
- This statement acknowledging that each patient is under the Prescriber’s care is noted - “I have read and authorised these prescription orders for the above named patients”; and
- Each page has a full prescriber’s signature and date at the bottom of the page.

Due to the requirement for the close association between the pharmacy and prescribers for ARRC patients, only fully completed prescriptions may be claimed. For clarity, the provision for the submission of uncompleted prescriptions in Section 6.6 of the Procedures Manual does NOT apply to ARRC bulk prescriptions.

6.29 Certified True Copy

A Certified True Copy of a prescription is used when:

- the original prescription has been requested by the NZ Police, Medicines Control, a Medical Officer of Health, or the Coroner;
- an item needs to be dispensed by another pharmacy;
- all items on a multi-item prescription are not processed on the same day;
- the patient wishes to retain the prescription when items remain undispensed.

A Certified True Copy of the original prescription should be made by the pharmacy, and is retained and submitted as part of the Claim Period batch in the normal manner. A photocopy of the original prescription is the preferred method of obtaining a copy. However, in special circumstances the Certified True Copy can be handwritten or computer generated and the reason annotated by the Pharmacist.

A Certified True Copy must be annotated with the words: “Certified True Copy” or words of similar meaning, and be signed and dated by a Pharmacist.

Once a Certified True Copy has been created, the original prescription it was taken from cannot be altered. The Certified True Copy must be an exact copy of the original when the original is submitted to the Ministry of Health for claiming.

A Certified True Copy is still required for a prescription produced via NZePS when not all of the items are required to be dispensed at the time of the initial presentation of the prescription, the undispensed lines must also be flagged with the Broker. The copy is needed to meet the requirement for each item in the electronic claim to be supported by an original prescription.

Certified True Copies may NOT be made of controlled drugs prescriptions. All dispensing’s must be recorded on the original prescription. While each item may be started on a different date, refer to the table in Section 5.1 to ensure that the date of the first dispensing is within the timeframe specified for that prescriber.
Certified True Copy Procedure

- The items to be dispensed on the first occasion are dispensed and supplied to the patient as normal and clearly indicated on the original prescription. No words on the original prescription are obscured or obliterated.
- Items that have not been dispensed are clearly identified on the original prescription (e.g. by writing "not dispensed").
- Once the dispensing process is complete for the first occasion and the recording on the prescription is complete a photocopy of the original prescription is made and certified by the Pharmacist as a "Certified True Copy" and the date of the certification is added.
- The certified true copy should only be created once all the relevant information is recorded on the original prescription form (i.e. pharmacy stamp, third part label and required annotations).
- Scenario One: The patient wishes to hold the original prescription:
  - The patient receives the fully annotated original prescription with the dispensed items clearly identified and the original prescription clearly indicates the item(s) dispensed, (e.g. by drawing a line through them and writing "dispensed")
  - The Certified True Copy of the original prescription is filed in the prescription batch in date order as described in Section 3.1. for the day that those initial dispensings were completed.
- Scenario Two: The patient wishes the remainder of the prescription to be placed in the hold file (e.g. a "split" or "held" prescription):
  - Either follow the process described in Scenario One, or
  - The original prescription (fully annotated) is filed in the prescription batch in date order for the day that those initial dispensings were completed.
  - The Certified True Copy of the original prescription is placed in the hold file for future use.
  - When the patient requires an item off the held prescription the Certified True Copy is used as the original prescription and the process begins again, this can continue until all the items are initially dispensed or the prescription expires.
  - At the later date the Certified True Copy is retrieved from the hold file and all relevant information is added to this Certified True Copy relating to the items that have been initially dispensed on that particular day.
  - If further initial dispensings are required then the pharmacy takes a copy of the first Certified True Copy and creates a second Certified True Copy but only after all the relevant information is recorded on the first Certified True Copy (i.e. pharmacy stamp, third part label and required annotations).
  - The first Certified True Copy is then placed in the prescription batch for the day that those initial dispensings were completed and the second Certified True Copy is then filed in the hold file for further initial dispensing(s) to occur at a later date.
6.30 Receipts

The following information is required for each prescription item on the receipt:

- a. The patient’s name
- b. Name of the Pharmaceutical(s)
- c. Cost to the patient of each
7.0 REIMBURSEMENT INTERPRETATIONS

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 and the CPSA for the provision of pharmacy services. Where necessary for clarification, the Pharmacist should annotate the prescription.

7.1 Co-payments for Anti-androgen Oral Contraceptives

Prescribers may code prescriptions “contraceptive” (code ‘O’) when used as indicated for contraception. The period of supply may be written for up to 6 months supply.

Prescriptions coded in any other way are subject to patient co-payment prescription charges, and the non-contraceptive period of supply. That is, prescriptions may be written for up to 3 months supply.

*For Example:* Private Specialist prescription for cyproterone acetate with ethinyloestradiol –

- Patient is A3
- Specialist has coded the prescription ‘O’
- Period of supply is 6 months
- Co-payment = $5

Specialist has coded the prescription A3, so not ‘O’

- Period of supply is 3 months - as prescriber has not indicated the prescription is being prescribed as an oral contraceptive.
- Co-payment = $15

7.2 Eye Drops

For most eye drops, if a prescription is written for a 3 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 3 month course. This follows the requirement to discard eye drops 30 days after first opening.

Where the manufacturer states a longer than 30 day expiry date once the eye drops are unsealed, e.g. Poly-Tears™, this data can be used to calculate the number of original packs to dispense.

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:

- 12 drops = 1ml
- 60 drops = 5ml

7.3 Insulin Vials and Cartridges

If a prescription is written for a 3 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 3 month course. This follows the need to discard insulin vials or cartridges 30 days after first opening.

The Pharmacist must annotate the prescription when claiming for quantities in excess of dose and frequency prescribed.
7.4 Mucilaginous Laxatives

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

- One teaspoon = 7 grams
- One dessertspoon = 14 grams
- One tablespoon = 28 grams

7.5 Bronchodilator Asthma Inhalers prescribed PRN

Where a prescription for a bronchodilator inhaler has a “when required” component in the dosing schedule, up to 1,200 doses will be reimbursed per 3 months.

**For Example:** Salbutamol inhaler:
- 2 puffs q2h prn for 3/12
- 2,160 doses (or 11 x 200 dose inhalers)
- Only 6 inhalers will be subsidised

These inhalers should be dispensed in quantities depending upon the patient’s needs.

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

In instances where a quantity larger than 1,200 doses is required and the reason for the extra quantity is annotated on the prescription by the prescriber, the quantity prescribed will be reimbursed.

7.6 Bronchodilator Asthma Inhalers prescribed without PRN

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

**For Example:** Salbutamol inhaler:
- 2 puffs q2h for 3/12
- 2,160 doses (or 11 x 200 dose inhalers)

7.7 Steroid Asthma Inhalers

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

**For Example:** Beclomethasone inhaler
- 100mcg/dose 2-4 puffs prn
- Maximum of 3 inhalers

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.

**For Example:** Beclomethasone inhaler
- 100mcg/dose 2-4 puffs bd increasing to 4 puffs bd prn for 3/12
- Maximum dosage is 720 puffs (or 4 inhalers)
- A maximum of 4 x 200-dose inhalers would be reimbursed on these instructions.

**For Example:** Beclomethasone inhaler
- 100mcg/dose 4 puffs bd increasing to 8 puffs bd prn
- Maximum dosage is 1,440 puffs (or 8 inhalers)
- A maximum of eight 200-dose inhalers would be reimbursed on this prescription.
7.8 Extemporaneously Compounded Preparations (ECP)

An ECP is an extemporaneously compounded preparation that is not available as a proprietary product and is therefore required to be compounded by a Pharmacist or an appropriately qualified Technician. For an ECP to be subsidised under the CPSA, it must contain two or more subsidised component pharmaceuticals listed in the Pharmaceutical Schedule. An ECP does not include reconstitution of antibiotic liquids.  

For further information on which products are eligible for a subsidy, refer to the Pharmaceutical Schedule, Section C Extemporaneously Compounded Products and Galenicals.

7.9 Dispensing Frequency

7.9.1 Dispensing Frequency Rule
Refer to the Pharmaceutical Schedule (Section A, General Rules, Part IV) for the detailed wording on the Dispensing Frequency rule. A summary flowchart is available on this link http://www.pharmac.health.nz/assets/dispensing-frequency-flowchart.pdf and available as Appendix 1 Dispensing Frequency Flowchart [at rear of Procedures Manual].

7.9.2 Certified Exemption by Pharmacists
Where clinically appropriate, in order to enable some prescription items to be dispensed all-at-once, Pharmacists, as well as prescribers, are able to initiate “Certified Exemption” (Pharmaceutical Schedule, Section F: Part II) dispensing. This applies to items listed in the Pharmaceutical Schedule, Section F, Part II and identified within the Pharmaceutical Schedule with an ▲. The patient must be stabilised on the medicine and the Pharmacist or prescriber has reason to believe the patient will continue on the medicine and is compliant. The Pharmacist will need to annotate the prescription with the words “Certified Exemption”.

Refer to Section F of the Pharmaceutical Schedule - Community Pharmaceuticals Dispensing Period Exemptions for the full details.

7.9.3 Brand-Switch Fees
Brand-switch Fees (BSF) are payments to pharmacy by DHBs to recognise the additional counselling required for switching patients between brands of certain medicines. The Pharmaceutical Schedule identifies the medicines and time periods in which medicines are paid a BSF.

One BSF is claimable per patient per medicine. When a patient is on two or more strengths of the same medicine, only one BSF can be claimed. Payment can be claimed via a BSF Pharmacode® specific to each eligible medicine. Claiming is dependent on the dispensary software the pharmacy uses. No co-payment is payable with a BSF and it does not count towards at PSC.

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72 CPSA; Schedule H, Payment Terms
8.0 PHARMACY SERVICES

This section refers to documents and guidelines that describe the protocols and standards that are required to be met for each service.

8.1 Long Term Conditions (LTC)
   LTC Service

8.2 Community Residential Care (CRC) and Co-Dispensed Opioid Service (CDOS)
   CRC and CDOS

8.3 Community Pharmacy Anti-Coagulation Management Service (CPAMS)
   CPAMS

8.3.1 Community Pharmacy Anti-Coagulant Management Services (CPAMS)
   Service Requirements

Refer to:
   a) Community Pharmacy Anti-Coagulation Management Services – Service Specification in Schedule C1 of the CPSA.
   b) CPAMS Standing Orders.
   c) Standard Operating Procedure for CPAMS.

The latest versions of these documents can be found on:
   http://www.centraltas.co.nz/community-pharmacy/long-term-conditions-service/cpams/

Invoicing

A monthly invoice is sent to Sector Operations. Details are available on:
   http://www.centraltas.co.nz/community-pharmacy/long-term-conditions-service/cpams/

8.4 Opioid Substitution Treatment
   Opioid Substitution

8.5 Clozapine Protocol

Generic protocol is available in the CPSA Schedule C2 but for local variation please contact DHB.

8.6 Community Residential Care (CRC)

Interim Claim Mechanism

1. (Interim) When dispensing, use the ARRC flag in the pharmacy software to identify CRC Pharmacy Service Users.

2. Use the EAR portal to register CRC service users in a monthly electronic return and provide advice on patients entering and exiting the service. The pharmacy can also upload data into a spreadsheet.

Service Requirements

For further information refer to:
   a) Pharmacy Services to Community Residential Care CRC Service Users – Service Specification in Schedule C1 of the CPSA.
   b) Community Residential Care Operational Guideline.
8.7 Supply of Bronchodilators to Schools

The supply of bronchodilators to schools is not funded therefore the details regarding this process are not covered in this document. For further information refer to the Pharmacy Practice Handbook, available on the Pharmaceutical Society of New Zealand website. www.psnz.org.nz

8.8 Supply of Medicines to Masters of Vessels

The supply of medicines for maritime use is not funded therefore the details regarding this process are not covered in this document. For further information refer to the Pharmacy Practice Handbook, available on the Pharmaceutical Society of New Zealand website. www.psnz.org.nz

8.9 Data Retention

This section provides a summary of timeframes for retention of pharmacy related data. The following should be considered when storing data:

- Data and records must be kept at a secure place in the pharmacy or in some other place authorised by the licensing authority\(^73\).
- All retention dates commence on the date of last dispensing or last entry\(^74\).
- Health Information is information that relates to an identifiable individual\(^73\).
- All documents or data which have reached their expiry date must be securely destroyed.
- Electronic records must be maintained in a retrievable form\(^75\).

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescriptions:</strong></td>
<td></td>
</tr>
<tr>
<td>• Original physical copy(^76)</td>
<td>• 5 months(^77) (then sent to Sector Operations)</td>
</tr>
<tr>
<td>o Subsidised</td>
<td>• 3 years(^78)</td>
</tr>
<tr>
<td>o Non-subsidised</td>
<td></td>
</tr>
<tr>
<td>• Certified Repeat Copies (or daily dispensing sheets)</td>
<td>3 years(^75)</td>
</tr>
<tr>
<td>• Controlled Drug Prescriptions (top white copy)</td>
<td>4 years(^79)</td>
</tr>
<tr>
<td><strong>Other Records</strong></td>
<td></td>
</tr>
<tr>
<td>• Computer Records (i.e. PhMS)</td>
<td>• 10 years(^73)</td>
</tr>
<tr>
<td>• Controlled Drugs Register</td>
<td>• 4 years(^77)</td>
</tr>
</tbody>
</table>

\(^73\) Medicines Regulations 1984; Regulation 58 (2)
\(^74\) Health (Retention of Health Information) Regulations 1996; Regulation 5
\(^75\) Health (Retention of Health Information) Regulations 1996; Regulation 9
\(^76\) Medicines Regulations 1984; Regulation 42 (3) (e)
\(^77\) Pharmacy Procedures Manual v 7.0; Section 3.1
\(^78\) Medicines Regulations 1984; Regulation 58
\(^79\) Misuse of Drugs Regulations 1977; Regulation 42
<table>
<thead>
<tr>
<th>Document Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Reports on Errors/Near Misses</td>
<td>10 years$^{73}$</td>
</tr>
<tr>
<td>Compliance Unit Dose Packaging Records</td>
<td>10 years$^{73}$</td>
</tr>
<tr>
<td>Compounding Job Sheets for Individual Patients</td>
<td>10 years$^{73}$</td>
</tr>
<tr>
<td>Batch Compounding Sheets</td>
<td>3 years$^{80}$</td>
</tr>
<tr>
<td>Extemporaneous Compounding Sheets</td>
<td>3 years$^{81}$</td>
</tr>
<tr>
<td>Exemption Certificate for a Prescription Subsidy Record Card</td>
<td>Until 31 January of year following issue of certificate$^{82}$</td>
</tr>
</tbody>
</table>
9.0 PATIENT CATEGORIES

9.1 Patient Categories

For $5 prescription co-payments the patient has to be eligible for publicly funded services in New Zealand, and the prescriber must be approved to prescribe publicly funded medicines in New Zealand. The patient does not have to be enrolled in a PHO.

9.2 Approved Prescriber

Prescriptions from the following providers are approved for $5 co-payments on subsidised medicines:

- Public hospital
- A midwife
- Family Planning Clinic
- A General Practitioner as long as they are part of a PHO
- After Hours Accident and Medical Services (as long as they have a DHB or a PHO contract)
- Youth Health Clinics (as long as they have a DHB or a PHO contract)
- Dentists (only if the prescription relates to a service being provided under a DHB contract)
- Private specialists (e.g. ophthalmology, orthopaedics) are approved if the prescription relates to a patient receiving a publicly funded service contracted by the DHB.
- Hospices (as long as they have a DHB contract)
- ACC-related claim (even if patient not eligible for any other funded health services in New Zealand.

The following list specifies the circumstances under which a prescriber/provider is not approved for $5 co-payments on publicly funded pharmaceuticals:

- General practitioners who are not part of a PHO; unless they have other DHB service agreements for publicly funded services
- Private specialists if the prescription does not relate to a patient receiving a publicly funded service specifically contracted by the DHB
- Private specialists issuing a prescription in the course of their private practice that relates to a patient receiving a privately funded service
- Providers/prescribers providing a service that is privately funded and do not have a contract with either the Ministry, a DHB or a PHO are not approved
- DHBs may also provide a list of the general practitioners in their district who are not approved.

If an eligible person makes a casual visit to any general practice that is part of a PHO, or to any other approved prescriber, they are eligible for a $5 co-payment on subsidised medicines.

A NHI number is not an indicator of the eligibility of the patient.

The Pharmacist is entitled to rely on the prescriber’s information about the patient’s eligibility.

The following patient categories indicate the entitlement status of a patient. These categories also determine the pharmaceutical co-payment to be applied.
Key to interpreting the following tables:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Youth (0-12 years)</td>
</tr>
<tr>
<td>J</td>
<td>Junior (13-17 years)</td>
</tr>
<tr>
<td>A</td>
<td>Adult (over 18 years)</td>
</tr>
<tr>
<td>Z</td>
<td>HUHC Holder</td>
</tr>
<tr>
<td>H</td>
<td>Hokianga resident on HHET form (see below)</td>
</tr>
<tr>
<td>O</td>
<td>Oral Contraceptive</td>
</tr>
<tr>
<td>1</td>
<td>CSC Card Holder</td>
</tr>
<tr>
<td>3</td>
<td>No CSC, and not Eligible Prescriber</td>
</tr>
<tr>
<td>4</td>
<td>Eligible Prescriber</td>
</tr>
<tr>
<td>NS</td>
<td>Not subsidised</td>
</tr>
</tbody>
</table>

Notes:

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

### 9.3 Patient Subsidy Categories

#### Youth (ages 0 to 12 years)* — Y code

<table>
<thead>
<tr>
<th>Patient Category</th>
<th>Maximum Pharmaceutical Co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No PSC</td>
</tr>
<tr>
<td>Eligible Prescriber</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Y4Z</td>
</tr>
<tr>
<td>No</td>
<td>Y4</td>
</tr>
<tr>
<td>CSC Holder</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Y1Z</td>
</tr>
<tr>
<td>No</td>
<td>Y1</td>
</tr>
<tr>
<td>Neither of the Above</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Y3Z</td>
</tr>
<tr>
<td>No</td>
<td>Y3</td>
</tr>
</tbody>
</table>

*The person must be eligible

#### Junior (ages 13 to 17 years*) — J Code

<table>
<thead>
<tr>
<th>Patient Category</th>
<th>Maximum Pharmaceutical Co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No PSC</td>
</tr>
<tr>
<td>Eligible Prescriber</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>J4Z</td>
</tr>
<tr>
<td>No</td>
<td>J4</td>
</tr>
<tr>
<td>CSC Holder</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>J1Z</td>
</tr>
<tr>
<td>No</td>
<td>J1</td>
</tr>
<tr>
<td>Neither of the Above</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>J3Z</td>
</tr>
<tr>
<td>No</td>
<td>J3</td>
</tr>
<tr>
<td>Oral Contraceptives</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>O</td>
</tr>
<tr>
<td>No</td>
<td>O</td>
</tr>
</tbody>
</table>

*The person must be eligible
### Adult (ages 18 and above)* – A Code

<table>
<thead>
<tr>
<th>Eligible Prescriber</th>
<th>CSC Holder</th>
<th>Neither of the Above</th>
<th>Oral Contraceptives</th>
<th>HUHC Holder / Care Plus Patient</th>
<th>Patient Category</th>
<th>Maximum Pharmaceutical Co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>A4Z</td>
<td>A1Z</td>
<td>$5</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>A4</td>
<td>A1</td>
<td>$0</td>
</tr>
</tbody>
</table>

*The person must be eligible

An “H” code is used for an eligible person who is usually resident in the Hokianga Ward of the Far North District with a prescription issued by a prescriber employed by, and on a form supplied by, the Hokianga Health Enterprise Trust.

### Hokianga Ward of the Far North District* – H Code

<table>
<thead>
<tr>
<th>Eligible Prescriber</th>
<th>CSC Holder</th>
<th>Neither of the Above</th>
<th>HUHC Holder / Care Plus Patient</th>
<th>Patient Category</th>
<th>Maximum Pharmaceutical Co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>H4Z</td>
<td>H4</td>
<td>$0</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>H4</td>
<td>H4</td>
<td>$0</td>
</tr>
</tbody>
</table>

*The person must be eligible
10.0 Useful Contacts

Health Soft (LOTS) 09 300 7007 support@healthsoft.co.nz
Medicines Control and Licencing Authority 0800 163 060 medicinescontrol@moh.govt.nz
Ministry of Health (Sector Operations) BSSHHelpdesk@moh.govt.nz
  General 0800 855 066
  Pharmacy Payments 0800 353 2425
  Pharmacy Online System Support 0800 505 125
  Special Authority 0800 243 666
NHI National Contact Centre 0800 855 151
PHARMAC 0800 660 050
Pharmacy [Central TAS] 04 801 2430 PSAConsultation@dhbsharedservices.health.nz
TONIQ 03 341 0195
Wickliffe Press (Auckland and Wellington) 0800 259 138
  Work and Income
    Community Service Cards 0800 999 999
    Community Service Cards - Supergold 0800 552 002

Registration Checks

Dentists
Dental Council of NZ www.dentalcouncil.org.nz/cgi-bin/searchoph.pl

Diabetes Nurse Prescribers
NZ Nursing Council http://www.nursingcouncil.org.nz/

Dietitians
NZ Dietitians Board http://www.dietitiansboard.org.nz/register

Medical Practitioners
NZ Medical Council of New Zealand https://www.mcnz.org.nz/support-for-doctors/list-of-registered-doctors/

Midwives

Nurse Prescribers
NZ Nursing Council http://www.nursingcouncil.org.nz/

Optometrist Prescribers (TPA Endorsement)
Optometrists and Dispensing Opticians Board https://www.odob.health.nz

Veterinarians
Veterinary Council of New Zealand http://www.vetcouncil.org.nz/
Appendix 1 - Dispensing Frequency Flowchart

Dispensing Frequency

Subsidised Medicine(s)

LTC patient
Patient is registered in a LTC service

- The dispensing pharmacist determines the dispensing frequency to meet that patient's compliance and adherence needs in accordance with any legal or other requirements (including Schedule rules).
  - Note: A non-Stat medicine cannot be dispensed Stat.

Rest Home (ARRC) or Residential Care
Patient resident in a rest home or residential disability care institution.
Prescription must specify:
- the name of the patient's rest home or residential disability care institution,
- the patient's NHM
- the maximum quantity or period of supply to be dispensed.

- Dispensing Frequency not less than:
  - 7 days for a Class B controlled drug or
  - 7 days for dozepine in accordance with a Clozapine Dispensing Protocol or
  - 28 days supply for any other Community Pharmaceutical.

- Patient is eligible for a trial period if starting a new medicine or trialling a dose change (prescriber initiated only).

Penal Institution
Patient in a penal institution

Dispense as per the default in the Pharmaceutical Schedule (Modified Dispensing Frequency not funded)

Core patient

The dispensing pharmacist may authorise monthly dispensing on a Stat medicine without prescriber authority. If more frequent dispensing is required than monthly, prescriber approval is required.

Safety Medicine
The pharmacist is either:
- An antidepressant listed under the "Cyclic and Related Agents" subheading
- An antipsychotic
- A benzodiazepine
- A Class B controlled drug
- Codine (includes combination products)
- Buprenorphine with naloxone
- Zopiclone

The prescriber specifies the Dispensing Frequency
- Note: A non-Stat medicine cannot be dispensed Stat.

Co-Prescribed with Safety Medicine

The pharmacist may synchronise the dispensing frequency of medicines co-prescribed with Safety Medicines.

Requires a Trial Period
Patient requires close monitoring due to a recent initiation onto a new treatment, or a dose change

For trial periods each pharmacist must be endorsed by the prescriber with "Trial Period" or "Trial" and the period of supply.

Modified Dispensing Frequency funded if the dispensing pharmacist has:
- Clearly annotated each of the specified pharmaceuticals on the prescription with "Out of Stock" or "GOS" and
- Initiated the annotation in their own handwriting; and
- Specified the maximum quantity/period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.

Stock Issue
PHARMAC has notified pharmacists to implement defined Dispensing Frequency for a specified pharmaceutical for a specified time.

Dispensing Frequency changes from 1 June 2014 are indicated in blue.
If you have any questions regarding the Dispensing Frequency rule call PHARMAC on 0800 66 00 50