



# Fact Sheet – National Health Plan

## A Guide for Pharmacists

31/03/2023

### Arrangements for prescriptions for supply of medicines: Supporting telehealth patients and healthcare professionals

Arrangements for image-based prescribing in hospitals outlined in the *National Health (COVID-19 Supply of Pharmaceutical Benefits) Special Arrangement 2020* (the Special Arrangement) ends on 31 March 2023. However, the requirement for a patient to provide written acknowledgment (e.g. a signature) for prescriptions will continue to not be enforced under the Special Arrangement until 31 March 2024.

Electronic prescribing is now widely available in Australia and provides an option for supporting telehealth consultations and enabling the supply of medicines. Other prescribing options, such as urgent supply arrangements, which existed prior to the COVID-19 pandemic will continue.<sup>1</sup>

#### Telehealth Medical Services

Doctors, nurses and mental health professionals are able to deliver services via telehealth via phone or video conferencing. More information on telehealth is available [here](#).

#### Prescribing process to support telehealth services

There are two legal forms of prescription in Australia – paper prescriptions and electronic prescriptions.

#### Electronic prescriptions

Electronic prescribing offers a number of practical benefits to healthcare providers and patients. As a pharmacist, you can dispense and supply medicines from electronic prescriptions if you have the capability built into your dispensing software.

If a patient has opted for an electronic prescription, a unique electronic token (in the form of a QR code) will be created and sent to them via SMS or email. Patients can present their token for dispensing and supply of their medicines at their chosen pharmacy. The token is the key that allows you to securely download the electronic prescription through your software. As the electronic prescription is linked to the token, it can only be dispensed once. Therefore, the risk of safety and quality as well as fraudulent activity is greatly reduced.

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<sup>1</sup> A summary of State and Territory arrangements, including links to relevant legislation, is available [here](#).

If there are repeats, you will need to issue a new token to the patient via their preferred choice of SMS or email. As a patient always has the choice on which pharmacy supplies their next repeat, you must seek their consent on any other arrangements put in place regarding their repeat token. Further information can be found [here](#).

Prescribers can also print the electronic prescription token (also known as evidence of an electronic prescription) and fax/email to a pharmacy with the patient's consent. As long as the token is legible, pharmacists can scan it and safely dispense the electronic prescription.

For patients who are taking multiple medicines or do not want to receive a token, the Active Script List (ASL) is a token management solution for electronic prescriptions. It provides a consolidated list of all their active prescriptions. If a patient does not yet have an ASL, you can set one up if you have conformant software. If the patient already has an ASL, you will first need the patient's consent to access their ASL before dispensing those medicines. Further information can be found [here](#).

### Paper prescriptions

Prescribers can still create paper prescriptions during a telehealth consultation. The paper prescription will need to be signed by the prescriber.

Subject to state and territory laws, a prescriber can phone or fax a prescription to a patient's preferred community pharmacy for urgent supply. The prescriber must then arrange for the timely delivery of the original Pharmaceutical Benefit Scheme (PBS) paper prescription to the pharmacy. Prescribers can still mail the legal paper prescription to the patient for them to arrange for dispensing from their preferred pharmacy.

Information regarding options and specific legislation in your jurisdiction can be found [here](#).

### Image-based prescribing in hospitals

Limited image-based prescribing activities for prescriptions written for hospital patients ends on 31 March 2023.

The image-based prescribing for hospital arrangements limited the supply of pharmaceutical benefits to hospital settings, as defined by section 94 of the *National Health Act 1953*, which is an approved hospital authority who is approved to supply pharmaceutical benefits. This included both public and private hospitals. However, this arrangement ends 31 March 2023.

Prescriptions written before 31 March 2023 with existing repeats that were dispensed under image-based prescribing hospital arrangements will continue to be honoured after 31 March 2023. These must continue to be retained by the pharmacist for subsequent supply of the medicine, until the prescription runs out or expires.

### Other options

While image-based prescribing arrangements will no longer be legally valid after 31 March 2023, pharmacists will continue to have other options such as Continued Dispensing to enable remote medicines support for their patients.

Continued Dispensing is the supply of an eligible medicine to a person by an approved pharmacist, where there is an immediate need for the medicine, but it is not practicable to obtain a valid PBS prescription. The medicines currently available under the Continued Dispensing arrangements can be found in the [National Health \(Continued Dispensing\) Determination](#). From 1 July 2022, ongoing Continued Dispensing arrangements have been expanded to include additional medicines groups. More information on Continued Dispensing can be found [here](#).

### Special arrangements in jurisdictions

While image-based prescribing arrangements will no longer be legally valid after 31 March 2023, you will continue to have other options available to you.

While the Australian Government Department of Health and Aged Care sets out some standards and restrictions on access to medicines, state and territory governments regulate medicines and prescriptions. Further information regarding options and specific legislation in your jurisdiction can be found [here](#). Please contact your respective jurisdiction authority for more details.

### Special arrangements in residential aged care facilities

Although image-based prescribing ends 31 March 2023, residential care services can continue using copies of medication charts for PBS prescribing. This is allowed by section 45(2) of the *National Health (Pharmaceutical Benefits) Regulations 2017*, which specifies that an approved supplier may supply a pharmaceutical benefit on the basis of a medication chart prescription only if the supplier has seen a medication chart or a copy of the medication chart that includes all prescribing information requirements.

### PBS Claiming Arrangements

Pharmacists can dispense and claim from the copy of the PBS paper prescription sent through by the prescriber in most jurisdictions. However, the prescriber must arrange for the hard copy of the PBS paper prescription to be sent to the pharmacy in a timely manner. The pharmacist can also dispense and claim from an electronic prescription. Pharmacists may contact the patient to arrange payment and medicine collection or home delivery. Further information regarding options and specific legislation in your jurisdiction can be found [here](#).

### Signature requirements for receipt of a prescription and Prescription Record Forms

A person does not need to provide a written acknowledgement that they have received a benefit (by signature) on the prescription (including a repeat authorisation or deferred supply) if it is not practical to do so, and the supplier is not required to certify the date of supply and the reason it was not practical to do so.

Signature requirements outlined within the Special Arrangement will continue until **31 March 2024**.

From 1 April 2023, Safety Net Prescription Record Forms (PRFs), whether handwritten or not, must be signed by pharmacists. PRFs not signed by the pharmacist after this date will not be accepted and there will be no transition period after this provision ceases in the Special Arrangement 31 March 2023. The signature requirements for

PRFs will revert to the previous requirements set out within the *National Health Act 1953*.

### Medicine delivery services

Once you have received the electronic or paper prescription from the patient, the pharmacy may deliver medicines to the address on the prescription. Pharmacists should check that they have the correct address for patients prior to delivery. Alternatively, the patient may pick up the medicine from the pharmacy or have someone do this on their behalf.

### Existing paper prescriptions and repeats

If a patient is confined to their home with a paper prescription or repeat, they will need someone to visit the pharmacy on their behalf with the paper prescription. If this is not possible, patients can seek a new prescription and follow the steps above.

While the vast majority of healthcare providers do the right thing, fraudulent and inappropriate practice against Medicare and the PBS should be reported to the Department of Health on 1800 314 808. More information is available [here](#).