



# Fact Sheet – Prescriptions via Telehealth

## State and Territory Rules

31/03/2023

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 supply of medicines. Other prescribing options, such as urgent supply arrangements which existed prior to the COVID-19 pandemic also remain available.

### 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](#).

Factsheets regarding the supply of medicines via telehealth are available for [prescribers](#) and [pharmacists](#).

Electronic prescribing is the preferred option for supporting telehealth consultations and enabling supply of medicines. It is recommended prescribers ask their patients if they are happy to receive a prescription electronically via SMS or email.

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, pharmacists can set one up where they have conformant software. If the patient already has an ASL, they can choose whether their prescription is added to it. Further information can be found [here](#).

### Image-based prescribing in hospitals

Limited image-based prescribing activities for prescriptions written for hospital patients will end 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.

## 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.

## 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*.

## State and territory arrangements

### Australian Capital Territory (ACT)

ACT legislation enables the use of electronic, faxed or telephone prescriptions, including faxing of evidence of a prescription, for all Schedule 4 and Schedule 8 medicines. This supports telehealth consultations and prescribing of essential medicines for all vulnerable patients in the community.

With patient consent, 'Evidence of Prescription' in the form of an electronic prescription token may also be printed on paper and sent by fax to the patient's preferred pharmacy.

The [Canberra Script Real Time Prescription Monitoring System](#) is available in the ACT as a harm minimisation initiative for patient's prescribed Schedule 8 medicines and some Schedule 4 medicines (combination codeine containing products, benzodiazepines, gabapentanoids, quetiapine and z-drugs).

## New South Wales (NSW)

NSW allows the prescriber at a public health facility to send an image-based prescription for any medicine as a photograph or scan to a public hospital pharmacist by email or fax without the need to then send the original paper-based prescription. Click [here](#) for further information on image-based prescriptions in NSW public health facilities.

A prescriber may telephone, email or fax a direction to a community or hospital pharmacist to dispense a medicine, then immediately send (within 24 hours) a paper-based prescription to the pharmacy.

NSW does not permit a digital signature on a paper-based or image-based prescription or sending an image-based prescription in a text message.

For conformant electronic prescriptions, the prescriber may give a paper token or send a digital token (also known as 'Evidence of Prescription') to the patient or his/her authorised agent. The prescriber cannot send it directly to a pharmacy unless the patient or his/her authorised agent has requested this to be done for one or more of his/her prescriptions. The prescriber should document the request in the patient's health care record. Alternatively, the prescriber may include the prescription on the patient's Active Script List, unless the patient instead requests a paper or digital token for the prescription.

## Northern Territory (NT)

NT legislation allows image-based prescribing and dispensing of all medicines.

This includes NT prescribers providing image-based prescriptions for Schedule 4, Appendix D and Schedule 8 medicines to pharmacies.

The NT medicines and poisons unit information is available [here](#).

## Queensland

Electronic prescriptions are available in Queensland and provide a secure alternative to a written prescription or an oral (telephone) prescription. An electronic prescription token may be sent to the patient or the patient's agent via SMS or email. If preferred by the patient, a prescription token may also be printed on paper and sent as a digital image (e.g., fax or email) to the patient's preferred pharmacy.

### Digital image prescriptions

Queensland legislation allows prescribers to send a digital image of a paper prescription (image-based prescriptions) directly to a dispenser for all medicines, including Schedule 8 medicines, provided the original paper prescription is sent to the dispensing pharmacy after the digital image is sent:

- for Schedule 8 medicines, no later than the next business day;
- for other medicines, no later than seven days.

Before the digital image is created, the original paper prescription:

- must have a handwritten signature;
- for 'diversion risk' medicines must also include on the original paper prescription, to mitigate fraud and duplicate dispensing –
  - i. the details of the pharmacy the digital image is to be sent to;
  - ii. the way the digital image of the prescription is being sent; and
  - iii. the date the digital image is being sent.

For more information see the factsheet [image-based prescriptions](#) published on the Queensland Health website.

## South Australia

As the Australian Government Department of Health and Aged Care is ceasing the Special Arrangement, prescriptions sent by digital image will not be lawful in South Australia after 31 March 2023.

In addition to written and electronic prescriptions, there continues to be other lawful options available for prescribers to give prescriptions to a pharmacist; if a prescriber is of the opinion that good reason exists for doing so, they may also give a prescription to a pharmacist by fax or telephone and follow this up with the physical written prescription as soon as practicable, or within 24 hours for drugs of dependence. Refer to the 'How a prescription can be given' [fact sheet](#) for further information.

### Electronic prescriptions

Electronic prescriptions are now widely used in South Australia and provide an alternative, secure and convenient option for patients to paper/written prescriptions.

An electronic prescription is a prescription that is electronically generated by a prescriber using conformant prescribing software and is used in the same way as a paper prescription, to get prescribed medicines from a pharmacy.

A unique QR barcode known as a 'token' is sent to the person as a text or email, which can then be presented to the pharmacist to enable access to the electronic prescription for dispensing.

There are many advantages to using electronic prescriptions including improved prescription management, security and reduced errors.

For more information about electronic prescribing in South Australia go to the factsheets published on the [SA Health website](#).

## Tasmania

TBC

## Victoria

### Electronic prescriptions

Electronic prescriptions provide an alternative, secure and convenient option for patients to paper/written prescriptions. Electronic prescriptions may be used for all

Schedule 4 and Schedule 8 medicines, including Schedule 8 medicines used for opioid replacement therapy.

### **Verbal instructions in an emergency**

A prescriber who is of the opinion that an **emergency** exists may give a verbal instruction to a pharmacist to supply a Schedule 4 or Schedule 8 medicine. The prescriber must ensure written confirmation (usually in the form of a prescription) of the verbal instruction is sent to the pharmacist within 72 hours of giving the verbal instruction. The prescriber is responsible for ensuring that the written confirmation is sent to the pharmacist, though may delegate the steps to complete the task to another person. Postage delays may mean that the written instruction is not received by the pharmacist within 72 hours, however the written confirmation must be sent within this timeframe.

### **Digital images of an original paper prescription in an emergency**

From 1 April 2023, a prescriber who is of the opinion that an **emergency** exists may transmit a digital image of an original paper prescription to a pharmacist to supply a Schedule 4 or Schedule 8 medicine subject to the following conditions:

- The original paper prescription is a lawful prescription.
- The digital image of the original paper prescription is transmitted directly to the pharmacist or pharmacy of the patient's choice by electronic means. Electronic means may include secure email or Multimedia Messaging Service (MMS).
- The digital image of the original paper prescription is not sent to more than one pharmacy or to a person other than a pharmacist.
- The prescriber ensures the original paper prescription is sent to the pharmacist or pharmacy within 72 hours of transmitting the digital image of the prescription. The prescriber is responsible for ensuring that the written confirmation is sent to the pharmacist, though may delegate the steps to complete the task to another person. Postage delays may mean that the original paper prescription is not received by the pharmacist within 72 hours, however original paper prescription must be sent within this timeframe.

An electronic prescription should be used in preference to transmission a digital image of an original paper prescription where available and suitable for the patient.

For further information visit the Victorian Medicines and Poisons Regulation [webpage](#).

## **Western Australia**

Following the expiry (on 31 March 2022) of the instrument that enabled the use of image-based prescriptions, standard regulatory requirements in relation to supply of Schedule 4 and Schedule 8 medicines on prescription are applicable.

The *Medicines and Poisons Regulations 2016* include a number of [emergency supply provisions](#). In particular, a prescriber can direct a pharmacist to supply a quantity of a Schedule 4 or Schedule 8 medicine in an emergency, either verbally or via electronic means. A digital image of an original paper-based prescription, emailed or faxed to a

pharmacy by the prescriber, would be considered a direction to supply in an emergency. The prescriber must dispatch the original prescription directly to the supplying pharmacy within 24 hours of giving the emergency direction.

In situations that are not an emergency but where the patient is not able to be given a paper-based prescription at the time of the consultation, which includes most telehealth consultations, prescribers are encouraged to issue fully electronic prescriptions.