Pharmacy Procedures Manual

A Guide to Payment and Claiming under the Integrated Community Pharmacy Services Agreement

Effective February 2026

Version 15

Te Kāwanatanga o Aotearoa
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Contents

1. Preamble

This Version 15 of the Pharmacy Procedures Manual supersedes Version 14.1.

The new Version 15 notes:

- Changes across multiple sections to reflect changes associated with 12-Month Prescriptions
- Numerous text and formatting changes throughout the document to assist with comprehension and readability

Version control is held by the Living Well, Pharmacy Services, National Commissioning, Planning Funding and Outcomes, Health New Zealand | Te Whatu Ora (Health NZ). The latest version may be found at the following website: www.tewhatuora.govt.nz/for-the-health-sector/community-pharmacy/procedures-and-payments/.

Feedback on this document can be sent to: Pharmacy@tewhatuora.govt.nz.

Version Control

These tables are used to document amendments since Version 13.0 of the Pharmacy Procedures Manual:

Version	Effective Date	Clause	Topic	Action
15	February 2026	5	Legal Requirements of Prescribing Under the Medicines Act 1981	Changes relating to 12 month prescriptions, unapproved medicines, midwife prescribing
		6.2.5.	Controlled drugs with prescribing restrictions	Updates relating to Feb 2026 changes
		7.33.	Flavours of Special Foods	Clarification for providers supply multiple flavours on one occasion
		7.21.	Repeat Supplies	Changes relating to 12 month prescriptions
		7.4.3	Veterans	Changes to Veterans' Affairs Claiming from 1 April 2026
		8	Reimbursement Interpretations	Changes relating to 12 month prescriptions
		All		Minor text and formatting changes throughout the document to assist with comprehension and readability
14.1	February 2025	10.3	Service User Subsidy Categories	Updated tables to accommodate the new patient code 2 and the associated changes to Prescription copayments.
13.0	October 2024	2 7.6	'Advice to Client' letters (Quitcards)	Updated: Printed Quitcards are no longer provided having been replaced by 'Advice to client' letters
13.0	August 2024	4.3 7.10.1	Error Code Booklet	Updated the links to the 'Error Codes for Community and PCT Pharmacy Electronic Claiming Booklet v11'
13.0	October 2024	5.6 7.6	Temporary Exemption from Signatures on Prescriptions without NZePS (no barcode)	Updated the new date on which the authorisation expires

Version	Effective Date	Clause	Topic	Action
13.0	October 2024	7.4.5	No co-payments	Deleted 'Items on a Prescription Form for prisoners'. Clarification that Prescriptions from Corrections, as an Unapproved Provider, do attract a $15 Prescriptions co-payment, paid by Corrections.
13.0	October 2024	7.7	Medicines for Age-Related Residential Care (ARRC) Community Residential Care (CRC)	Updated the requirement for an original wet signature

2. Glossary

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

Term	Meaning
Agreement	The Integrated Community Pharmacy Services Agreement for the funding and provision of the Services that came into effect 1 October 2018.
Annotation	Notes made on the Prescription Form by the Pharmacist to assist with interpretation or claiming.
Approved Provider	As defined in Section 10.2 of this Manual.
Authorised Prescriber (see Section 5)	The Medicines Act 1981 defines an Authorised Prescriber as: 1. a nurse practitioner; or 2. an optometrist; or 3. a practitioner; or 4. a registered midwife; or 5. a designated Prescriber. Refer also to the definition of Designated Prescriber (see Section 5).
ARRC	Age-Related Residential Care.
Batch	The collated collection of Prescriptions to be claimed relating to the Dispensing within a Claim Period.
CDOS	Co-Dispensed Opioid Services.
Claim	A Batch of Claim Items in respect of a Claim Period submitted by a Pharmacy to Sector Operations (a business unit of Health NZ) for payment in accordance with the ICPSA.
Claim Item	The transaction relating to the Dispensing of a Pharmaceutical.
Claim Period	One of the four Claim Periods in a single calendar month as described in Part D, D.15 of the ICPSA.
CPAMS	The Community Pharmacy Anti-Coagulation Management Services, which are provided in accordance with Community Pharmacy Anti-Coagulation Management Services in Schedule 3B.5 of the ICPSA.
Community Pharmaceutical	A Pharmaceutical listed in Sections B to D or I of the Pharmac Pharmaceutical Schedule that is funded by the Government.
Co-payment	The payment to be made by a Service User when they are provided with a subsidised Service or Dispensed a Pharmaceutical. For a full description see clause D.5 of the ICPSA.
CRC	Certified Repeat Copy.

Term	Meaning
CRC Service	Community Residential Care Service.
CSC	A Community Services Card as defined in the Health Entitlement Card Regulations 1993.
Designated Prescriber (see Section 5)	The Medicines Act 1981 defines a Designated Prescriber as a person, other than a practitioner, nurse practitioner, optometrist, or a registered midwife, who: 1. Belongs to a class of registered health professionals authorised by regulations made under this Act to prescribe any specified Prescription medicines, or any specified classes or descriptions of Prescription medicines subject to the satisfaction of requirements specified in or imposed under those regulations; and 2. Satisfies any applicable requirements relating to competency, qualifications, or training specified in or imposed under regulations made under this Act. Refer also to the definition of Authorised Prescriber.
District	A geographical area of Health NZ corresponding to an area previously represented by a District Health Board.
Dispensing	The process of a pharmacist providing a Pharmaceutical to or for a Service User in accordance with Schedule 1 of the ICPSA.
EAR	Eligibility and Registration System accessed via the Pharmacy Portal. EAR is used to register Service Users for different services, such as LTC, CDOS and CRC. LTC Monthly Service Fee payments are based on the register. It is also where the Provider can view information about LTC service fee payments and case mix service fee payments.
Eligible Persons	Any individual who is a user of the Services and is eligible to receive Services as specified in Regulations made under section 102 of the Pae Ora (Healthy Futures) Act 2022 or is eligible under a ministerial direction, including any ministerial direction continued under section 30 of Schedule 1 of that Act. Refer to the: Guide to eligibility for public health services – Te Whatu Ora - Health New Zealand.
Endorsement	Text written on a Prescription Form by a Prescriber. Unless otherwise specified, an Endorsement should be either handwritten or computer generated by the practitioner prescribing the medication. An 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, they are making a declaration that the patient meets the criteria as set out in Section B of the Pharmaceutical Schedule.
GP	General Practitioner.
Handling Fee	The applicable Handling Fee that serves as a marker of Dispensing activity as set out in the relevant Service Schedule of the ICPSA.

Term	Meaning
Health Payments Integrity Team (previously known as Audit and Compliance)	A business unit of Health NZ that provide assurance, through audit and risk assessment, to ensure that Provider claims for subsidies and fees meet contractual and legal obligations.
HUHC	High Use Health Card, as defined in the Health Entitlement Card Regulations 1993.
ICPSA	Integrated Community Pharmacy Services Agreement.
LTC	Long Term Condition as defined in the LTC Pharmacy Services Protocol. Refer to the Integrated Community Pharmacy Services Agreement (ICPSA).
Manatū Hauora	Manatū Hauora – Ministry of Health.
NRT	**Nicotine Replacement Therapy**
NPPA	Named Patient Pharmaceutical Assessment.
NZePS	New Zealand Electronic Prescription Service.
NZePS Controlled Drug Prescription	A printed paper Prescription Form 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. Note: The Misuse of Drugs Amendment Regulations 2022 enables signature-exempt controlled drug Prescriptions. However, work is still underway to determine how opioid access will work in practice – for updates see Getting started with NZePS / Controlled Drugs.
NZePS Signature Exempt Prescriptions (with barcode)	An enduring Director-General of Health alternative form of Prescriptions permits Signature Exempt Prescriptions for barcoded NZePS Prescriptions provided specific conditions are met. The specific conditions that must be met for a signatureless Prescription with an NZePS barcode to be valid include: • The prescribing system used to generate the Prescription must have been authorised by Health NZ for Signature Exempt Prescriptions; and • The pharmacy must use the barcode at the point of dispensing otherwise the signed original Prescription is required. • For a full set of the conditions, please refer to Signature Exempt Prescriptions and remote prescribing (NZePS Signature Exempt Prescriptions - with barcode). For Controlled Drugs, see Section 6.
Patient	For the purposes of this document, the term Patient(s) also refers to the term Service User as defined in the ICPSA.

Term	Meaning
Pharmaceutical	A medicine, therapeutic medical device or related product or item as defined in Part E of the ICPSA.
Pharmaceutical Schedule	The Pharmaceutical Schedule produced by Pharmac.
Pharmacist	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 Act 2003.
Pharmacy	A place where pharmacy practice is carried out as defined in the Medicines Act 1981.
PhMS	Pharmacy Management System used for dispensing and recording pharmacy service activity.
Pharmacy Procedures Manual OR Procedures Manual	This document. Published as the Pharmacy Procedures Manual, available at Pharmacy Procedures Manual.
PHO	Primary Health Organisation.
Prescriber	A practitioner who is authorised under the Medicines Regulations 1984 or the Misuse of Drugs Regulations 1977 to prescribe Pharmaceuticals to Eligible People. 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 and Designated Prescriber (see Section 5).
Prescription Form	A Prescription Form, medicines order (including a Bulk Supply Order or Practitioner's Supply Order), which is prepared by a practitioner in accordance with the Medicines Regulations 1984 or the Misuse of Drugs Regulations 197., NRT 'Advice to client' letters (Quitcard) are also included. Note 1: This definition also applies to a Prescription Form generated via the NZePS. Medicines orders and NRT 'Advice to client' letters (Quitcards) are not available through the NZePS. Note 2: NRT 'Advice to Client' letters (Quitcards) are not Prescriptions, however they are handled in a similar manner. Refer under Section 7.6 for specific provisions relating to NRT 'Advice to client' letters (Quitcards).
Prescription Subsidy Card (PSC)	Also known as a Pharmaceutical Subsidy Card as defined in the Health Entitlement Card Regulations 1993.
Provider	A Provider of Pharmacy services as defined in the ICPSA, or a Pharmacist employed by a Provider.
Safety Medicine	A Community Pharmaceutical as defined in the Pharmaceutical Schedule General Rules Part 5.4 (Rules of the Schedule).

Term	Meaning
Service User	As defined in Part E (Definitions) of the ICPSA.
Sector Operations	A business unit within Health NZ 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).
Signature Exempt Prescription	Is an electronic Prescription that does not require a physical wet ink signature from an authorised Prescriber. There are two types of Signature Exempt Prescriptions, including NZePS Signature Exempt Prescriptions (with barcode) and those falling under the Temporary Exemption from Signatures on Prescriptions without NZePS (no barcode). Each are described further below.
Te Aka Whai Ora	The Māori Health Authority, established under section 17 of the Pae Ora (Health Futures) Act 2022.
Temporary Exemption from Signatures on Prescriptions without NZePS (no barcode)	A Director-General Authorisation, expiring 31 October 2027, that permits Signature Exempt Prescriptions for non-barcoded NZePS Prescriptions provided specified conditions are met. Further details described in Section 5.6.
Health NZ	Health New Zealand | Te Whatu Ora, established under section 11 of the Pae Ora (Healthy Futures) Act 2022.
Transfers Guide	A guide to the processes involved when transferring the ownership of a Pharmacy and closing a Pharmacy available at Pharmacy transfer guide.

3. Introduction

3.1. Overview

The Procedures Manual is a resource for community pharmacy service Providers. It sets out the relevant procedures and processes required for claiming funding as part of the Integrated Community Pharmacy Services Agreement (ICPSA), and other relevant procedures and processes relevant 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:

- the ICPSA
- all relevant legislation and regulations applicable to the practice of pharmacy in New Zealand
- the Pharmaceutical Schedule
- the Pharmaceutical Transactions Data Specification (Data Specification including applicable file formats and data requirements for processing)
- service specifications within the ICPSA
- the New Zealand Standard Health and Disability Services Pharmacy Services Standards (also known as the PSS).

Health Payments Integrity Team (HPIT) provides assurance to Health NZ through audit and risk assessment, that Provider claims for subsidies and fees meet contractual and legal requirements. Providers may be audited to ensure that they are compliant with these requirements.

3.2. Order of Priority

In the event of any inconsistency or conflict between the current ICPSA and the following documents the following order of priority applies:

1. all relevant legislation and regulations applicable to the practice of Pharmacy in New Zealand
2. the Pharmaceutical Schedule
3. the Pharmaceutical Transactions Data Specifications (solely in relation to file formats and data required to be provided to Sector Operations for claiming)
4. the ICPSA and
5. the Pharmacy Procedures Manual.

3.3. Pharmacy Change of Ownership and Closures

Providers should always seek advice from their Regional Portfolio Manager or relevant Health NZ commissioning personnel and contact the Licensing Authority, Medicines Control as soon as they become aware of an intended change of ownership or the creation of a new legal entity.

There are many issues that need to be considered when changing the ownership of a

Pharmacy, including contractual obligations and licensing implications. When closing a Pharmacy up to six months' notice is required to terminate an ICPSA. For more information refer to clause C.40 to 48 of the ICPSA, and the Health NZ Pharmacy transfers guide.

4. Submission of Claims

4.1. Claim Submission Requirements

All Claim Batches submitted by a Pharmacy must meet all legal and contractual requirements.

- Batches submitted by a Provider must meet all legal and contractual requirements. All Claimed Items must be submitted electronically through a Pharmacy Management System (PhMS).
- Following electronic submissions all Prescription Forms must be bundled into a Batch that reflects the Claim Period in which the Dispensings were submitted to Health NZ for payment: The requirements include:
    - Each Claim Item must be supported by an original Prescription Form (refer to Section 5.6 for clarification regarding NZePS-produced Prescription Forms and Prescriber signature requirements on Prescriptions).
    - The Prescription Forms must be collated into Batches and submitted to Health NZ no later than one month after the end of the relevant Claim Period.
    - The Prescription Forms should be collated in order of the date in which the items were Dispensed.
    - When repeats are dispensed from the original Prescription Form, the date of the last repeat may be used for collation purposes.
    - Any Original Prescription Forms, if applicable, received by a Provider after the initial dispensing (i.e. at a later date) must be inserted into the original Batch according to the corresponding date of Dispensing.
    - Each Batch must be accompanied by the approved Health NZ Batch Record form.
    - The approved Health NZ Batch Record form must be completed in full and signed on behalf of the Provider.
    - Any variances between the original Prescription Form and the computer record or supply must be clearly Annotated on the Prescription Form.

4.2. Batch Delivery Instructions

All Prescription Forms for a Claim Period must be batched separately with the approved Health NZ Batch Record form. The Batch must replicate the electronic claim file and claiming cycle.

For example, if Claims are submitted once a week, the Batch must be bundled/prepared weekly. Where Claims are submitted fortnightly, the Batch must be bundled/prepared fortnightly.

Weekly Claim Periods	Fortnightly Claim Periods

1 - 7 day of the calendar month	
8 - 15 day of the calendar month	1 - 15 day of calendar month
16 - 23 day of calendar month	
24 - last day of the calendar month	16 - last day of calendar month

Procedure	
Step 1	Collate Prescription Forms in order of date of Dispensing; the forms for each dispensing date must be secured tightly into a separate bundle.
Step 2	Collate into a Batch, with the date of dispensing bundles corresponds to the Claim Period that reflects the electronic claiming cycle used by the Provider.
Step 3	Complete the approved Health NZ Batch Record form, which can be printed from the PhMS. The form must include the following information: 1. Provider claimant number 2. Provider name 3. Period from (start date of the Claim Period) 4. Period to (end date of the Claim Period) 5. Signature of a Pharmacist or person authorised by a Provider as its representative 6. Date of signing.
Step 4	Attach the approved Health NZ Batch Record form to the front of the Claim Period Batch and tightly secure the entire Batch together. Send the Batch to the following delivery address: Health NZ Archives Warehouse 137 London Street Whanganui 4500
Step 5	More than one Batch may be sent to Health NZ at one time, but each Claim Period Batch must be sent as a separate Batch. Important Notes: • Providers may retain Batches for up to 15 months, from the date of the initial dispensing • If an audit of the Provider is undertaken, Health NZ may request that a Batch be sent to them at any time before the 15 month period is complete. Providers will be notified if this is the case and must comply with the time frames and delivery requirements. • After the 15 month period from the date of the initial dispensing, Batches must be submitted to Health NZ.

	• Batches may be returned to the Provider for correction if the Batch does not meet the procedures specified above. • If a Batche is not received by the due date Health NZ may send a warning letter requiring the Batch be sent within 30 days. • If the Batch has not been received within those 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 included in the corresponding Batch if they do not differ from the original Prescription.

Rejected Items

Claim Items may be rejected for payment if the Item does not comply with the rules specified in the Pharmaceutical Schedule, the ICPSA, the Pharmaceutical Claim Data Specification, or this Manual. .

- An explanation of the Error Codes appearing on the reports after processing of a claim can be found in the Claiming Guidelines.
- A Claim Item will also be rejected for payment in the circumstances set out in clause D.25 of the ICPSA, including if the Dispensing is submitted outside of the Claim Period (e.g. more than 120 days after the Claim Items have been entered into the PhMS), except in exceptional circumstances and as agreed by Health NZ.
- A Provider can apply in writing to Health NZ if they consider that special circumstances apply to a specific claim item, and Health NZ may, at its discretion, approve the Provider to receive payment for that Claim Item.

4.3. CPAMS Claiming and Invoicing

An invoice template that satisfies the Sector Operations' invoice requirements set out in clause 11.3 of Schedule 3B.5 of the ICPSA is available on the Health NZ website: CPAMS invoicing and reporting requirements.

- Claims must be made manually at the end of each month.
- Valid IRD-approved invoices received must be reviewed and approved by Health NZ before they can be released for payment.
- Invoices received by the 4th working day of the month are paid on the 20th of the month (or the next business day if the 20th falls on a weekend/public holiday).Send invoices to:
    - Sector Operations
    - c/- Health New Zealand
    - Provider Payments Private Bag 1942
    - Dunedin 9054
    - Or by email to Providerinvoices@health.govt.nz.
- To verify the Claim, the Monthly Service Users Report which contains the NHIs of active Service Users for the month must be attached. (Note: The Service User's name is not required, only the NHI is needed).
- The reporting requirements for this service are outlined in the Community Pharmacy Anti-Coagulation Management Services service specification in the ICPSA (Schedule 3B.5, clause 10).

CPAMS Quarterly Reporting

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

Reporting Period	Report due
1 July – 30 September	20 October
1 October – 31 December	20 January
1 January – 31 March	20 April
1 April – 30 June	20 July

Each Quarterly Report must include a summary of:

- The number of Service Users registered by NHI for CPAMS during the quarter (for example active Service Users plus new Service Users minus Service Users who have exited CPAMS)
- The average number of INR tests conducted per quarter
- Documentation of Key Performance Indicators:
  - Compliance (tests completed on time, e.g. 1-3 days, 4-7 days, 7+ days)
  - Control (tests in, above, or below the target range)
- Adverse events including total recorded bleeds and total recorded hospital admissions
- A brief narrative report outlining progress implementing the service in the quarter, and any issues experienced.

Quarterly Reports should be sent to:

performance_reporting@health.govt.nz

or

Performance Reporting Team Sector Operations
Health New Zealand Private Bag 1942
Dunedin 9054

4.4. Smoking Cessation Services Claiming and Invoicing

Claims must be made by submitting a valid tax invoice monthly

Each invoice is to be provided on or before the 20th day of the month following the month in which the Service Users were registered and set a Target Quit Date (TQD).

A tax invoice must contain the following information:

- Unique invoice number
- Invoice date (date invoice produced)
- GST number
- Provider name
- Claimant number
- Agreement number

- Provider Address
- Contact details (phone, fax, and email)
- District name
- Service provided
- Volume (if required)
- Claiming period
- Amount excluding GST
- GST amount
- Total amount including GST
- Purchase unit number.

Send invoices to:

Sector Operations
c/- Health New Zealand Provider Payments Private Bag 1942
Dunedin 9054

Or: Providerinvoices@health.govt.nz

4.5. Smoking Cessation Services Reporting

The reporting requirements for this service are outlined in the Smoking Cessation Services service specification in the ICPSA (Schedule 3B.6, clauses 10 and 11).

5. Legal Requirements of Prescribing Under the Medicines Act 1981

See also section 6 of this Manual (Legal Requirements of Prescribing Under the Misuse of Drugs Act 1975) for information relating to controlled drugs.

5.1. Authorised and Designated Prescribers

Authorised and Designated Prescribers are health professionals registered in New Zealand as a Medical Practitioner, Dentist, Midwife, Nurse Practitioner, Designated Prescriber Pharmacist, Designated Prescriber Nurse, or Veterinarian, who hold a current annual practising certificate under the Health Practitioners Competence Assurance Act 2003.

Practitioners who are not registered to practice in New Zealand (e.g. overseas registered practitioners) are not authorised to prescribe Pharmaceuticals to people in New Zealand. That means a Provider must not Dispense a Pharmaceutical that has been prescribed by an overseas Prescriber.

A 'specified practitioner', including Medical Practitioners, Nurse Practitioners, and Designated Prescriber Pharmacists, may prescribe any unapproved medicines within their area of specialist practice.[1]

[1] Medicines Act 1981, section 29.

Under an 'exemption for funded alternative medicine'[2] other authorised prescribers, including Dentists, Midwives, Designated Prescriber Nurses, and Designated Prescribers Podiatrists, may prescribe an unapproved medicine when there is a supply shortage of the approved medicines, and an alternative unapproved brand of the same medicine is funded by Pharmac.

Designated Prescribers may only prescribe a prescription medicine if it is included in the gazetted specified prescription medicines list they are authorised to prescribe under the Medicines Regulations 1984.[3]

When a Provider is unsure whether a Prescriber is registered, or is unable to verify the signature of the Prescriber, the Provider should confirm that the Prescriber is registered by sighting their current annual practising certificate or checking with their registration status though the Prescriber's Responsible Authority online register (eg, Medical Council of New Zealand, Nursing Council of New Zealand).

5.2. Under their Care

An Authorised Prescriber (including a Designated Prescriber) may only prescribe a prescription medicine for the treatment of a patient under their care.[4]

A Veterinarian may only prescribe a Prescription medicine that is for the treatment of an animal under the veterinarian's care.[5] The Veterinary Council can be contacted for any queries regarding Veterinarians at www.vetcouncil.org.nz/.

5.3. Scope of Practice

An Authorised or Designated Prescriber may only prescribe a pharmaceutical in accordance with their Prescriber's scope of practice as granted under section 21 of the Health Practitioners Competence Assurance Act 2003.[6]

Pharmacist Prescribers

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

Nurse Prescribers

Nurse Prescribers are Designated Prescribers and are governed by the Medicines (Designated Prescriber - Registered Nurses) Regulations 2016.

Midwives

Registered Midwives can 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.

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2 Medicines Act 1981, section 29A.
3 Medicines Regulations 1984, reg 39(2)
4 Medicines Regulations 1984, reg 39(1)(a)(i)
5 Medicines Regulations 1984, reg 39(3)
6 Medicines Regulations 1984, reg 39(1)(a)(ii).

Registered Midwives may prescribe:

- for the treatment of a patient under their care
- any Pharmaceutical for the mother providing it is during pregnancy, labour, and the postpartum period up to six weeks
- for the baby during this six-week postpartum period
- Controlled Drugs limited to morphine, tramadol, fentanyl and pethidine, but no other controlled drugs
- provide care to another person (other than the mother or baby, eg, the mother's partners and whānau) where the care provided has a beneficial impact on the perinatal-related care of a mother or baby (eg, immunisations[7] and NRT treatment).

Midwives must not prescribe for an underlying medical condition, such as 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 Pharmaceuticals within their scope of practice and to verbally communicate Prescription Forms in an emergency situation.

The NZ College of Midwives Consensus Guideline – Midwife prescribing was updated in 2014 and is available via: Guidance for practice.

The Midwifery Council can be contacted for any queries regarding Midwives at www.midwiferycouncil.health.nz.

Dietitians

Dietitian Prescribers are Designated Prescribers and are governed by the Medicines (Designated Prescribers: Dietitian Prescribers) Regulations 2015.

Dietitian Prescribers can only write Prescription Forms for Pharmaceuticals specified in notices published in the NZ *Gazette*.

Dieticians who are not qualified as a Designated Prescriber may only write Prescription Forms 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.

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[7] Antenatal immunisation: Strengthening midwifery-led care and expanded practice – Phase 2. Effective 1 February 2026.

5.4. Limit on Supply

For pharmaceuticals covered by the Medicines Act 1981 and Medicines Regulations 1984:

- An Authorised Prescriber may legally prescribe a quantity of a pharmaceutical for a period of supply of up to 12 months.8
- The maximum quantity of a pharmaceutical that can legally be dispensed on any one occasion is three months or six months for oral contraceptives[9].

Note:

- Where any other relevant Pharmaceutical Schedule funding rules are met subsidy is available for the maximum total legal period of supply, as specified in the Medicines Act 1981 and Medicines Regulations 1984 and the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977.
- Where there is no legal maximum dispensing period, only a quantity sufficient to provide treatment for a period up to 3 Months in any single dispensing will be Subsidised, unless otherwise specified.10
- Not all registered Pharmaceuticals are subsidised. Even when an item is not subsidised (NS), only a quantity of medicine sufficient for a 12-month period of supply may be supplied on a Prescription. This is to ensure that the patient is reviewed on a regular basis by the practitioner responsible for their care.

8, Medicines Regulations 1984, reg 39A(1)
9, Medicines Regulations 1984, reg 42(3)(da)
10, Pharmaceutical Schedule Section A: General Rules, rule 1.2

5.5. Legal and Contractual Requirements of a Prescription

Legal and Contractual Requirements of a Prescription Form[11]

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

- Prescriber's usual signature in their own handwriting (not being a facsimile or other stamp) unless the Prescription Form falls under the Signature Exempt Prescription provisions (see section 5.6)
- The date on which the Prescription Form 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 Form is for a child under 14 years for Prescription medicines
- Pharmaceutical details, which includes:
  - Name of the Pharmaceutical
  - Strength of the Pharmaceutical to be Dispensed (where appropriate)
  - Total amount of the Pharmaceutical or the total period of supply to be Dispensed
  - Dose and frequency of the dose for internal Pharmaceuticals
  - Method and frequency of use for external Pharmaceuticals
- The following are all required to be added by the dispensing pharmacy to the Prescription Form:[12]
  - Name and address of the proprietor of the business at which the Prescription Form is Dispensed
  - Date on which each item on the Prescription Form is Dispensed
  - Each item Annotated with the quantity of the Pharmaceutical Dispensed
  - Each item Annotated with the strength of the Pharmaceutical Dispensed (where appropriate)
  - The unique identifying number for each item on the Prescription Form
  - Identity of the individual Dispensing for each item[13]
  - Each item Annotated with the initials of the Pharmacist responsible for confirming the completeness and accuracy.

[11] Medicines Regulations 1984, reg 41
[12] Medicines Regulations 1984, reg 42(3)(b)
[13] New Zealand Health and Disability Pharmacy Service Standards 5.2.3 (f)

5.6. Prescriber Signature

Director-General Temporary Authorisation for Unsigned Prescriptions (expiring 31 October 2027

A Temporary Authorisation for prescribing systems and settings that are not integrated with the NZePS permits non-NZePS signature exempt Prescriptions to be issued if the requirements under that authorisation are met (refer to Temporary Exemption from Signatures on Prescriptions without NZePS (no barcode) for further details).

The Temporary Authorisation does not affect NZePS Signature Exempt Prescriptions (with barcodes) and the ability to generate signature exempt Prescriptions using the NZePS (ie, generate a Prescription with a barcode) is an enduring capability.

For updates on ePrescriptions see New Zealand ePrescription Service (NZePS) – Te Whatu Ora - Health New Zealand.

5.7. Emergencies

Regulation 40A of the Medicines Regulations 1984 allows that in cases of an emergency, Pharmacists can Dispense a Pharmaceutical based on a verbal order from an Authorised Prescriber or Veterinarian who is known personally by the Pharmacist.[14]

5.8. Prescriber Address Requirements[15]

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 the RD number with the correct mail town.
- The address must not be a PO Box or Rural Delivery number, except where the Prescriber does not have a place of work. A Rural Address Property Identification (RAPID) Rural Number is acceptable.
- The Prescriber's telephone number.

5.9. Patient Address Requirements

The patient's full home address must 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 the street number and street name (if applicable) and RD number with the correct mail town. A RAPID Rural number is acceptable.
- The address must not be a PO Box or Rural Delivery number.

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[14] Medicines Regulations 1984, reg 40A
[15] Medicines Regulations 1984, reg 41(2)(c)(ii)

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

5.10. Prescribing Date

The date of Dispensing must not precede the prescribing date.

The first dispensing from a Prescription must occur within three calendar months of the Prescription being issued/written.[16]

If a Prescription is not dispensed/initiated within the first three calendar months of being issued/written it becomes invalid from a legal perspective.

If a Prescription is not dispensed/initiated within the first three months (90 days) of being issued/written it becomes invalid from a funding perspective.

5.11. Quantity Dispensed

An Authorised Prescriber may not prescribe a quantity of any Pharmaceutical that exceeds 12 calendar months supply.[17]

The maximum quantity that can be dispensed on any one occasion is:[18]

- 6 months' supply in the case of an oral contraceptive; or
- 3 months' supply in any other case.

If the Prescriber has only written a period of supply, the Provider must Annotate the quantity to be Dispensed on each occasion.[19]

5.12. Unique Identifying Number for items on a Prescription Form

Each Item on a Prescription must have a unique identifying 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 to the Prescription Form.

Handwritten, legible numbers are for emergency or exceptional circumstances only.

5.13. Labelling

The label on a Pharmaceutical supplied by a Provider to a Service User must contain all the following:

- the name of the Pharmaceutical Item, or a description of the nature of, the contents
- the name of the Service User
- the name and address of the Provider
- in the case of a Pharmaceutical for internal use, the dose and frequency of dose or

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[16] Medicines Regulations 1984, reg 42(3)(c)

[17] Medicines Regulations 1984, reg 39(A)(1)

[18] Medicines Regulations 1984, reg 42(3)(da)

[19] Medicines Regulations 1984, reg 42(3)(b)(iii)

administration

- in the case of a Pharmaceutical for external use, a clear statement of the directions for use and frequency, along with one of the following statements, or words of similar meaning: ‘Caution: Not To Be Taken’, or ‘For External Use Only’
- a unique identifying number or code for the item or record of supply
- the date on which the Pharmaceutical was packed, sold, or supplied.

5.14. Recalls

A recall occurs when an affected therapeutic product(s)[20] is required to be removed from supply or use for reasons relating to deficiencies in the safety, quality, efficacy, or performance of the product. 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 Recalls Code provides specific information on the responsibilities of Pharmacies and Healthcare Professionals in Sections 8 and 9. Additionally when product specific advice be required it will be provided by the sponsor company at the time of the recall.

A response to a recall notice should always be provided, even if no affected stock is held (a NIL return). Some companies will include an email address for the response; consider using this approach should the fax line be unavailable.

A Co-payment must not be charged when a replacement Pharmaceutical is required to be Dispensed. Health NZ has committed to ensuring that a recall dispensing transaction is cost neutral for the Provider from a patient Co-payment perspective.

A replacement Dispensing will not contribute to the patient count towards a Prescription Subsidy Card (PSC).

[20] Therapeutic products can be categorised as medicines, related products, or medical devices’

6. Legal Requirements of Prescribing Under the Misuse of Drugs Act 1975

6.1. Controlled Drug Prescribing

6.1.1. Changes under the Misuse of Drugs (Classification and Presumption of Supply) Order 2022

The Misuse of Drugs (Classification and Presumption of Supply) Order 2022 classifies or reclassifies 49 substances under the Misuse of Drugs Act 1975. The commonly used Prescription medicines that are affected are listed below and the commencement date under the Misuse of Drugs (Classification and Presumption of Supply) Commencement Order 2022:

Medicine	New Classification	Date of change	Important practice points
Fentanyl	Class B1	1 July 2023	No impacts on practice
Zopiclone and Zolpidem	Class C5	1 July 2023	Same requirements as other Class C5 controlled drugs, such as benzodiazepines
Tramadol	Class C2	1 October 2023	Same requirements as other Class C2 controlled drugs, such as codeine, dihydrocodeine Exemption is given to allow tramadol to be stored outside of a controlled drug safe[21]
Lisdexamfetamine	Class B2	15 December 2022	Maximum of 3 months' supply (for both a NZePS electronic Prescriptions and paper Prescriptions) Note that one month maximum supply per dispensing also remains

6.1.2. Changes under the Misuse of Drugs Amendment Regulations 2022

The Misuse of Drugs Amendment Regulations 2022, which came into force on 22 December 2022, enables signature-exempt Prescriptions for controlled drugs when prescribed through the NZePS.

Prescribers will no longer need to provide a hard copy, signed version of any Prescription for a controlled drug as long as they generate the Prescription using an approved system which is integrated with the NZePS, and the barcode is used to dispense the Prescription at the time of dispensing.

[21] Misuse of Drugs Regulations 1977, reg 28(4)(f)

Some changes enabled under the Misuse of Drugs Amendment Regulations 2022 were superseded by changes made under the Misuse of Drugs Amendment Regulations (No2) 2023 described in 6.1.3 below.

While the NZePS can be used to issue controlled drug Prescriptions (which eliminates the need to hand-write triplicate controlled drug Prescriptions) all other legislative requirements for controlled drug prescribing and dispensing remain unchanged e.g. no forward dating of controlled drug Prescriptions is allowed.

6.1.3. Changes under the Misuse of Drugs Amendment Regulations (No 2) 2023

The Misuse of Drugs Amendment Regulations (No 2) 2023 came into effect on 5 October 2023.

From 5 October 2023, **all Class A, B and C opioid controlled drugs** classified under the Misuse of Drugs Act 1975 can be prescribed in quantities that is reasonably required for a maximum of one month of treatment (Regulation 21(5D)(a)).

This prescribing limit applies to all controlled drug Prescribers including Medical Practitioners, Nurse Practitioners, Designated Prescriber Nurse and designated Prescriber Pharmacists. However, this does not impact the specific controlled drugs that particular groups of Prescribers are authorised to prescribe, such as OST Prescribers.

Examples of commonly prescribed **opioid** controlled drugs that this will impact in practice include:

- Class B opioid controlled drugs: alfentanil, fentanyl, methadone (non-OST services), morphine, oxycodone, pethidine, remifentanil
- Class C opioid controlled drugs: buprenorphine, buprenorphine with naloxone, codeine, dihydrocodeine, tramadol

A Medical Practitioner, Nurse Practitioner, Designated Prescriber Nurse, Designated Prescriber Pharmacist, Midwife, or Dentist may issue a Prescription for the supply of a Class A, Class B, or Class C opioid controlled drug in any quantity not greater than the quantity reasonably required for the treatment of the patient for one month.

A Medical Practitioner, Nurse Practitioner, Designated Prescriber Nurse, Designated Prescriber Pharmacist or Dentist may issue a Prescription for the supply of a Class B or Class C non-opioid controlled drug in any quantity not greater than the quantity reasonably required for the treatment of the patient for three months, to be supplied in quantities no greater than one month per dispensing.

Note: Veterinarians may issue a Prescription for a controlled drug in any quantity not greater than the quantity reasonably required for the treatment of the animal under their care for one month.

Table summary of changes (from 5th October 2023) to controlled drug prescribing regulations

Criterion	Example	Change to maximum period of supply
Class B opioids	Alfentanil Fentanyl Methadone Morphine Oxycodone Pethidine Remifentanil	Maximum one month supply per Prescription (for both NZePS electronic Prescriptions and paper Prescriptions) Note that the 10-day default dispensing per the Pharmac Schedule remains
Class C opioids	Codeine Dihydrocodeine Tramadol (from 1 October 2023) Buprenorphine	Maximum one month supply per Prescription (for both NZePS electronic Prescriptions and paper Prescriptions)
Class B and C opioids prescribed by medical practitioners working under a Gazette notice issued under s24A of the Misuse of Drugs Act that can issue Prescriptions for the treatment of dependency	Methadone prescribed by Opioid Substitution Therapy (OST) services[22]	An exemption for OST services to prescribe for up to three months
Class C non-opioids	Benzodiazepines Zopiclone Zolpidem Phenobarbitone Phentermine Clobazam	Maximum three months' supply with a maximum of up to one month supply per dispensing (no change to the existing arrangement) Note that as a 'safety medicine' in the Pharmaceutical Schedule the non-opioid Class C medicines are dispensed in one-month quantities without exemption
Class B non-opioids attention deficit hyperactivity disorder (ADHD) controlled drug medicines	Dexamfetamine sulfate Methylphenidate hydrochloride Lisdexamfetamine Note Restrictions under Regulation 22 of the Misuse of Drugs Regulations	Maximum three months' supply with a maximum of up to one month supply per dispensing (no change to the existing arrangement) Note one month maximum dispensing also remains
Prescribers	Medical practitioners Nurse practitioners Dentists Midwives Designated nurse Prescribers Designated pharmacist Prescribers	The changes above have been aligned for all Prescribers of controlled drugs. This does not change the specific controlled drugs that certain Prescribers are authorised to prescribe.

[22] OST Providers are subject to separate authorisations and restrictions in accordance with the OST guidelines.

6.1.4. Definitions

A controlled drug Prescriber is 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.

A controlled drug prescriptions written by overseas Prescribers who are not registered to practice in New Zealand are not legal and must not be Dispensed.

When a Provider is unsure of the registration or signature of the Prescriber, the Provider should check the Prescriber's annual practising certificate or check the Prescriber's registration with the relevant Regulatory Body.

6.1.5. Summary of Prescribing Rules for Controlled Drugs

Legislation: Refer to: www.legislation.govt.nz.

Professional Group	Misuse of Drugs Act (1975) and Regulations (1977)	Repeats	Restrictions on Dispensing
Medical Practitioners and Nurse Practitioners (Authorised Prescriber)	For the medical treatment of a patient under their care:[23]	May authorise multiple repeats, e.g., daily or at such other regular intervals, as the Prescriber considers necessary.[24] The total quantity per repeat supply must not exceed one month.	Class B: Not more than **seven days** after the date of the Prescription.[25] Maximum quantity for any Dispensing is one-month supply.[26] Class C: First Dispensed within six months of prescribing.[27]
Dentists (an Authorised Prescriber)	For the dental treatment of a patient under their care: Every controlled drug Prescription Form must state 'for dental treatment only'.[28] Note: Not authorised to order telephone Prescriptions for controlled drugs.[29]	May authorise repeat supplies. The total quantity per repeat supply must not exceed one month.	Class B: Not more than **seven days** after the date of the Prescription.[30] Class C: First Dispensed within six months of prescribing.[24]

[24] Misuse of Drugs Regulations 1977, reg 31A(7)
[25] Misuse of Drugs Regulations 1977, reg 31(1)(b)
[26] Misuse of Drugs Regulations 1977, reg 31A(2)
[27] Misuse of Drugs Regulations 1977, reg 31(1)(c)
[28] Misuse of Drugs Regulations 1977, reg 29(4)(g)
[29] Misuse of Drugs Regulations 1977, reg 34(6)
[30] Misuse of Drugs Regulations 1977, reg 31(1)(a)

Professional Group	Misuse of Drugs Act (1975) and Regulations (1977)	Repeats	Restrictions on Dispensing
Midwives (an Authorised Prescriber)	For the treatment of a patient under their care.[31] Midwives may **only** prescribe tramadol, pethidine, morphine, or fentanyl.[32] Therefore, the maximum period of supply is one month.[33] Every controlled drug Prescription Form must state 'for midwifery use only'.[34] Midwives may **not** prescribe any other controlled drugs, such as codeine and benzodiazepines.	May authorise repeats. The total quantity per repeat supply must not exceed one month.	Class B and C: First Dispensed no more than **four days** after the date of the Prescription.[35] Repeats must be Dispensed no more than **four days** after the previous supply is exhausted.
Pharmacist Prescribers (a Designated Prescriber)	For the treatment of a patient under their care.[36] Limited to drugs listed in the Misuse of Drugs Regulations 1977, Schedule 1B.[37]	May authorise repeats. The total quantity per repeat supply must not exceed one month.	Class B: First Dispensed not more than **seven days** after the date of Prescription. Class C: First Dispensed within six months of prescribing.[24]
Designated Nurse Prescribers (a Designated Prescriber)	For the treatment of a patient under their care.[38] Limited to drugs listed in the Misuse of Drugs Regulations 1977, Schedule 1A.[39]	May authorise repeats. The total quantity per repeat supply must not exceed one month.	Class B: First Dispensed not more than **seven days** after the date of Prescription. Note: The Nursing Council of NZ further limits medicines which may be prescribed by Designated Nurse Prescribers to medicines relevant to their practice.[40] The Nursing

[31] Misuse of Drugs Regulations 1977, reg 21(5)(a)
[32] Misuse of Drugs Regulations 1977, reg 12A(c)
[33] Misuse of Drugs Regulations 1977, reg 31A(6)
[34] Misuse of Drugs Regulations 1977, reg 29(4)(h)
[35] Misuse of Drugs Regulations 1977, reg 31A(5)(a)
[36] Misuse of Drugs Regulations 1977, reg 21(5)(a)
[37] Misuse of Drugs Regulations 1977, Schedule 1B
[38] Misuse of Drugs Regulations 1977, reg 21(4)(a)
[39] Misuse of Drugs Regulations 1977, reg 12A(1)(a)
[40] Nursing Council of NZ: Registered Nurse Prescribing

Professional Group	Misuse of Drugs Act (1975) and Regulations (1977)	Repeats	Restrictions on Dispensing
			Council provides separate lists for those practising in the scopes of primary and specialty health teams, diabetes health, and community health and ECP. For more information see: Registered Nurse Prescribing Class C: First Dispensed within six months of prescribing.[24]
Veterinarians	For the treatment of an animal under their care:[41] Maximum period of supply is one month.[42] Every Prescription Form must state 'For animal treatment only.[43]	May **NOT** authorise any repeat supplies.[44]	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.

6.2. Legal Requirements of a Controlled Drug Prescription Form

The following requirements apply to Class A and Class B controlled drugs and to specified Class C controlled drugs when they are intended for human use.

Specified Class C controlled drugs include amobarbital, amobarbital sodium, buprenorphine, butobarbitone, glutethimide, ketamine, secobarbital, or secobarbital sodium, whether supplied alone or in combination. 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 1975.

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

There are two physical types of controlled drug Prescription Forms, a barcoded NZePS controlled drug Prescription Form and a hard copy paper triplicate Prescription Form.

41 Misuse of Drugs Regulations 1977, reg 21(5C)
42 Misuse of Drugs Regulations 1977, reg 31(1)(d)
43 Misuse of Drugs Regulations 1977, reg 29(4)(i)
44 Misuse of Drugs Regulations 1977, reg 31A(7)

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

A controlled drug Prescription Form must either be:

- An H572 or H572M triplicate Prescription Form provided by the Director General of Health and completed in the handwriting of the controlled drug Prescriber with the Prescriber signature in their own handwriting; or
- An NZePS controlled drug Prescription Form electronically generated by a system approved by the Director General of Health and containing a barcode which is scanned (or the barcode number is manually entered if the scan fails). See notes specific to NZePS.

All information supplied on either form of the controlled drug Prescription Form must be legible and indelible (it cannot be written in pencil or printed on a removable sticker) and must include the following:

- Date on which the Prescription was signed or generated by the Prescriber in the case of NZePS Prescriptions
- Prescriber details, which must be set out or stamped with the Prescriber's full name on all copies in the case of a H572 or H572M triplicate Prescription Form
- 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 using 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 Form 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 Form 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 Form is Dispensed
- Each item Annotated with the:
  - date of Dispensing on each occasion
  - its unique identifying number on each occasion
  - the quantity of the controlled drug Dispensed on each occasion
  - strength of the controlled drug Dispensed on each occasion
  - identity of the individual Dispensing each item
  - initials of the checking Pharmacist on each occasion confirming completeness and accuracy.

Telephoned Prescription Forms for controlled drugs are permitted from Medical Practitioners, Nurse Practitioners, Midwives, Designated Prescriber Pharmacists, and Designated Prescriber Nurses (when prescribing within their scope) where the Prescriber is personally known to the Pharmacist. However, no repeat supply of a telephone or faxed controlled drug Prescription Form is permitted until the original controlled drug Prescription Form is received by the Pharmacy.

Dentists and Veterinarians are not authorised to prescribe controlled drugs verbally or by telephone.[45]

The original of an electronically transmitted NZePS controlled drug Prescription Form is not required, however, the barcode/SCID must be used to dispense the Prescription.

6.2.1. Notes specific to NZePS

- A NZePS controlled drug Prescription Form is not a legal controlled drug Prescription Form until the barcoded Prescription Form has been downloaded from the electronic Prescription Form repository (the NZePS broker).
- If a BUS002 error is generated, the Prescription has failed to download because the e-Prescription is temporarily delayed. In this situation the Prescription must be linked to the Prescription barcode and dispensed manually. More information on the BUS002 error is available Advisory Notice 1 / BUS002 error message.
- For all other error types the controlled drug may not be Dispensed if the Prescription Form is unable to be downloaded.
- Any Provider can Dispense a barcoded controlled drug Prescription Form if the above criteria are met. It is not the responsibility of the Provider to have to check if the Prescriber is from a practice with Manatū Hauora approval to issue controlled drug barcode Prescription Forms.
- Prescribers must not hand write any amendments or alter any barcoded Prescription Form (i.e., controlled drug or non-controlled drug barcoded Prescription Form) as the barcoded Prescription Form must match the corresponding NZePS record.
- If a Prescription Form needs a Prescriber's Endorsement, it must be referred back to the Prescriber and a new (amended) barcoded Prescription Form issued.
- Any Pharmacist annotations that do not require endorsement by a Prescriber can be

[45] Misuse of Drugs Regulations 1977, reg 34(6)

annotated on the Prescription Form and the NZePS record.

- Approved barcoded NZePS Prescriptions received via a secure message must be printed in the Pharmacy to capture the Pharmacist's annotations.
- Multiple controlled drug items can be printed on the same single Prescription Form. If there are too many controlled drug items to fit on one page, then multiple pages will be printed. All pages will have the same barcode number and are treated as one Prescription Form.

6.2.2. Methadone and Buprenorphine with Naloxone Prescriptions for Opioid Dependent Clients

Methadone and buprenorphine with naloxone Prescription Forms for opioid dependent clients can only be written by any of the following authorised Prescribers:

- medical practitioners specified in a notice in the Gazette as authorised to prescribe controlled drugs for opioid substitution treatment, and only at place specified in the Gazette notice
- medical practitioners approved by the specified medical practitioner
- other specified Prescribers working in approved addiction clinics or hospital care institutions.[46]

Approved clinics may use a different controlled drug Prescription Form for methadone (H572M), including electronically generated forms from a Director General of Health approved system, such as a barcoded NZePS controlled drug Prescription Form.

Prescriptions for buprenorphine with naloxone are not required to be issued on a controlled drug Prescription Form (also refer to 6.2).

Nurse Practitioners, in accordance with the relevant Schedules attached to the Misuse of Drugs Regulations 1977, Designated Prescriber Nurses (Schedule 1), Designated Prescriber Pharmacists (Schedule 2), and Midwives (Schedule 3) may prescribe these Pharmaceuticals if listed on their relevant Schedules.

6.2.3. Prescribers Address Requirements

The Prescriber's address can be stamped on the triplicate paper controlled drug Prescription Form but must be stamped on all three copies.[47]

6.2.4. Repeat Dispensing of Controlled Drug Prescription Forms

The restrictions for repeat dispensing of controlled drugs are shown in Section 6.1 above and are further clarified below:

- Repeats are required to be collected prior to the expiry of the Prescription, which is one month from when the Prescription is initially dispensed for Class, A, B and C opioid controlled drugs and three months from when the Prescription is initially dispensed for Class B and C non-opioid controlled drugs.
- The exception to this rule is for Midwife Prescriptions for both Class B and C controlled drugs, where the repeat must be dispensed no more than four days after the previous supply is exhausted. There is no requirement to reduce the quantity supplied on the final repeat dispensing.If, for special reasons relating to the protection of the Service User or for limiting the quantity of any controlled drug in the possession of the Service User, the

[46] Misuse of Drugs Act 1975, s 24
[47] Misuse of Drugs Regulations 1977, reg 29(4)(d)

controlled drug Prescriber (except a Dentist or Veterinarian) may direct daily Dispensing or other Dispensing intervals.

- In these circumstances:
    - the controlled drug may be supplied only at the intervals specified on the Prescription Form.
    - the supplies must not occur more frequently than the intervals directed by the Prescriber.
    - the total quantity authorised on the Prescription Form must not exceed three months' supply.[48]

6.2.5. Controlled drugs with prescribing restrictions[49]

Dexamfetamine, lisdexamfetamine, methylphenidate, and ephedrine are scheduled as Class B2 controlled drugs and Ministerial Approval is required before these Pharmaceuticals can be prescribed or supplied. Listed below are the circumstances under which approvals are considered met. Further information can be found on the Medsafe website: Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977.

6.2.5.1 Prescribing stimulant medicines

From 1 February 2026, the following Prescribers, in the following circumstances, may prescribe the stimulant medicines dexamfetamine, lisdexamfetamine, and methylphenidate for a patient under their care for the treatment of Attention Deficit Hyperactivity Disorder (ADHD), narcolepsy, or for use in palliative care.[50]

(a) Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) Dexamfetamine, lisdexamfetamine, and methylphenidate		
Patient age	**Initiation of prescribing**	**Ongoing prescribing**
17 years and under	Medical practitioners with a vocational scope of practice of paediatrics or psychiatry.	Any medical practitioner or nurse practitioner may prescribe when acting on the written recommendation of one of the practitioners who have initiated prescribing. The Prescription must be endorsed with that practitioner's name, even when a Special Authority number is provided.
	Nurse practitioners practising within their area of practice of paediatric services or child and adolescent mental health services.	
18 years and above	Medical practitioners with a vocational scope of practice of paediatrics, psychiatry, or general practice.	
	Nurse practitioners working within their area	

[48] Misuse of Drugs Regulations 1977, reg 31A(7)
[49] www.medsafe.govt.nz/profs/riss/restrict.asp
[50] https://gazette.govt.nz/notice/id/2025-go3319

Attention Deficit Hyperactivity Disorder (ADHD) Dexamfetamine, lisdexamfetamine, and methylphenidate		
	of practice may.	

(b) Narcolepsy

Narcolepsy Dexamfetamine and methylphenidate		
Patient age	**Initiation of prescribing**	**Ongoing prescribing**
Any age	Medical practitioners with a vocational scope of practice of internal medicine.	Any medical practitioner or nurse practitioner may prescribe when acting on the written recommendation of one of the practitioners who have initiated prescribing. The Prescription must be endorsed with that practitioner's name, even when a Special Authority number is provided.

(c) Palliative care treatment

Palliative care treatment		
Patient age	**Initiation of prescribing**	**Ongoing prescribing**
Any age	Medical practitioners with a vocational scope of practice of palliative medicine.	Any medical practitioner or nurse practitioner may prescribe when acting on the written recommendation of one of the practitioners who have initiated prescribing. The Prescription must be endorsed with that practitioner's name, even when a Special Authority number is provided.

If a recommendation is written for initiation of stimulant medicines and it does not include any limits, the ongoing Prescriber can treat it as approval for any combination of methylphenidate, dexamfetamine, and lisdexamfetamine. The ongoing Prescriber can choose the dose and formulation without seeking endorsement from an initiating Prescriber. Clinical judgement is still required to decide if switching between stimulant medicines is appropriate.

Information of the vocational scope of practice for Medical Practitioners can be found on the Medical Council of New Zealand website.

No other Prescriber type or non-New Zealand registered Medical Practitioners or Nurse Practitioners may legally prescribe or recommend dexamfetamine, lisdexamfetamine, and methylphenidate.

6.2.5.2 Dispensing stimulant medicines

A pharmacist may dispense (supply) the stimulant medicines dexamfetamine, lisdexamfetamine, and methylphenidate, pursuant to a Prescription issued by:

- a registered medical practitioner or nurse practitioner, when initiating prescribing within the conditions specified in the tables above; or
- any other registered medical practitioner or nurse practitioner, when acting on the written recommendation of one of the classes of Prescriber specified in the tables above, with the recommendation endorsed on the Prescription (eg, the recommending Prescriber's name).
- For public funding Prescriptions for the stimulant medicines must have a valid Special Authority.
- All relevant initiating Prescribers, and those acting under the recommendation of an initiating Prescriber, can apply for a Special Authority for their patients to access stimulant medicines.
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6.2.5.3 Ephedrine[51]

- Prescriptions must only be written by medical practitioners registered with the Medical Council of New Zealand under the Health Practitioners Competence Assurance Act 2003.
- No other Prescriber including Veterinarians may write a Prescription Form for ephedrine or pseudoephedrine unless they have a specific written authority from the Director General of Health.

6.3. Labelling Requirements[52]

Each label for a controlled drug must include all the following:

- a unique identification number
- name of the Service User
- name and address of the Provider
- date of Dispensing
- general nature of the Pharmaceutical
- the name and strength of the Pharmaceutical
- the dose and frequency of the dose for an internal Pharmaceutical, or the directions for use for an external Pharmaceutical.

For the treatment of an animal by a Veterinarian, the label must also contain the following:

- the name of the person in charge of the animal
- the words 'Not for human use' or 'For animal use only'.

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51 https://gazette.govt.nz/notice/id/2024-go1805

52 Misuse of Drugs Regulations 1977, reg 25(4)

6.4. Completed Controlled Drug Prescriptions Forms

Triplicate paper controlled drug Prescription Forms

Once all Dispensings from an approved triplicate paper controlled drug Prescription Form have been completed:

- the top copy (white) must be retained in the Pharmacy for four years[53]
- the second copy (yellow) and third copy (red) must 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.
- if the second and third copies are filed on the day of the final Dispensing and a Service User does not collect the final repeat Dispensing, then the Pharmacy is required to refile the second and third copies of the controlled drug Prescription Form with the date of the next most recent Dispensing, as reflected in the date of Dispensing in the electronic claim.

Barcoded NZePS controlled drug Prescription Forms

Once all Dispensings from an approved barcoded NZePS controlled drug Prescription Form have been completed:

- the original printed Pharmacy-annotated barcoded NZePS controlled drug Prescription Form is to be retained in the Pharmacy for four years.
- must include all the Dispensing dates and Annotations made by the Provider.

For the purposes of the Batch submission:

- the Provider is required to make a certified true copy of the original printed, barcoded NZePS controlled drug Prescription Form.
- the certified true copy (that must include all the Dispensing dates and Annotations made by the Provider) must be filed in the Batch according to the last date of Dispensing.

7. Subsidy Requirements

For a Service User to be eligible to receive a subsidised Pharmaceutical the following requirements must be met.

7.1. Service User 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 Form identifies the Service User as ineligible.

The Provider is entitled to rely on the Prescriber's information about eligibility unless the Provider knows it to be incorrect. Where a Prescription Form is not coded, the person's eligibility can be checked with the Prescriber, or with the Service User in accordance with guidelines published by Health NZ (if any).

[53] Misuse of Drugs Regulations 1977, reg 33(2)

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 who are 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.
- for more information on eligibility for publicly funded health services, see the Health NZ Eligibility Guide here.

7.1.1. Reciprocal Health Agreements

Australia

An Australian resident is eligible for subsidised health care if they are temporarily visiting New Zealand for up to two years and in the opinion of the Provider of medical treatment it is deemed that they need 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 they:

- are an 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

- are on a temporary stay in New Zealand (any stay that was not permanent, where 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

- need prompt attention

  and

- require treatment for a condition that arose after arrival into New Zealand, or a condition

that became or without treatment would have become, acutely exacerbated after arrival.

The same Prescription Co-payment rules that apply to New Zealanders also apply to Australian and UK citizens.[54]

7.1.2. Accidents and Personal Injury

People requiring treatment for personal injuries can be covered by ACC regardless of their residential status.

Note: This includes tourists and overseas students, even if they are not eligible for any other funded health services.

The person needs to complete an ACC 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 ACC will contribute to on-going funding.

Prescriptions for ACC Service Users are deemed to be from Approved Providers.

7.1.3. Other Circumstances

In some circumstances which differ from those discussed above a person may be eligible for a limited range of publicly funded health services.

For further details relating to other circumstances named below, see the relevant Health NZ guidance for the following groups and services here:

- accidents and personal injuries
- Australian residents
- compulsory health services
- emergency services
- foreign diplomats and their family
- immunisations and Well Child
- infectious diseases
- maternity services
- pregnant women infected with HIV
- prisoners
- UK citizens
-

7.1.4. 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 along with that person's demographic details.

A person does not need to be a New Zealand resident to be entitled to an NHI number.[55] The person will be registered as a non-resident until documentation is sighted by the person applying for the NHI number to prove the person's residency status.

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54 Eligibility for publicly funded health services
55 National Health Index

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

The NHI number is a mandatory field when registering a Service User 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, the NHI number on the presented Prescription Form should be used unless it is known to be incorrect. If incorrect the correct NHI number for that Service User should be used.[56]

An NHI number is **not** needed if the person is not eligible to receive subsidised Pharmaceuticals.

7.1.5. Date of Birth

Date of Birth is a mandatory field that must be recorded when registering a Service User for ARRC, CRC Services and the LTC Service.

Date of Birth is a mandatory legal requirement on Prescription Forms for:

- Pharmaceuticals for a child under the age of 13 years[57]
- Class B controlled drugs – where the Date of Birth and age of a child under 12 years must be set out in years and months.[58]

7.1.6. Aged-Related Residential Care (ARRC)

Before Dispensing to an ARRC Service User, the Provider must confirm that the residential care facility in which the Service User resides in is listed as a certified Provider by the Ministry of Health on the following website: Certified rest home Providers.

If a Service User is a permanent resident of the facility, the Dispensing must be recorded accordingly e.g.tick the ARRC flag in the PhMS.

7.1.7. Community Residential Care

When registering a Service User for CRC Services The following details are required:

- Service User details: Name, NHI and Date of Birth
- CRC Provider details: Name and Address.

7.2. Approved Provider for A4/J4 Prescriptions

The Prescriber must be an 'Approved Provider' for the Service User to receive lower Co-payments on Prescription Items (refer to section 10.2 of this Manual for further details).

Approved Providers do **not** include:

- Prescribers providing completely privately funded services
- Prescribers providing services under a Section 94 Notice alone that are not solely publicly funded (for example a specialist under a Maternity Notice, a practitioner or

[56] ICPSA Clause D.18(2)
[57] Medicines Regulations 1984, reg 41(d)(2)
[58] Misuse of Drugs Regulations 1977, reg 29(4)(f)

specialist under the General Practitioners Notice or a Specialist Notice).

7.3. Prescriber Details

In every Claim, the Provider must include the following information:

- the Prescriber's health group code (for example NZMC) and
- the Prescribers registration number (Prescriber Identifier) if it is either listed on the Prescription Form or otherwise known to the Provider, for example:
    - Medical Council of New Zealand registration number
    - Nursing Council of New Zealand registration number
    - Midwifery Council of New Zealand registration number
    - Dental Council of New Zealand person ID number
    - Pharmacy Council of New Zealand registration number
    - Other registration number, as applicable.

The Prescriber identifier must match the identity of the Prescriber signing the Prescription Form. 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 Form is received without a Prescriber identifier and the Provider is unable to determine the correct identifier of the Prescriber, the registration number must be obtained from either the Prescriber directly or their professional organisation, to ensure that the Prescriber is eligible to prescribe the Pharmaceuticals.

7.4. Health Entitlement Cards

7.4.1. Community Services Cards (CSC)

Community Services Cards (CSCs) are available to provide targeted subsidies to selected Service Users to access Health and Disability Services, in particular Pharmaceuticals and General Practice services.

If a person qualifies for a CSC, they 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 Service Users will have their own card. Either card can be used to cover dependent children.

People who qualify for NZ superannuation or a Veteran's Card and are eligible for a CSC will have the CSC entitlement noted on their SuperGold or Veteran's Card.

More information on the SuperGold Card may be found here: Discover benefits with SuperGold.

For verification of a CSC, call 0800 855 066.

7.4.2. High Use Health Cards (HUHC)

High Use Health Card (HUHC) applications are made by a Medical Practitioner on behalf of their patient.

HUHCs are for those people who visit their Medical Practitioner on 12 occasions within a year for one or more on-going medical condition(s). There are specific requirements necessary for eligibility. See High Use Health Card (HUHC).

Note: A HUHC is issued to an individual and not to a family.

7.4.3. Veterans

New Zealand Veterans can apply for a Disablement Pension which assists in the funding of pharmacy and medical expenses for disabilities that have been accepted as being attributable to, or aggravated by, their service.

Veterans with a Disability Pension are issued with a Treatment Card or treatment letter, which lists the disabilities that Veterans' Affairs will fund (any Pharmaceuticals provided for a disability not listed on the Treatment Card or treatment letter, will not be funded by Veteran's Affairs).

The funding for accepted treatment may cover:

- any Co-payments for items on a Prescription Form
- premiums for non-fully subsidised Pharmaceuticals
- any non-subsidised Pharmaceutical costs (note: some non-subsidised Pharmaceuticals will require Case Manager approval)
- blister packaging.

If the Provider is unsure if a new Pharmaceutical or service is covered, they should contact Veterans' Affairs directly on 0800 483 8372, Veterans Affairs Contact Us, or veterans@nzdf.mil.nz

Veterans' Affairs Claiming from 1 April 2026

On 1 April 2026 the process for claiming for veterans' GP consultations and prescriptions will be through a platform provided by ProCare, rather than via invoice to Green Cross Health.

Pharmacies need to sign on to ProCare's platform, here, so reimbursements can be made. For any questions about the ProCare platform, please email **veteran.services@procare.co.nz** or visit the **Veterans'Affairs website** for more information about the changes.

7.4.4. Prescription (Pharmaceutical) Subsidy Cards

Patient Charges links

Information on Claims, provider payments, and entitlements is available via the Health NZ resources here:

Definition related to Prescription Subsidy Cards

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

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

- a married or partnered couple with one or more dependent children
- a married or partnered couple with no dependent children
- one person with one or more dependent children
- 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, from the Social Security Act 1964 Part 1 – Monetary benefits (Section 3(1)) means:

- 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.

In a shared care arrangement, a child can be a member of more than one Family Unit.

7.4.5. No Co-payments

Service Users must not be charged a Co-payment in the following situations and therefore do not count towards the PSC item count (refer to clause D.5 Co-payments in the ICPSA):

- subsidised Class B controlled drugs, except methylphenidate hydrochloride,dexamfetamine sulphate or lisdexamfetamine dimesilate
- subsidised buprenorphine with naloxone sublingual tablets
- children aged under 14 years
- community services card (CSC) holders and their dependents
- adults aged 65 years and over
- Service Users enrolled with the Hokianga Health Enterprise Trust (HHET)
- antituberculotic (TB) items on a Prescription Form
- antileprotic items on a Prescription Form
- Service Users receiving antibiotics through the Rheumatic Fever Prevention Programme (RFPP) Sore Throat Management Service
- Repeat supplies if the full Co-payment (if any) has been made on previous Dispensings
- items on a Prescription Form that are not subsidised
- if the Service User specifically requests a change to a brand of Pharmaceutical which is not listed in the Pharmaceutical Schedule where there is an alternative subsidised brand available
- Pharmaceuticals for approved Templeton Service Users who were residents at the Templeton Centre, Christchurch at the time of its closure
- any other Pharmaceuticals listed from time to time in the Pharmaceutical Schedule as having no Co-payment payable
- a Replacement Dispensing due to a recall of a subsidised Pharmaceutical.

7.4.6. Procedure for Issuing a Pharmaceutical Subsidy Card

The Provider must ensure that the PhMS maintains accurate links to the items on a Prescription Form of the family unit members, where known. These links may be audited by Health NZ.

- The PSC period is valid from 1 February in any year until 31 January of the next year.
- Once a family unit has received 20 initial Dispensings of Subsidised Pharmaceuticals that have attracted a Co-payment in the year commencing 1 February to 31 January, a PSC card endorsed with an identifying number can then be issued to the family by the Provider.
- The 20 initial Dispensings recorded may have been Dispensed by any number of Providers. Pharmaceuticals dispensed from other Providers can be checked on the Health NZ Prescription Subsidy Look-up System. If this system is unavailable, Providers should verify Dispensings by a printout or receipt from the other Provider.
- All Service Users listed on the PSC are exempt from any Co-payment charges until that card expires.

When issuing a Prescription Subsidy Card (PSC):

- List the names of all eligible family members and the name of the issuing Pharmacist and the contracted Provider (Pharmacy) on the card.
- The card must be endorsed with the pharmaceutical year for which it has been issued and an identifying number (currently both are pre-printed on PSCs supplied by the Ministry of Health).
- A record of the number of initial items from all involved Providers should be retained by the issuing Provider. The Ministry of Health Prescription Subsidy Look-up system can provide this.
- A duplicate card should not be issued under ordinary circumstances.
- A photocopy of the card can be used to inform another Provider of the family member's entitlement e.g. a child at a boarding school.

A member of a family unit can request to see a copy of the number of initial items Dispensed on the Family Prescription Record of the card.

The Provider will be issued with a supply of blank PSCs for each period by Blue Star Group (NZ) Ltd on behalf of the Ministry of Health. Additional supplies are available via the Te Whatu Ora Sector Services Stationery Portal – Blue Star. The Username or Log in for this system is 'MOHP' followed by the Provider's claimant number.

7.4.7. Items on a Prescription Form Count Service

The Ministry of Health provides a basic search service to assist Providers in determining eligibility for a PSC.

The search service will enable a Provider to obtain a count of qualifying Dispensings for one or more NHIs. It will include items Dispensed by other Providers.

The service will not adjudicate regarding the entitlement to a PSC for a person or family. Providers will assess entitlement as they do currently, and PSCs will continue to be issued.

The PSC 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 count information by the service, nor the PSC scheme.

Contact Sector Operations with any queries regarding the count service.

7.4.8. The Dispensing Date

The date of Dispensing must be recorded on all Prescriptions Forms for which a subsidy is claimed and must be the same as, or later than, the prescribing date.

This record must be stamped, legible, and hand-written or recorded on the third-part label. The date of Dispensing on the Prescription Form, including that on the third- part label, must be the same as the date of Dispensing in the pharmacy management system (PhMS).

There is only one consistently recorded date in the current Dispensing process – which is the date on which the items on a Prescription Form are entered into the PhMS.

A Claim for payment cannot be made until the Dispensing process is complete. The process is complete when the Provider has provided the Service User or their caregiver, or a Prescriber, with the item in accordance with the Prescription Form or order. It includes all the steps that occur from receipt of the Prescription Form or order at the Pharmacy to the item

being collected by, or delivered to, the Service User or their caregiver or the Prescriber.

Uncollected Pharmaceuticals **must** be deferred and not included in any Claim.

The Provider must not re-dispense any Pharmaceutical for which a Claim has already been submitted.

7.5. Deferred item on a Prescription Form

A deferred item on a Prescription Form is an item which has been fully processed through the PhMS but may or may not have been Dispensed and collected by the Service User yet.

A deferred item **cannot** be Claimed and involves marking an item as deferred in the Pharmacy PhMS to exclude it from the current Claim file.

Potential reasons for deferring an item include:

- Items on a Prescription Form may only be claimed for payment once they have been Dispensed and collected by the Service User their caregiver or a Prescriber, in line with (clause D.26 in the ICPSA) if this has not occurred the Provider cannot claim for it.
- Items may also be deferred for administrative reasons such as waiting for the return of a signed Prescription Form following a telephone order or waiting for the signed original of a faxed Prescription Form. The Claim for the Items that require the original Prescription Form to be received may not be made until the original Prescription Form is received.

  .

The deferred item is excluded from any Claims submitted to Health NZ for payment until either the Item is collected or the original Prescription Form is received/validated.

7.6. Fax/telephone/email and pharmacy-generated Prescriptions

In October 2022 the Director-General of Health issued an authorisation allowing non-NZePS Prescription Forms not personally signed by a Prescriber with their usual signature to be accepted, provided certain conditions are met.

Under the authorisation the following arrangements for faxed or emailed non-NZePS Prescription Forms has been extended until **31 October 2027**:

- Pharmacies do not need to obtain the original copy of a non-NZePS faxed or emailed Prescription Form if the following conditions are met:
  - Each faxed or emailed Prescription must otherwise be fully compliant with regulation 41 of the Medicines Regulations 1984, and
  -
  - the Prescription must meet all the requirements of the Director General's authorisation (Temporary Exemption for Signatures on Prescriptions without NZePS (without an NZePS barcode) October 2024.

The authorisation **does not** apply for Prescriptions containing one or more Class A, B, or some C controlled drugs (except Class C exempt or partially exempt controlled drugs).

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 signature on a faxed non-electronic Prescription Form is not acceptable as a legal signature.

The Provider must obtain the original Prescription Form, or the Prescriber can indelibly sign the faxed copy.

If the original Prescription Form (or the faxed copy signed by the Prescriber as above) has not been received by the Provider within four weeks of the date of the original Dispensing, reimbursement can be claimed if attempts to obtain the original (or signed faxed copy) have been documented on the Prescription Form. However, a valid Prescription Form or Annotated Certified True Copy must be submitted with the Claim Period Batch when it is sent to Health NZ, in Whanganui.

If no signed Prescription Form is submitted with the Batch Claim, the Provider must refund any money previously claimed in respect of this Claim Item by crediting the amount against subsequent Claim(s).

In circumstances where the Pharmacy receives the original Prescription Form, filing both the original and faxed copy together in the appropriate Dispensing date bundle is acceptable and best practice, provided that the fax copy and original Prescription Form:

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

If the prescribing date returned on a signed telephone/faxed Prescription Form is after the date of Dispensing, for the purposes of payment, the signed Prescription Form and the faxed copy must be stapled together, and the date Annotated by the Provider to explain the discrepancy between the prescribing date and the date of Dispensing.

NRT 'Advice to client' letters (Quitcards)

Printed Quitcards were discontinued from 1 October 2024 and replaced with 'Advice to client' letters issued by authorised Smokefree Providers.

Community pharmacies that receive the 'Advice to Client' letter from an authorised Smokefree Provider are not required to provide any additional motivational support. The responsibility for the advice provided and for the ongoing oversight of the client continues to remain with the Smokefree Provider issuing the written advice.

The 'Advice to Client' letters should be processed by providers in the same way as Quitcards were and the Prescriber coded as MC99999.

NRT 'Advice to client' letters (Quitcards) are not Prescriptions and are not required to be physically signed by a NRT 'Advice to client' letter (Quitcard) Authorised Smokefree Provider. They do not need to meet the legal requirements of a Prescription.[59]

The Director-General Temporary Authorisation for Unsigned Prescriptions August 2024 does not apply to NRT 'Advice to client' letters (Quitcards); however, the Provider is **not** required to obtain the original copy of a NRT 'Advice to client' letter (Quitcard) that has been directly faxed or emailed to the Provider from an authorisedSmokefree Provider.

Only the annotated copy of the 'Advice to client' letter (Quitcard) is required to be submitted in the Provider's Claim Period Batch.

7.7. Pharmaceuticals for Age-Related Residential Care (ARRC) Community Residential Care (CRC)

[59] Medicines Regulations 1984, reg 41(3)(b)

In March 2020, in response to the COVID-19 pandemic and national lockdowns, the Ministry of Health introduced a temporary change to the requirement for community pharmacies claiming for pharmaceuticals dispensed to residents in ARRC/CRC facilities to make it easier and faster for providers to be paid.

Following the establishment of Health NZ, from 1 July 2022, the responsibility for this arrangement transferred to Health NZ, and this change was made permanent in October 2024.Pharmacies do not need to match telephone or pharmacy generated Prescriptions with a Prescription Form signed by a General Practitioner to claim for the dispensing to ARRC and CRC residents, provided all the following conditions are met:

- an electronic medication chart is used by the ARRC/CRC facility, the Prescriber, and the Pharmacy for the prescribing, dispensing and administration of residents' medicines
- a telephone or pharmacy generated Prescription is generated that matches the electronic medication chart, and
- the telephone or pharmacy generated Prescription is attached to the medication chart and is kept and submitted in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA).

7.8. Endorsements

An Endorsement is text written on a Prescription Form by a Prescriber. The Pharmaceutical Schedule defines the requirements of these Endorsements, which may vary from time to time.

Where an Endorsement has been altered or added to by the Provider, it must be initialled by the Prescriber, unless the Pharmaceutical Schedule explicitly permits the Provider to Annotate the Endorsement.

Where an Endorsement is required on a Prescription Form, it must be:

- hand-written or computer generated on the Prescription Form by the Prescriber, or
- 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
- initialled by the Prescriber where it has been altered or added to by the Provider unless the Pharmaceutical Schedule permits the Provider to Annotate the Endorsement themselves.

Where the Specialist's name and/or year of authorisation, Special Authority Number, or NPPA Number is omitted from a Prescription Form, and that information is in the Patient's Medication Record from a previous Prescription Form, provided it is valid, the Provider can copy the information from the Patient Medication Record and **does not** need to return the Prescription Form to the Prescriber to initial.

7.9. Specialist Recommendation

A 'Specialist' for subsidy purposes is defined in the Pharmaceutical Schedule, Rules of the Schedule, Section A, Part 10, Definitions.

Prescription Forms originating from District Hospitals and issued **on District stationery** for items requiring a 'Specialist' recommendation (that is, 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 or Nurse Practitioner who signed the Prescription Form.

Only Prescription Forms written by a Medical Practitioner or Nurse Practitioner in the hospital are eligible for a subsidy under this Pharmaceutical Schedule Rule.

Prescription Forms written by other Prescriber types including Midwives, Pharmacists or Dentists must include the name of the recommending Specialist and year of authorisation for the Service User to receive the corresponding subsidy.

7.10. Special Authority

For general information about Special Authorities see: Special Authority.

The Pharmaceutical Schedule specifies pharmaceuticals requiring a 'Special Authority' and their access criteria. A 'Special Authority' means that the Community Pharmaceutical is not eligible for subsidy unless it has been Prescribed and Dispensed to a Service User in accordance with all the restrictions and instructions specified for that Pharmaceutical in Sections B to D, and I of the Pharmaceutical Schedule.

Pharmac sets the criteria for Special Authority applications. For queries about eligibility criteria:

- call 0800 660 050
- email enquiry@pharmac.govt.nz.

Clinicians submit applications for Special Authorities on behalf of Service Users to Sector Operations. If a Special Authority application is approved, this is applied to the Claim for payment.

Applications for Special Authorities may be submitted electronically or by paper.

- Electronic Special Authority is a service available through the Connected Health Information Service.
- Electronic Special Authority applications return a response in seconds.
- Paper Special Authority application forms are processed within 10 working days.

To apply for Special Authority numbers electronically, a Prescriber needs:

- access to Connected Health
- a digital certificate
- a letter of audit.

See: Special Authority.

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

- subsidy for 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 otherwise 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
- Waiver of a restriction that would otherwise apply, such as a maximum quantity per Prescription Form

- 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 the first dispensing of a medicine with a Special Authority approval is made before the Special Authority expiry date, repeats may be dispensed to complete up to three months funded supply (even if the repeats are collected after the expiry date unless the Pharmaceutical has been delisted from the Schedule).
- After this period a renewed Special Authority is required to enable access to any further funded supply, otherwise further repeats may only be dispensed as non subsidised (NS).

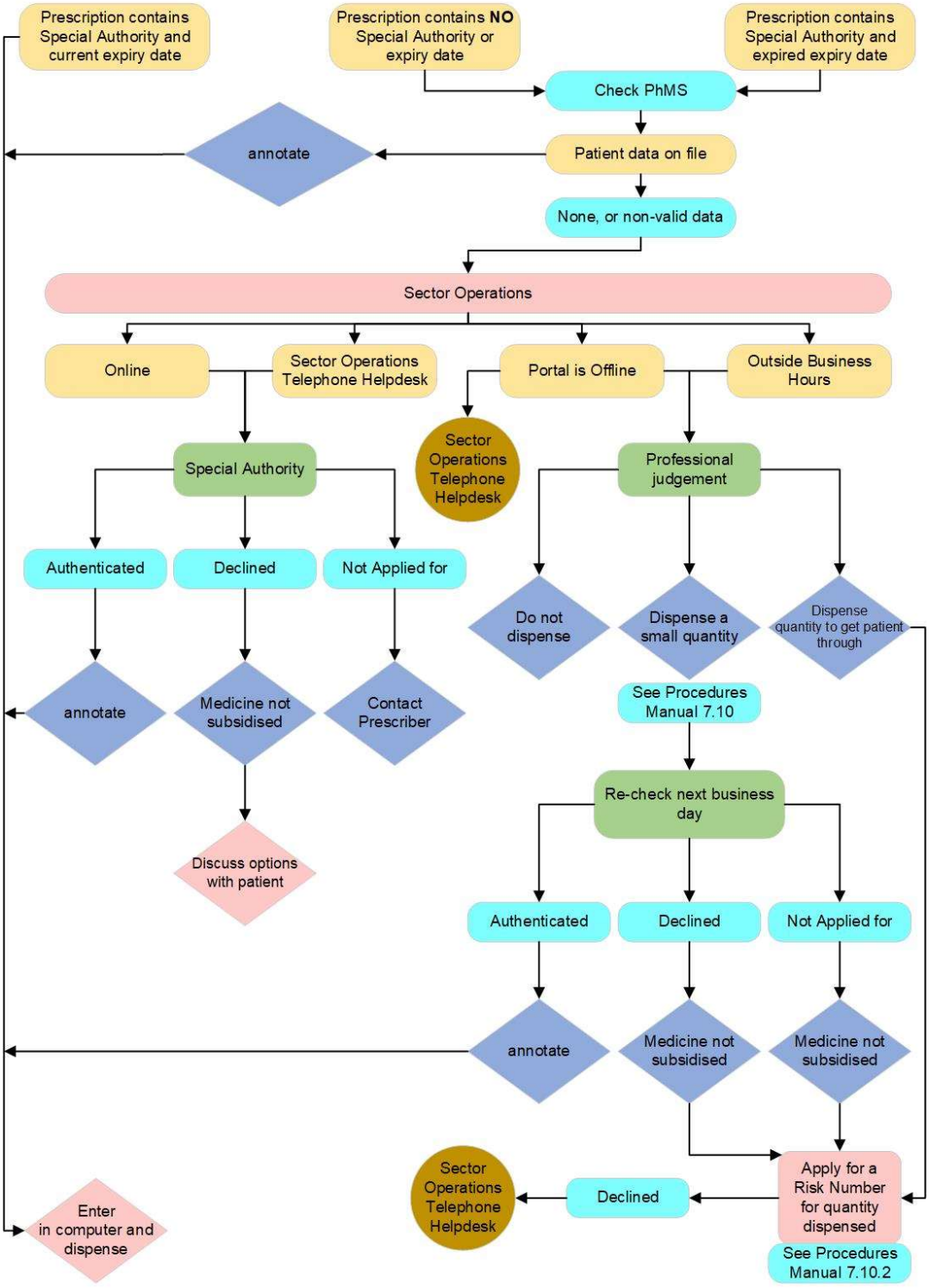
7.11. Obtaining Special Authority Information

Special Authority information can be obtained through the following channels:

- The Online Special Authority Look-up System.
    - Online access is available 24 hours per day, seven days per week, except during notified outages advised by email by Sector Operations.
- Sector Operations.
    - Available on 0800 855 066 from 8 am – 5 pm Monday to Friday or by email on onlinehelpdesk@health.govt.nz
    - When contacting Sector Operations, the Provider must supply their claimant number before any information can be released.

To confirm the expiry date of a Special Authority approval, the Provider should quote either the Special Authority approval number, or the Service User's name and NHI number (if known).

Pharmacy Procedures Manual Special Authority



Special Authority Procedure

Before dispensing a Pharmaceutical that requires a Special Authority, it is strongly recommended that the Provider verifies that the approval is 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/Jan24. The month and year refer to the expiry date of the Special Authority, where the approval will expire on the last day of the stated month.
2. Dispense the Pharmaceutical either using a valid Special Authority number, or, at a charge to the Service User, or as an ethical supply.[60]

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 Pharmaceutical prescribed, and
2. The Dispensing date falls within the Effective and Expiry Dates recorded for the Special Authority.

Any Claim that cannot be validated will be rejected. The Error Code Booklet can assist with understanding the rejection codes (and Section 3.3, Rejected Items in this Manual).

If the issue cannot be corrected (e.g., a Special Authority application that has not been submitted by the Prescriber, or the information cannot be validated), the Provider should contact Sector Operations on 0800 855 066, and advise that the correct procedures have been followed, but a valid number is unavailable. After a review of the circumstances, Sector Operations may provide a Risk Number (refer below for more details), which is added to the Claim and the Claim may be 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, or
- Sector Operations has returned a Special Authority application to the Prescriber for correction, or
- Staff at Sector Operations are unable to contact the Prescriber to ascertain the correct information.
- In these cases, the following options are available when a Special Authority has not been issued:
    - Delay the supply of the Pharmaceutical. If the Service User is not at risk, the supply of the Pharmaceutical can be delayed until the Special Authority is approved.
    - Dispense a small unsubsidised quantity of the Pharmaceutical. It is permitted to split the Item on the Prescription Form and Dispense enough of the Pharmaceutical to the Service User until the Special Authority is approved. When approved, the balance of the Item can be Dispensed as a subsidised (not exceeding in total the original prescribed amount), using a new unique number for the Item for the second

[60] Ethical supply. If the Service User will be at serious risk without the Pharmaceutical, the Provider can supply it as an 'ethical supply' and contact Sector Operations for a Risk Number to cover the Dispensing made in good faith (see Section 7.10.3 Risk Number Procedure).

Dispensing.

- Supply the Pharmaceutical as an 'ethical supply'.[60]

7.11.1. Rejected Special Authority Claim Items

A Provider should take the following steps if a Claim Item submitted with a Special Authority Number has been rejected for payment:

- Check the Error Code Booklet and see Section 3.3, Rejected Items in this Manual, and
- Take one of the following actions:
  - Use the Electronic Special Authority Look-up system to verify whether the Service User has a valid Special Authority, or
  - Contact Sector Operations on 0800 855 066 to enquire about the validity of the Service User Special Authority, or
  - Contact the Prescriber.
- If the Special Authority information has been incorrectly recorded on the Prescription Form, the correct information should be updated on the Prescription Form.
- The Claim Item should then be edited to include the correct information and resent or resubmitted in the next Batch claim for payment.

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

7.11.2. Risk Number Procedure

Sector Operations may issue a Provider with a Risk Number for a single Item on a Prescription Form when:

- A Claim Item has been rejected for payment because the Special Authority information supplied on a Prescription Form is incorrect, or
- The Provider has Dispensed an 'ethical supply'.

When a Risk Number is issued, the approval applies for the life of the Item. The Risk Number can be submitted for the rejected Claim Item and resent or resubmitted in the next Claim.

'Ethical supply' Dispensings is intended to protect Service Users who would be adversely affected if receiving their Pharmaceutical(s) are delayed. They are not expected to be a frequent occurrence, where the supply should only be enough to treat the Service User through until the Special Authority Number can be obtained, or while the Prescriber is contacted to submit an application. This process is only to be used as a last resort measure.

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 or resubmitted in the next Claim for payment.

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

- An Item on a Prescription Form has been rejected for payment because an incorrect Special Authority number is recorded on a Prescription Form, or there is no Special Authority number, or

- The incorrect expiry date (or no expiry date) has been recorded on the Prescription Form, but the Pharmaceutical has been Dispensed in good faith that the expiry date was correct, or
- The Prescriber could not be contacted in advance of the Service User needing their Pharmaceutical, or
- The Prescription Form was presented at a time when:
    - The online Special Authority Look-up System was unavailable, such as a notification from Sector Operations had been received about an outage, or
    - It was outside the Sector Operations Contact Centre hours and the Service User could not wait to receive their medication, or
- The Service User is at serious risk without their Pharmaceutical, such as a life-threatening condition or imminent hospitalisation. Examples of a life-threatening circumstance are when a Service User has a hyperglycaemic event and the appropriate insulin is not available, or they are at risk of a kidney graft rejection without the immediate availability of immunosuppressants.

'Ethical supply' does not cover Pharmaceuticals where it is unlikely there would be a serious deterioration in a Service User's condition due to a delay in not receiving the Pharmaceutical.

7.11.3. 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 Service User. The following table provides a description of each type of Special Authority.

Prefix	SA Type	Description
CHEM	Special Authority	Allows Service Users to receive Special Authority Pharmaceuticals through a Community Pharmacy
EXCP	Named Patient Pharmaceutical Assessment	Allows a Provider to Claim the full cost of the Pharmaceutical Dispensed. The application criteria are defined in the Pharmaceutical Schedule
RISK	Risk Number	Available where a Provider has made a Dispensing in good faith or if the Service User has a life-threatening condition
TEMP	Templeton	Enables a full subsidy for Service Users who were residents at the Templeton Centre at the time of closure A Templeton Approval covers any Pharmaceutical required by the Service User

7.12. Named Patient Pharmaceutical Assessment (NPPA)

The NPPA provides a mechanism for Prescribers to apply for funding for Pharmaceuticals not listed in the Pharmaceutical Schedule, either generally or for specific clinical circumstances.

The NPPA Policy, which includes the prerequisite requirements and eligibility criteria for

funding, is available on the Pharmac website.

Service Users who were approved for Exceptional Circumstances funding prior to 1 March 2012 will continue to receive Pharmaceutical funding and may be considered for renewal funding (where applicable), according to the Exceptional Circumstances criteria under which funding was initially granted.

7.12.1. Reimbursement for NPPA Funded Pharmaceuticals

NPPA Services A

If the NPPA-funded Pharmaceutical is listed on the Pharmaceutical Schedule, the Provider will be reimbursed with a multiplier on the Handling Fee according to NPPA Services A (PUC PH1004) in the ICPSA (Schedule 1, clause 30).

NPPA Services B

If the NPPA-funded Pharmaceutical is **not** listed on the Pharmaceutical Schedule, the Provider will be reimbursed with a multiplier on the Handling Fee according to NPPA Services B (PUC PH1005) in the ICPSA.

Refer to ICPSA (Schedule 1, clause 31, Payment Terms) for full details of payment calculations. Further information is available on the Pharmac website and in the ICPSA7.

7.13. Unique Identifying Numbers for Items on Prescription Forms

All Prescriptions Forms and supply orders must adhere to the following numbering system:

- numbers follow the format: 123456789/number suffix
- the appropriate suffix for the item is included on the Prescription Form
- if the item is for a single supply (including those items dispensed Stat), the suffix used is ‘0’. For the initial Dispensing of an item where repeats are prescribed, the suffix is `1’
- each subsequent Dispensing of a repeat of an item uses the next consecutive number as its suffix.

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

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

Unique identifying numbers are also required on labelling for compliance packaged items.

7.14. Annotations of Prescription Forms

An Annotation is text written by a Provider on a Prescription Form. Any Annotation should clearly differentiate the information added by the Provider from that written by the Prescriber.

If possible, all Annotations should be adjacent to the relevant item on the Prescription Form and writtenin a different coloured pen to that used by the Prescriber.

Items on a Prescription Form should be Annotated where:

- it is required by legislation[61]

[61] Medicines Regulations 1984, reg 42(4)(e)(f)

- it is necessary for clarification or is specified in the ICPSA or this Manual
- it is required for subsidy purposes, including those outlined in the ICPSA or Pharmaceutical Schedule, e.g. Cost Brand Source, Multiple-Service Users, or
- there is no Patient Category code on the Prescription Form, or when it is known to be an error in the code (refer to the table in Section 10).

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

Providers may Annotate Prescription Forms to clarify one or more of the following:

- dosage
- strength
- quantity
- brand (the Provider may only Annotate a change of brand subject to the substitution rules contained in regulation 42(4) of the Medicines Regulations 1984).

Points to note:

1. When Dispensing a subsidised alternative brand of a Pharmaceutical, the Provider must Annotate and sign the change and inform the Service User of the brand change (see Section 7.16, Substitution).
2. A Provider may only Annotate an Endorsement required for subsidy where the Pharmaceutical Schedule specifically permits the Provider to Annotate the Endorsement. All other Endorsements must be handwritten, or computer generated by the Prescriber or, where it has been altered or added by the Provider, initialled by the Prescriber.
3. Where a Specialist recommendation is required for subsidy on a Prescription Form or supply order, the Provider may Annotate the Prescription Form or supply order, following verbal confirmation from the Prescriber, with the name of the Specialist and date of recommendation. The Provider must also Annotate the Prescription Form with the words 'Confirmed by [practitioner's name]'. Where the Provider has an electronic record of a valid Specialist recommendation from a previous Prescription Form for the same Pharmaceutical written by a Prescriber for the same Service User, the Provider may Annotate the Prescription Form accordingly.

7.15. Alteration to Quantity Dispensed

An alteration made by a Provider to the unit quantity Dispensed is one that does not affect the end amount of Pharmaceutical prescribed.

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

In the following example the Service User will receive the same dose of Pharmaceutical. In this case, the Provider has altered the unit quantity, and subsequent dosage instructions, without changing the total daily dose or frequency ordered by the Prescriber:

- the Prescription Form reads '500 mg, one tablet per day, 30' tablets
- the Provider Dispenses '250 mg tablets, two tablets per day, 60' tablets.

For any alteration made by the Provider to the quantity Dispensed, if there is additional cost to Health NZ, the Provider 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 Provider must Annotate and initial the alteration. In these cases, the Prescription Form does not need to be returned to the Prescriber for Endorsement.

7.16. Alteration to the Presentation of a Pharmaceutical Dispensed

When Dispensing a Community Pharmaceutical, the Provider may alter the presentation of a Pharmaceutical Dispensed (e.g. tablets to liquid) to another subsidised presentation of the pharmaceutical without requiring a signature from the Prescriber.

The Provider cannot however alter the dose, frequency, and/or the total daily dose of the pharmaceutical.

The change in presentation may only occur when it is not practicable for the Provider to dispense the requested presentation.

If the change will result in additional cost to Health NZ, then the Provider must Annotate the reason for the change on the Prescription Form and initial the change for the purpose of Audit.

For clarity the Provider may not alter the dose, frequency and/or the total daily dose of a pharmaceutical without sending the altered Prescription Form to the Prescriber to be Endorsed.

7.17. Substitution of Pharmaceuticals[62]

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 Provider may Dispense the fully subsidised Community Pharmaceutical, unless either or both of the following circumstances apply:

- there is a clinical reason why substitution should not occur, or
- the Prescriber has marked the Prescription Form with a statement such as 'No brand substitution permitted'.

The substituted Pharmaceutical **must** be in the same dose form and strength as the prescribed brand. Where this is not possible or does not meet the Service User's needs, the substituted Pharmaceutical must provide a bioequivalent dose.

When Dispensing a subsidised alternative brand, the Provider must Annotate the Prescription Form with the brand supplied (the brand dispensed), sign and date the Prescription Form, and inform the Service User of the brand change.

B: Any changes required to a controlled drug Prescription should be re-written orregenerated and signed by the Prescriber for both NZePS controlled drug Prescriptions and triplicate paper controlled drug Prescriptions.[63]

7.18. Cost, Brand, Source (CBS)

For Pharmaceuticals where CBS information is required for a Pharmaceutical listed in the Pharmaceutical Schedule, or if the item is a NPPA Pharmaceutical not listed in the Pharmaceutical Schedule (as described in the ICPSA as NPPA Services B), the

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62 Medicines Regulations 1984, reg 42(4)
63 Misuse of Drugs Regulations 1977, reg 32(3)

Pharmaceutical is eligible for subsidy based on the Provider's Annotation of the purchase price, brand, and source of supply.

- The purchase price should be GST exclusive.
- The Pharmaceutical Schedule requires that the purchase cost, brand, and source of supply be clearly Annotated on the Prescription Form.
- A copy of the invoice for the purchase of the Pharmaceutical should be attached to the Prescription Form for the item 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.
- 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.

7.19. Holding or Splitting a Prescription Form

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

- the patient advising they are unable to afford or does not require all the items on a Prescription Form at that time, or
- the Pharmacy holds items to enable dispensing synchronisation.

Where a Prescription Form 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 Form must be made to ensure there is an original Prescription Form is filed for each Dispensing (see Section 7.30, Certified True Copy).

Controlled drugs Items on a controlled drug Prescription Form may have different start dates, for example they may be 'split', however all Dispensings must be recorded on the original controlled drug Prescription Form.

While each item may be started on a different date, providers must ensure that the date of the first Dispensing of each item complies with the maximum permitted days between prescribing and dispensing the pharmaceutical for the particular Prescriber type. Refer to the table in Section 5.1.

All Dispensings of controlled drugs must be Annotated on the original triplicate Prescription Form and No Certified True Copies must be used - (see Section 7.30, Certified True Copy).

NZePS Prescriptions

A Prescription Form issued via NZePS may be 'split' by deselecting the items that are not required once the barcode has been scanned.

A Certified True Copy of the printed copy of a NZePS Prescription must be printed and retained by the provider.

The procedure for Controlled Drugs and non-Controlled drugs is the same.

7.20. Owings

7.20.1. General Requirements

Item Owing Procedure

- The Provider must consult with the Service User to achieve a mutually acceptable arrangement when it is not possible to Dispense the full quantity of a prescribed Pharmaceutical due to insufficient stock..
- It is preferable to dispense the full quantity, however if not possible, and the Service User's treatment needs to commence immediately, then the Provider should dispense a part supply of the Pharmaceutical.
- If the full quantity of a Pharmaceutical is not available, the Provider must record the details in the Service User's record in the PhMS, or in an 'Owes' file, and Annotate on the Prescription Form with the quantity of the Pharmaceutical dispensed and the quantity of the Pharmaceutical owing.
- The Service User must be provided with written information confirming the quantity of Pharmaceutical owed and the expected timeframe for collection of the owed item where the availability is known (eg, could be out of stock).
- The owed items **must** be collected or delivered within the lessor of the period of supply of
    - The period of supply on the Prescription Form or
    - within three months of the date of dispensing (6 months for oral contraceptives) .
- Payment will only be made for any owed items once they have been supplied to the Service User or their caregiver. No Service or Handling Fees will be paid for these owed balances.
-

7.20.2. Controlled Drug Owings

If stock of a controlled drug is unavailable and the full quantity cannot be 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.

Any subsequent repeats where insufficient stock is available must be claimed as one repeat and an 'owe'.

OweProcedure for Class B Controlled Drugs

- Claim for the first supply as an initial Dispensing.
- The second dispensing (i.e., the owed portion) should be claimed as a repeat Dispensing.
- Separate entries must be recorded on the controlled drug Prescription Form and in the Controlled Drug Register of the quantities and dates of the Dispensing for both supplies.

7.21. Repeat Supplies

7.21.1. Repeats

Funded repeat supplies can be Dispensed when all the following conditions are met:

- the Provider has previously Dispensed an initial Dispensing for a Prescription Item and repeat Dispensing of an item is are permitted in accordance with the Pharmaceutical Schedule, and
- the Service User or their caregiver has made a specific request for a repeat, and
- the Provider can reasonably determine that one or more of the following apply:
    - the previously Dispensed supply of the Community Pharmaceutical, including any previous Prescription and repeats dispensed by that Pharmacy, has been exhausted, or
    - at least two-thirds of the Dispensing period has elapsed since the previous Dispensing of the Community Pharmaceutical, or
    - at least two-thirds of supply of the Community Pharmaceutical has been used since the previous Dispensing, or
    - another valid reason otherwise known to the Provider (such as the patient is travelling and signs the Prescription Form and certifies the criteria the patient meets to qualify for single 90 day Lot dispensing),[64] or
    - Pharmac has advised that, to manage stock supply issues, the Provider may dispense more frequently than the Pharmaceutical Schedule would normally allow and has specified that 'out of stock' (OOS) can be Annotated on the Prescription Form.

- In special circumstances such as where a Service User has lost or damaged the previous supply or where there is an increased need for the Pharmaceutical due to a change in dose or frequency, the Provider can Dispense a funded repeat of the Pharmaceutical earlier than would otherwise be allowed.
- Where a repeat is dispensed earlier than would ordinarily be expected , the reason for the early supply **must** be Annotated on the Prescription Form or Certified Repeat Copy (CRC), see Section 7.20.2) for the Service User to be eligible for a subsidy.

The Provider that undertakes the initial Dispensing on a Prescription Form must remain available to Dispense any authorised repeats requested by the Service User and/or their caregiver. The Provider may not return the original Prescription Form to the Service User.

7.21.2. Certified Repeat Copy (CRC)

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

Where Dispensing does not occur from the original Prescription Form, a CRC must be

[64] Pharmaceutical Schedule Section A: General Rules, rule 4.4.2

generated if the repeat Dispensed is different to what has been prescribed at the initial Dispensing. This difference can occur when two repeat supplies are Dispensed at once.

The CRC form must be filed with that day's Dispensing batch records. A CRC does not need to be submitted with the Claim Period batch to the Health NZ if it does not differ from the original Prescription Form (see Section 4.2, Batch Delivery Instructions).

However, if the CRC is not submitted with the Claim Period batch, it must be filed and retained in the Pharmacy for a period of three years.[65]

7.22. Original Pack Dispensing

Original Pack Dispensing Procedure

If an item has the letters 'OP' in the pack size column of the Pharmaceutical Schedule, then payment is made based on the nearest original unit size.

The pack size dispensed should be the closest size that meets the dosage instructions and will be reimbursed for the total subsidy per 'OP' dispensed.

For example, a collapsible tube (if defined as 'OP' in the Pharmaceutical Schedule): e.g. Locoid Lipocream.

Even though the Prescription Form only calls for 15 g, the Provider can claim 1 x OP or 30 g. If the Locoid Lipocream Prescription Form had called for 50 g, the Provider can claim 2 x Locoid Lipocream 30g OP or 60 g.

7.23. Broken Packs

If a Provider dispenses a part pack of a proprietary Pharmaceutical, the subsidy ca,culation 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 Items 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 routinely provided for one original pack (OP) per month. However, if the Medicine Data Sheet states the product should be discarded after a specific period (e.g., 30 days), then funding will be provided accordingly. This must be Annotated by the Provider on the Prescription Form.

For example, Ovestin Vaginal Cream is not required to be discarded one month after opening. If the prescribed quantity equates to one tube per month, then one tube per month can be Dispensed and will be subsidised. In all other circumstances only the quantity that is prescribed will be subsidised.

7.24. Oral Antibiotic Liquids

Where a Prescriber has written a Prescription Item for a reconstitutable oral liquid antibiotic listed in the Pharmaceutical Schedule, and the Dispensing of which would require the Provider to reconstitute an additional pack, the Provider should reduce the amount

[65] Health (Retention of Health Information) Regulations 1996; reg 5

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 Provider the reduction will not affect the efficacy of the prescribed course of treatment.

For example:

- Prescribed: 5 mL TDS for 7 days = 105 mL
- The provider should Dispense 100 mL

For example:

- Prescribed 10 mL stat, 5 mL TDS for 7 days = 110 mL
- The provider should Dispense 110 mL

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

7.25. Claiming Wastage

Using the 'Wastage' rule in the Pharmaceutical Schedule, Providers can claim wastage for certain Pharmaceuticals listed. This includes:

- all subsidised unapproved Pharmaceuticals supplied under section 29 of the Medicines Act 1981, but excluding any Pharmaceutical listed as Cost, Brand, Source of Supply
- any other Pharmaceutical that Pharmac determines and is identified within the Pharmaceutical Schedule as eligible for 'Wastage' claims.

A Provider should only claim wastage when the remainder of a pack is unlikely to be Dispensed in the future. If a Service User is on a long-term treatment where wastage is claimable, the Provider should not claim wastage on every Dispensing.

At the time of Dispensing the Provider must record the quantity discarded and the date it was discarded on the Prescription Form.

Wastage should only be claimed when the remainder of a Pharmaceutical has been discarded, which means, a Provider cannot claim wastage and then use the wastage amount for any subsequent Prescription Forms.

7.26. Liquid Pharmaceutical Dilution

Where the prescribed dose of a liquid Pharmaceutical is not easily measurable for the Service User or their caregiver, the Provider may add a compatible diluent to the Pharmaceutical if satisfied that:

- the dilution is necessary to adjust the dose to a quantity that is easily measurable by the Service User or by any other person on behalf of the Service User, and
- the addition of that diluent will not injuriously affect the composition or efficacy of the Pharmaceutical.[66]

[66] Medicines Regulations 1984, reg 5

7.27. Supply Orders

7.27.1. Practitioner Supply Orders (PSOs)

Practitioner Supply Orders (PSOs) must be supplied in accordance with the Pharmaceutical Schedule Rules.

Pharmac publishes a list of funded Pharmaceuticals which may be prescribed on a PSO. The list is updated monthly and can be found on the Pharmac website under the section 'Schedule Resources' (Practitioner Supply Order (PSO) List).

Any PSO for a Pharmaceutical that is required to be written on a triplicate controlled drug form for a Service User (example.g. a Class B controlled drug) must be written on a controlled drug PSO form. Currently there are no electronic PSO forms.

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

Except for ivermectin, Bulk Supply Orders (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 including 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 Service User of that institution. Ivermectin is also fully subsidised on a BSO where there is a valid Special Authority for a Service User of that institution.

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

Pharmac has specified the quantities of certain antibiotics that Medical Practitioners, Nurse Prescribers, and Provider Prescribers can order on a Practitioners Supply Order (PSO) if they are taking part in the Rheumatic Fever Prevention Programme (RFPP).[67]

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

- the antibiotics must be in course-specific quantities, for example,

  30 x amoxicillin capsules, or

  20 x phenoxymethylpenicillin 500 mg capsules, or

  20 x erythromycin 400 mg tablets, or

  100 mL bottles of granules of oral antibiotic liquids.
- The RFPP Provider name (such as the clinic providing the service) must be written on the PSO.

Note While the RFPP Programme as a Better Public Service target ended on 30 June 2017, Rheumatic Fever prevention continues in some Districts and this guidance still applies.

Dispensing of PSOs for a Rheumatic Fever Prevention Programme[68]

- Check the PSO complies with the Pharmaceutical Schedule rules, including the

[67] Pharmaceutical Schedule Section A: General Rules, rule 1.3.4

[68] Ministry of Health. 2015. Using Practitioner Supply Orders and Standing Orders in the Rheumatic Fever Prevention Programme: Guidance for sore throat management services. Wellington: Ministry of Health.

approved antibiotics and course specific quantities.

- Process the Dispensing of the requested antibiotics through the PhMS in course-specific amounts, eg, if 10 x 20 amoxicillin 500 mg capsules are ordered then enter each quantity as a separate 20-capsule 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 must be labelled.
- Antibiotic granules of oral liquids are dispensed in un-reconstituted powder form.

Labelling of Antibiotics for a Rheumatic Fever Prevention Programme

Each label must include the specific quantity, dose and frequency instructions, for example:

Amoxicillin 250 mg capsules 30

Take THREE capsules ONCE a DAY for 10 days

Amoxicillin 500 mg capsules 20

Take TWO capsules ONCE a DAY for 10 days

Amoxicillin 250 mg/5 mL < 30 kg 200 mL

Take 15 mL ONCE a DAY for 10 days

Amoxicillin 250 mg/5 mL > 30 kg 200 mL

Take 20 mL ONCE a DAY for 10 days

For Service Users with a definite or possible anaphylaxis to penicillin or amoxicillin

Erythromycin Ethyl Succinate, children, and adults: 40mg/kg/day in 2-3 divided doses, with a maximum adult daily dose 1000mg orally for 10 days.

For the un-reconstituted granules:

- Add the Cautionary Advisory label: 'Shake the Bottle', 'Keep in the fridge' and 'Discard any remainder after 10 days'.

Ensure the Cautionary Advisory labels doe not obscure the reconstituting instructions.

Notes:

- For each course-specific amount of antibiotic dispensed, the PhMS will claim a service fee in accordance with the ICPSA.
- Service Users receiving antibiotics through the RFPP Sore Throat Management service must not be charged a Co-payment.

7.28.1. Practitioners Supply Orders (PSOs) for Rural Areas

Designated rural practices are not restricted to the Pharmaceuticals on the PSO list and can order any product listed in the Pharmaceutical Schedule, provided that all the funding requirements of the listing are met.

- Exceptions: If the listing of the Pharmaceutical in the Schedule states 'only on a Prescription', or the Pharmaceutical requires a Special Authority, then it is not funded on

a rural PSO.

Rural practices may order a quantity considered reasonable for up to one month's supply, under the conditions normally existing in the practice.

Health NZ determines which practices are designated as rural practices.

7.28.2. Bulk Supply Orders (BSO)

For Pharmaceuticals to be Subsidised on a Bulk Supply Order (BSO), the BSO must meet all of the following criteria:

- be for supply of Community Pharmaceuticals to Private Hospitals that employ a Registered Nurse, for the treatment of people under the care of that facility
- be on a form supplied or approved by the Health NZ and signed by a Hospital Care Operator
- for a Class B controlled drug or for buprenorphine hydrochloride, the BSO must be written on a triplicate BSO Controlled Drug Form supplied by the Health NZ
- not exceed what is a reasonable Monthly allocation for the particular institution
- meet all the Subsidy requirements of Section B of the Pharmaceutical Schedule applicable to that Community Pharmaceutical
- not be supplied to Armed Forces or Prisons unless explicitly permitted in Section B of the Schedule.[69]

If a funded extemporaneously compounded product is supplied on a BSO, a compounding service fee may be claimed.

7.29. Prescriptions for Multiple Service Users

When a single Prescription Form includes items for multiple Service Users, such as antifungal or scabies treatments, they should be treated as separate items for each Service User.

All the Service User's names must be recorded on the Prescription Form or annotated by the Pharmacist.

Normal Co-payment rules will apply for each Service User, that is, if a Co-payment may be charged under clause D.5(2) of the ICPSA, only one Co-payment may be charged per Service User.

Note: A NZePS Prescription cannot accommodate multiple Service Users and there can only be one patient per SCID (barcode number). A SCID cannot be used a second time to dispense for the second Service User or more. In this situation one separate Prescription would need to be issued for each Service User via the NZePS.

[69] Pharmaceutical Schedule Section A: General Rules, rule 1.3.5

7.30. Bulk/Merged Prescription Forms

Pharmacies do not need to match telephone or pharmacy generated Prescriptions with a Prescription signed by a general practitioner to claim for the dispensing if all the following conditions are met:

- an electronic medication chart is used by the ARRC facility, GP, and Pharmacy for prescribing, dispensing and administration and
- a telephone or pharmacy generated Prescription is generated that matches the medication chart, and
- the telephone or pharmacy generated Prescription is attached to the medication chart and is kept and submitted as required by the Integrated Community Pharmacy Services Agreement (ICPSA).

Where the above conditions are not met, a Prescription Form generated for multiple ARRC Service Users, must comply with the following:

- the Prescriber must initial beside each Service User on the page, and
- each Service User's NHI number is recorded, and
- the name of the ARRC facility is Annotated, and
- A statement acknowledging that each Service User is under the Prescriber's care is included e.g. 'I have read and authorised these Prescription orders for the above-named Service Users', and
- each page has the full Prescriber's signature and date at the bottom of the page.

Due to the requirement for the close association between the Provider and Prescribers for ARRC Service Users, only fully completed items on a Prescription Form may be claimed. For clarity, the provision for the submission of uncompleted items on a Prescription Form in Section 7.6 of the Procedures Manual does **not** apply to ARRC bulk Prescription Forms.

7.31. Certified True Copy of a Prescription

A Certified True Copy of a Prescription Form is used when:

- the original Prescription Form 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 Provider
- all items on a multi-item Prescription Form are not processed on the same day
- the Service User wishes to retain the original Prescription Form when items remain undispensed.

A Certified True Copy of the original Prescription Form should be made by the Provider and must be retained and submitted as part of the Claim Period batch in the normal manner. A photocopy of the original Prescription Form 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 Provider.

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 Provider.

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

A Certified True Copy is still required for a Prescription Form produced via NZePS when not all the items are required to be Dispensed at the time of the initial presentation of the Prescription Form. Any undispensed lines must also be flagged with the NZePS Broker by placing them on hold. The Certified True Copy is needed to meet the requirement for each item in the electronic Claim to be supported by an original Prescription Form.

Certified True Copies **cannot** be made of controlled drugs Prescriptions other than for Batch filing records for NZePS controlled drug Prescription Forms.

- All Dispensing's of a controlled drug must be recorded on the original Prescription Form.
- While each controlled drug item may be started on a different date, refer to the table in Section 6.1.3 to ensure that the date of the first Dispensing of the controlled drug is within the timeframe specified for that particular Prescriber type.

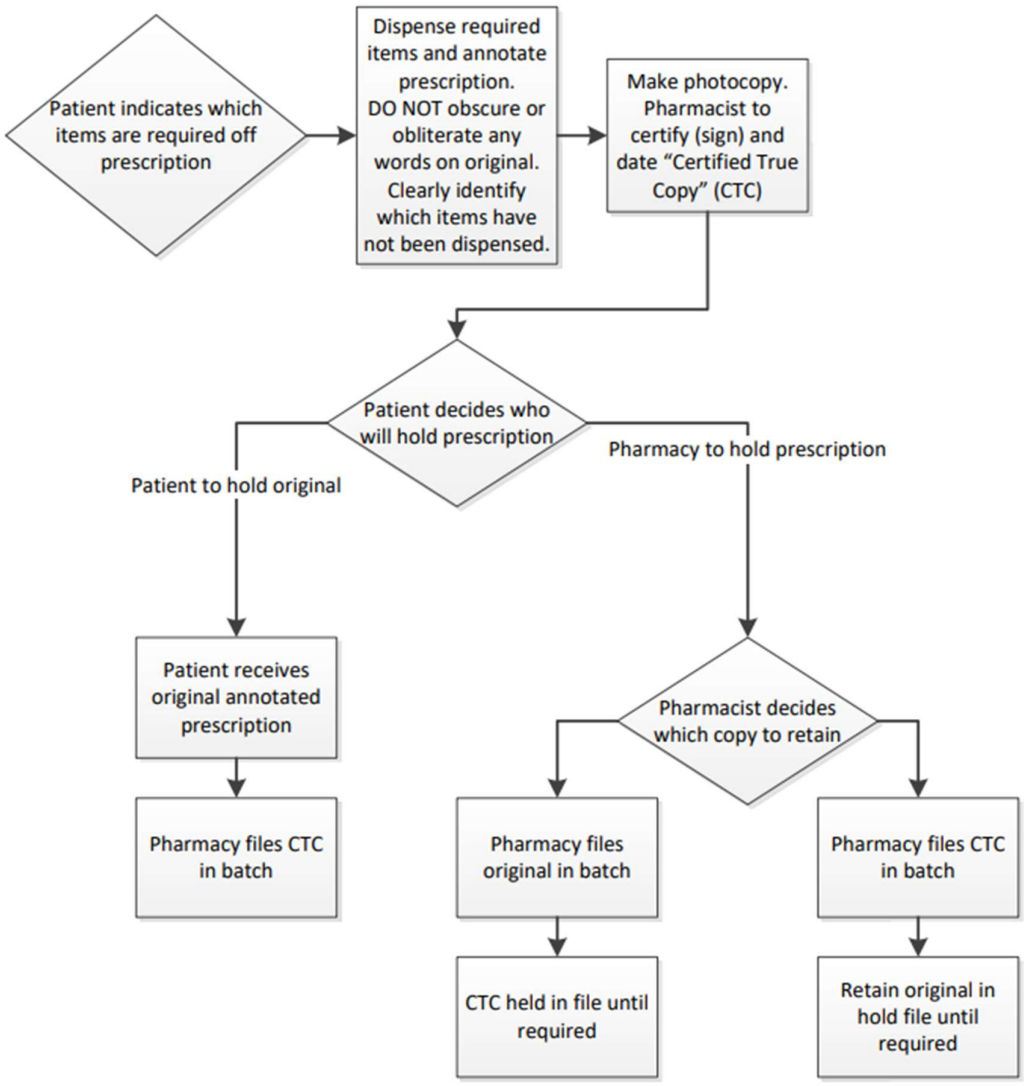
Certified True Copy Procedure

- The items to be Dispensed on the first occasion are Dispensed and supplied to the Service User as normal and clearly indicated on the original Prescription Form. No words on the original Prescription Form may be obscured or obliterated.
- Items that have not been Dispensed are clearly identified on the original Prescription Form (e.g. by writing 'not dispensed' or 'held').
- Once the Dispensing process is complete for the first occasion and the recording of the necessary information on the Prescription Form is completed, a photocopy of the original Prescription Form is made and certified by the Provider as a 'Certified True Copy' and the date of the certification is added.
- The Certified True Copy of the original Prescription Form should only be created once all the relevant information is recorded on the original Prescription Form (e.g. pharmacy stamp, third part label and required Annotations).
- **Scenario One**: The Service User wishes to hold onto the original Prescription Form:
    - The Service User receives the fully Annotated original Prescription Form with the Dispensed items clearly identified and the original Prescription Form clearly indicates the item(s) Dispensed (example.g. by drawing a line through each Dispensed item and writing 'dispensed').
    - The Certified True Copy of the original Prescription Form is filed in the Batch in date order as described in Section 4.1. for the day that those initial Dispensings were completed.
- Scenario Two: The Service User wishes the remainder of the Prescription Form to be placed in the Hold file in the Pharmacy (such as a 'split' or 'held' Prescription Form):
    - Option 1: Follow the process described in Scenario One, or
    - Option 2: File the original Prescription Form (fully Annotated) is filed in the Batch for the day that those initial Dispensings were completed.
    - File the Certified True Copy of the original Prescription Form in the Hold file for future use.
    - When the Service User requires an item to be Dispensed from the 'held'

Prescription Form, the Certified True Copy is used as the original Prescription Form and the process begins again (this process can continue until all the items are initially Dispensed or the Prescription Form expires).

- If further initial Dispensings are required then the Provider 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 (e.g. Provider stamp, third part label and required Annotations).
- The first Certified True Copy is then placed in the 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.

Certified True Copy Diagram



7.32. Receipts

The following information is required for each item on a Prescription Form on the Receipt:

- the Service User's name
- name of the Pharmaceutical item(s) dispensed
- cost to the Service User of each item.

7.33. Flavours of Special Foods

When Dispensing multiple flavours of a Special Food, if the Provider is permitted to charge a Co-payment in accordance with clause D.5(2), the Provider must charge a Service User only one Co-payment if the Service User receives more than one flavour of the same type of Special Food listed in the Pharmaceutical Schedule, as written in the ICPSA (Schedule 3B.4, Special Foods services, Clause 6.1).

7.34. Data Retention

This section provides a summary of the regulated timeframes for retaining Pharmacy-related data and information. The following should be considered when storing records and data:

- All data and records must be kept at a secure place in the Pharmacy or in some other place authorised by the Licensing Authority[70]
- All retention dates commence from the date of last dispensing or last entry[71]
- Health information is defined as any information that relates to an identifiable individual[72]
- Paper records such as compounding job sheets for individual Service Users or Compliance Unit Dose Packaging Records must initially be retained for three years. But because these records also contain patient information they must be retained for 10 years in total. However, a Pharmacy can store these records in any acceptable, retrievable form (eg, electronically) which will be retained for 10 years
- All documents or data that have reached their expiry date must be securely destroyed
- Electronic records must be maintained in a retrievable form for the full retention period.[73]

[70] Medicines Regulations 1984, reg 58(2)
[71] Health (Retention of Health Information) Regulations 1996, reg 5
[72] Health (Retention of Health Information) Regulations 1996, reg 2
[73] Health (Retention of Health Information) Regulations 1996, reg 9(1)

Data Type	Retention Period
Prescriptions	
• Original physical copy	
○ Subsidised	• five months (then sent to Health NZ Sector Operations)
○ Non-subsidised	• three years[74]
• Certified Repeat Copies (or daily dispensing/recording sheets)	• three years[75]
• Controlled Drug Prescriptions (top white copy)	• four years[76] Note: Physical Prescriptions containing patient information must be kept in a secure, retrievable format (eg, electronic dispensing system) for a further seven years (total 10 years) after completion of the Medicines legislation and NZ Pharmacy Services Standards retention requirements.[71]
Other Records	
• Computer Records (example.g. PhMS)	• 10 years[77]
• Controlled Drugs Register	• four years[78] • Note: Details of any dispensing which contain patient information should subsequently be retained in a retrievable format for another seven years (total 10 years)[79]
• Incident Reports on Errors/Near Misses	• 10 years[80]
• Compliance Unit Dose Packaging Records (with identifiable patient information)	• 10 years[81]
• Compounding Job Sheets for Individual Service Users (with identifiable patient information)	• 10 years[82]
• Batch Compounding Sheets	• three years[83]
• Extemporaneous Compounding Sheets	• three years[84]

74 Medicines Regulations 1984, reg 58(1)
75 Health (Retention of Health Information) Regulations 1996, reg 2
76 Misuse of Drugs Regulations 1977, reg 33
77 Health (Retention of Health Information) Regulations 1996, reg 5
78 Misuse of Drugs Regulations 1977, reg 42(1)
79 Health (Retention of Health Information) Regulations 1996, reg 2
80 Health (Retention of Health Information) Regulations 1996, reg 5
81 Health (Retention of Health Information) Regulations 1996, reg 2
82 Health (Retention of Health Information) Regulations 1996, reg 2
83 NZ Standard Health & Disability Services Pharmacy Service Standard NZS 8134.7:2010; Standard 5.6.2
84 Misuse of Drugs Regulations 1977, reg 33

7.35. Supply of Pharmaceuticals to School Principals and Masters of Ships

The supply of bronchodilators to schools[85] and the supply of Pharmaceuticals to masters of ships for maritime use[86] is not funded. Therefore the details regarding these processes are not included in this document.

For further information refer to the Pharmacy Practice Handbook, available on the Pharmaceutical Society of New Zealand website (members only access) or consult other professional organisations, such as the Pharmacy Guild of New Zealand.

8. Reimbursement Interpretations

There are several specific rulings that provide an interpretation for Providers on the quantity of Pharmaceuticals that can be reimbursed under the Pharmaceutical Schedule General Rules and the ICPSA for the provision of Pharmacy services. Where clarification is necessary, the Provider should Annotate the Prescription Form.

8.1. Ambiguous Periods of Supply

If the Prescriber has clearly stated the quantity of the Pharmaceutical on the Prescription Form but has not indicated a period of supply, the Provider must use their professional judgement to determine an appropriate period of supply.

Where possible Providers should use a three-month period of supply, unless:

- the Prescriber has written on the Prescription Form any explicit instructions to the contrary
- the Provider uses their professional judgement to determine, the quantity of pharmaceutical prescribed likely exceeds that which would be intended for a three-month period of supply.

For example:

- Prescription Form for five original packs of aqueous cream, to be used as a soap substitute “as required”, without any further details, **could** be considered as a three-month supply.
- Prescription Form for 20 original packs of aqueous cream, to be used as a soap substitute “as required”, without any further details, likely exceeds that which would likely be used in a three-month period.

8.2. Anti-androgen Oral Contraceptives

Prescribers may code Prescription Forms with the ‘contraceptive’ code ‘O’ when a Pharmaceutical is used as indicated for contraception. The period of supply may be written for up to a total of twelve months’ supply but a maximum of six-months supply may be dispensed on any one occasion..

Prescription Forms coded in any other way are subject to the standard three-month non-contraceptive maximum supply on any one occasion.

The total maximum period of supply is 12-months regardless of which Health Service User

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[85] Medicines Regulations 1984, reg 44(l)
[86] Medicines Regulations 1984, reg 44(i)(ia)

code is used.

For example, a Private Specialist Prescription Form for cyproterone acetate with ethinylestradiol:

- private specialist (unapproved Provider) has coded the Prescription Form 'O3'

  Period of supply is twelve months and can be Dispensed as six months supply with one repeat. The Co-payment = $5

- private specialist (unapproved Prescriber) has coded the Prescription Form A3, not 'O'

  Period of supply is twelve months, as the Prescriber has not indicated the item is being prescribed as an oral contraceptive it must be dispensed as three months with three repeats. The Co-payment would be $15.

8.3. Eye Drops

For most eye drops, if an item on a Prescription Form is written for a period of supply greater than one month, at least one original pack will be subsidised per month, even if the directions are such that one pack would suffice for the total period of supply. This aligns with the requirement to discard eye drops 30 days after first opening.

Where the manufacturer specifies a longer than 30-day expiry date once the original pack of eye drops is unsealed, such as Poly-Tears, this data can be used to calculate the number of original packs to Dispense.

The Provider must annotate the Prescription Form when claiming for quantities that exceed the dose and frequency prescribed.

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

- 12 drops = 1 mL
- 60 drops = 5 mL

Where the manufacturer states the number of drops per mL, this data can be used to calculate the number of original packs to dispense, alongside any manufacturer's information on expiry dates once unsealed.

8.4. Insulin Vials and Cartridges

When insulin is prescribed for period of supply greater than one month, at least one vial or one cartridge will be subsidised per month, even if the directions are such that one vial or one cartridge would cover the complete course. This follows the need to discard insulin vials or cartridges 30 days after first opening.

Note:

- Insulin priming - Insulin pen users are now instructed to prime a Penfill prior to each dose by using a 2 unit 'airshot'.
- If priming is included on the Prescription, it can be dispensed.
- In general, this would not be more than 2 units per dose.[87] The Provider must Annotate the Prescription Form when claiming for quantities more than the dose and frequency prescribed.

[87] Pharmac. Questions and answers for pharmacists

8.5. Mucilaginous Laxatives

These Pharmaceuticals 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

Where the manufacturer states a different quantity, this data can be used to calculate the number of original packs to Dispense.

8.6. Bronchodilator Asthma Inhalers Prescribed PRN

Where a Prescription Item for a bronchodilator inhaler is prescribed with a 'when required' component in the dosing schedule, up to 1,200 doses per three months will be funded .

For example, salbutamol inhaler:

- Prescribed: 2 puffs Q2H PRN for 3/12 = 2,160 doses (or 11 x 200 dose inhalers)
- Funded: Only 6 inhalers (1,200 doses) per three months will be Funded.

These inhalers (up to six funded per three months) should be Dispensed in quantities as required by the Service User for their needs.

For example, Six inhalers can be Dispensed as 2+2+2 or 3+2+1 or 4+1+1.

A quantity larger than 1,200 doses, per three months will be funded if the Prescriber annotates, on the Prescription Form, the reason the extra quantity is required.

8.7. Bronchodilator Asthma Inhalers Prescribed Without PRN

When a bronchodilator inhaler is prescribed with a dosing frequency that does not have a 'when required' component, then the quantity supplied must relate to the total number of doses prescribed.

For example, salbutamol inhaler:

- Prescribed: 2 puffs Q2H for 3/12 = 2,160 doses (or 11 x 200 dose inhalers).
- Funded: All 11 inhalers (2,200 doses) per three months will be funded

8.8. Steroid 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:

- Prescribed: 100 microgram/dose 2-4 puffs PRN
- Funded: Maximum of three inhalers per three months will be funded

When the Prescription Form specifies both a dose and frequency the calculated number of doses will be funded.

For example, beclomethasone inhaler:

- Prescribed: 100 microgram/dose 2-4 puffs bd increasing to 4 puffs bd prn for 3/12

- Subsidy: The calculated Maximum dose is 720 puffs (or 4 inhalers). Therefore 4 x 200-dose inhalers will be funded with these instructions

8.9. 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 Provider (Pharmacist or an appropriately qualified Technician). For an ECP to be subsidised under the ICPSA, it must contain two or more subsidised component Pharmaceuticals listed in the Pharmaceutical Schedule. An ECP does not include reconstitution of antibiotic liquids.[88]

For further information, refer to the Pharmaceutical Schedule, Section A, General Rules, Part 7.

8.10. Modified Dispensing Quantities

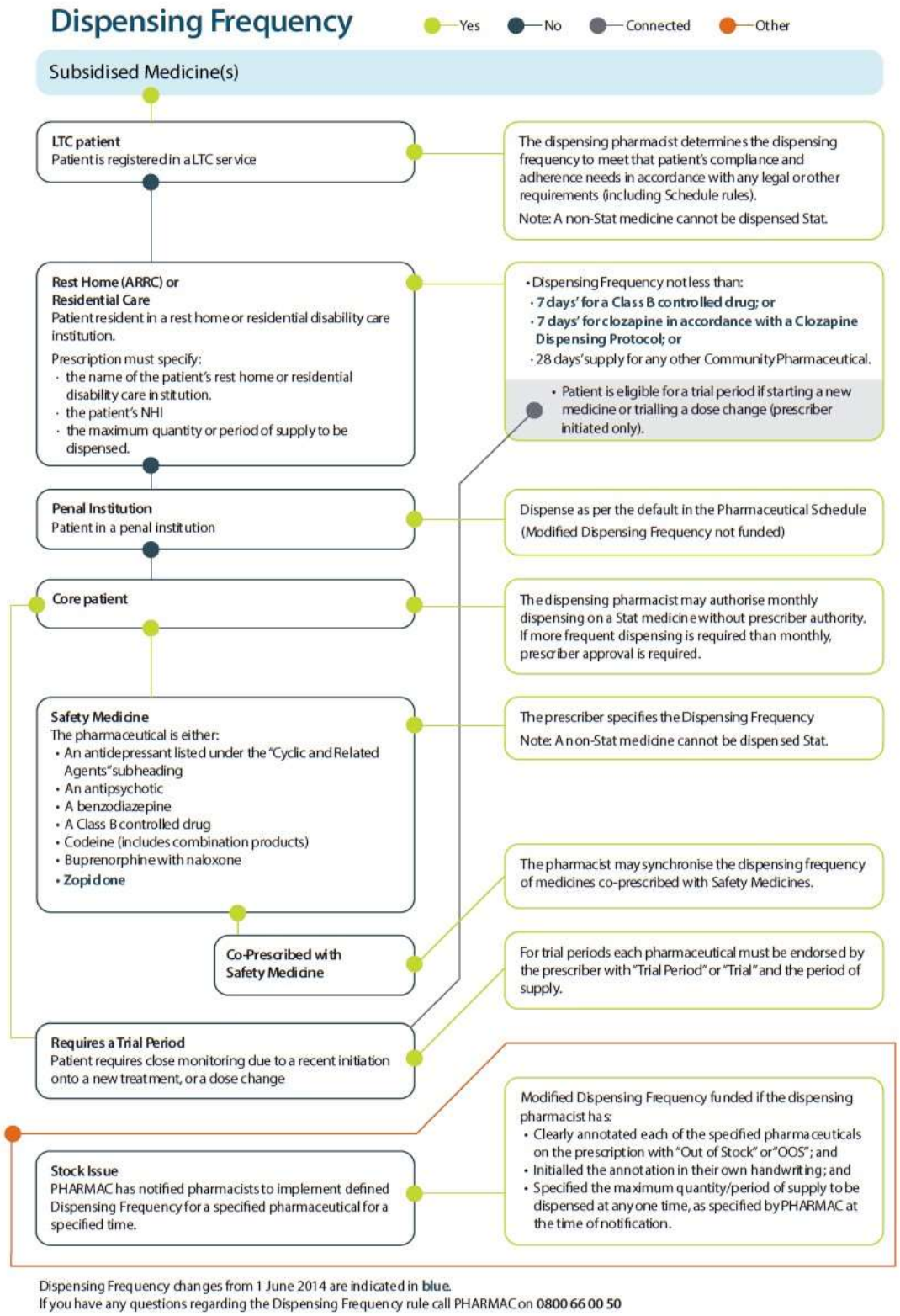
8.10.1. Modified Dispensing Quantity Rule

Refer to the Pharmaceutical Schedule Section A, General Rules, Part 5 for the detailed wording on the Modified Dispensing Quantities Rule.

The 'Modified Dispensing Quantities Flowchart' below provides a summary overview.

[88] ICPSA Part E: Definitions

Modified Dispensing Quantities Flowchart – Pharmac:[89]



89 pharmac.govt.nz/assets/dispensing-frequency-flowchart.pdf

8.10.2. Certified Exemption by Providers

Where clinically appropriate, , Providers, as well as Prescribers, may authorise some Prescription Items to be Dispensed in a 90-day lot, using 'Certified Exemption' Dispensing (Pharmaceutical Schedule, Section A General Rules, Part 4). This applies to items identified within the Pharmaceutical Schedule with an '▲'.

The requirements are:

The Service User must be stabilised on the Pharmaceutical and

The Provider or Prescriber has reason to believe the Service User will continue using the Pharmaceutical and is compliant.

The Provider will need to Annotate the Prescription Form with the words 'Certified Exemption'.

Where a Prescriber has prescribed a quantity of medicine sufficient for greater than three months' supply a Service User may not obtain more than 90 days (three months) funded supply at a time using this exemption.

Note: Even if a Prescriber has prescribed a quantity of a Pharmaceutical sufficient for greater than three months' supply, the Service User may receive no more than a 90-day lot (three months) of funded supply on any one occasion using this exemption.

8.10.3. Brand-Switch Fees

Brand-Switch Fees (BSF) are payments to a Pharmacy by Health NZ to recognise the additional counselling required for switching Service Users between brands of certain Pharmaceuticals.

- The Pharmaceutical Schedule identifies the Pharmaceuticals and time periods in which Pharmaceuticals are paid a BSF.
- One BSF is claimable per Service User per Pharmaceutical. When a Service User is on two or more strengths of the same Pharmaceutical, only one BSF can be claimed.
- Payment can be claimed via a BSF Pharmacode specific to each eligible Pharmaceutical.
- Claiming is dependent on the Provider's pharmacy management system (PhMS) the Provider uses.
- No Prescription Co-payment is payable with a BSF, and it does not count towards a PSC.

9. Pharmacy services

Documents and guidelines describing the most current service requirements, protocols and standards required for the services below can be found via the Health NZ website: Community Pharmacy.

- Opioid Substitution Treatment including Co-Dispensed Opioid Services (CDOS)
  - See also: NZ Practice Guidelines for Opioid Substitution Treatment 2025
- Aseptic Services
- Sterile Manufacturing Services
- Clozapine (monitored therapy medicine services)
  - A generic protocol is available on the Health NZ website but for local variation please contact your District
- Immunisation Services
- Long Term Conditions (LTC) Pharmacy Services
- Community Residential Care (CRC)
- Age-Related Residential Care (ARRC)
- Community Pharmacy Anti-Coagulation Management Service (CPAMS)
- Smoking Cessation Services
- COVID-19 Antiviral Services
- Extended Pharmacy Services
- Locally Commissioned Services
  - Please contact your local District for information regarding locally commissioned services.

10. Service User Categories and Co-payment Requirements

10.1. Eligible Persons and Co-payments

When a Service User is an Eligible Person who has been prescribed or supplied a subsidised Pharmaceutical by an Approved Provider, a Co-payment may be charged.

If the Provider is permitted to charge a Co-payment for a subsidised Pharmaceutical under clause D.5(2) of the ICPSA, that Co-payment must be no more than the maximum Co-payment amount for the relevant Service User category.

The maximum Co-Payment amount for each Service User category is determined by the Ministry of Health.

A description of Approved Providers is set out in Section 10.2.

More detailed information about the maximum Co-payment amount for each Service User category is set out in Section 10.3.

The requirement in this section to charge a Co-payment applies whether or not an Eligible Person is enrolled in a Primary Health Organisation (PHO).

A Service User having an NHI number does not automatically mean that the Service User is an Eligible Person. In determining whether a Service User is an Eligible Person, a Provider

is entitled to rely on the information provided by a Prescriber about a Service User's eligibility on the Prescription Form.

A guide to Service User eligibility for publicly funded health services can be found on the Health NZ website: Guide to eligibility for public health services.

Note: Pharmacy Providers can choose not to charge Service Users Co-payments and cover the cost themselves.

10.2. Approved Providers

As outlined in section 10.1, any Co-payment charged to an Eligible Person for a Subsidised Pharmaceutical that has been prescribed by an Approved Prescriber must be no more than the maximum Co-payment amount for the relevant Service User category.

The following are 'Approved Providers':

- An Authorised Prescriber or Designated Prescriber in the following circumstances:
    - employed by Health NZ, for example, a Prescriber in a public hospital.
    - a Provider or Prescriber under an access or service agreement with Health NZ or a PHO. For examplea Prescriber when providing services at a family planning clinic, youth health clinics funded by Health NZ or PHO, services at a hospice funded by Health NZ, a General Practitioner who is part of a PHO, a Dentist if the service being provided is funded by Health NZ, services for which there is an ACC claim (even if the Service User is not eligible for any other publicly funded health services in New Zealand such as tourists and overseas students).
    - an after-hours Provider under an access or service agreement with Health NZ or a PHO e.g. an accident and medical services Providers that are funded by Health NZ or a PHO.
    - a Provider delivering a fully publicly funded service under a Section 94 Notice e.g. a midwife.
- Pharmacists when directly providing a pharmaceutical under the provisions in Part I of Section A of the Pharmaceutical Schedule (e.g., emergency contraception, nicotine replacement therapy).
- A Quitcard Provider when funded by Health NZ for a service under which a Quitcard is issued e.g. Quitline.

Unapproved Providers

If a Subsidised Pharmaceutical is prescribed or provided for an Eligible Person aged 14 or over by a Prescriber/Provider who is **not** an Approved Provider, the maximum Co-payment that may be charged is up to $15 for adults.

The following are Unapproved Providers (**not** 'Approved Providers):

- general practitioners who are not part of a PHO and do not have a service agreement with Health NZ for publicly funded services.
- private specialists if the Prescription Form does not relate to a Service User receiving a publicly funded service contracted by Health NZ.
- private specialists issuing a Prescription Form in the course of their private practice that relates to a Service User receiving a privately funded service.
- Providers/Prescribers delivering a service that is privately funded and who do not have a contract with Health NZ or a PHO.

- a general practitioner that Health NZ has specifically advised is not an Approved Providers (Districts may provide a list of the general practitioners in their District who are Unapproved Providers).

10.3. Service User Subsidy Categories

The Service User categories described in the tables below indicate the eligibility status of a Service User, and the maximum Co-payment amount that a Provider may charge a Service User.

Key for the following tables:

Y	Youth (0-13 years)
J	Junior (14-17 years)
A	Adult (18-64 years)
S	Senior (65 years and over)
Z	HUHC Holder/Care Plus Service User
H	Hokianga resident enrolled with the HHET (see below)
O	Oral Contraceptive
1	**Approved** Provider and CSC Holder, or dependent of a CSC holder
2	**Unapproved Provider and** CSC Holder, or dependent of a CSC holder
3	**Unapproved** Provider and **Not** a CSC holder or a dependent of a CSC holder
4	**Approved** Provider and **Not** a CSC holder or a dependent of a CSC holder
NS	Not Subsidised
C	Community Pharmacy Minor Health Conditions Service

Notes:

- Health NZ may change the Service User Category codes, or the maximum Co-payment listed in the tables below from time to time.
- Providers will be notified of these changes via the Pharmaceutical Schedule and/or directly by Health NZ.
- The Prescription Subsidy Card (PSC) scheme exempts individuals and family units from paying Prescription Co-payments after 20 Prescription Co-payments have been paid in the PSC year (1 February to 31 January the following year). For a PSC, a family (a family unit) is the Service User and his or her partner and dependent children aged from 14 up to 18.
- The Community Pharmacy Minor Health Conditions Service C Code takes precedence over other subsidy code categories that may apply to the Service User.

Youth (ages 0 to 13 years) – Y Code*

	HUHC Holder / Care Plus Service User	Service User* category	Maximum Prescription Co-payment	
			No PSC	With PSC
Approved Provider and **Not** a dependent of a CSC holder	Yes	Y4Z	$0	$0
	No	Y4	$0	$0
Approved Provider and dependent of a CSC Holder	Yes	Y1Z	$0	$0
	No	Y1	$0	$0
Unapproved Provider and dependent of a CSC holder	Yes	Y2Z	$0	$0
	No	Y2	$0	$0
Unapproved Provider and **Not** a dependent of a CSC holder	Yes	Y3Z	$0	$0
	No	Y3	$0	$0

* The Service User must be an Eligible Person

Junior (ages 14 to 17 years) – J Code*

	HUHC Holder / Care Plus Service User	Service User* category	Maximum Prescription Co-payment	
			No PSC	With PSC
Approved Provider and **Not** a CSC holder or a dependent of a CSC holder	Yes	J4Z	$5	$0
	No	J4	$5	$0
	-	O4	$5	$0
Approved Provider and CSC holder or dependent of a CSC Holder	Yes	J1Z	$0	$0
	No	J1	$0	$0
	-	O1	$0	$0
Unapproved Provider and CSC holder or dependent of a CSC Holder	Yes	J2Z	$5	$0
	No	J2	$5	$0
	-	O2	$5	$0
Unapproved Provider and **Not** a CSC holder or a dependent of a CSC holder	Yes	J3Z	$5	$0
	No	J3	$10	$0
	-	O3	$5	$0

* The Service User must be an Eligible Person

Adult (ages 18 to 64 years) – A Code*

	HUHC Holder / Care Plus Service User	Service User* category	Maximum Prescription Co-payment	
			No PSC	With PSC
Approved Provider and **Not** a CSC holder	Yes	A4Z	$5	$0
	No	A4	$5	$0
	-	O4	$5	$0
Approved Provider and CSC holder	Yes	A1Z	$0	$0
	No	A1	$0	$0
	-	O1	$0	$0
Unapproved Provider and CSC holder	Yes	A2Z	$5	$0
	No	A2	$5	$0
	-	O2	$5	$0
Unapproved Provider and **Not** a CSC holder	Yes	A3Z	$5	$0
	No	A3	$15	$0
	-	O3	$5	$0

* The Service User must be an Eligible Person

Senior (ages 65 and over) – S Code*

	HUHC Holder / Care Plus Service User	Service User* category	Maximum Prescription Co-payment	
			No PSC	With PSC
Approved Provider and **Not** a CSC holder	Yes	S4Z	$0	$0
	No	S4	$0	$0
Approved Provider and CSC holder	Yes	S1Z	$0	$0
	No	S1	$0	$0
Unapproved Provider and CSC holder	Yes	S2Z	$5	$0
	No	S2	$5	$0
Unapproved Provider and **Not** a CSC holder	Yes	S3Z	$5	$0
	No	S3	$15	$0

* The Service User must be an Eligible Person

Hokianga Ward of the Northland District – H Code*

	HUHC Holder / Care Plus Service User	Service User* category	Maximum Prescription Co-payment	
			No PSC	With PSC
Approved Provider and **Not** a CSC holder	Yes	H4Z	$0	$0
	No	H4	$0	$0
Approved Provider and CSC holder	Yes	H1Z	$0	$0
	No	H1	$0	$0
Unapproved Provider and CSC holder	Yes	H2Z	$0	$0
	No	H2	$0	$0
Unapproved Provider and **Not** a CSC holder	Yes	H3Z	$0	$0
	No	H3	$0	$0

* The Service User must be an Eligible Person

A 'H' code is used for an Eligible Person who is usually a resident in the Hokianga Ward of the Northland District and is enrolled with the Hokianga Health Enterprise Trust (HHET). A Co-payment may not be charged, and Prescribers do not need to be employed by the HHET, nor use their Prescription Forms.

If a Provider receives an unmarked Prescription Form from an Eligible Person whose Prescription Form should have been coded H, or if another code is used but the Provider knows that the H code should have been used, the Provider may Annotate the Prescription Form with the H code in accordance with Section 5.5.

Community Pharmacy Minor Health Conditions – C Code*

		Service User* category	Maximum Prescription Co-payment	
			No PSC	With PSC
CSC Holder	Yes	C1	$0	$0
	No	C4	$0	$0

* May only be used under agreement with Health NZ in accordance with an approved Community Pharmacy Minor Health Conditions Service.

11.Contacts

Blue Star Group (NZ) Ltd	0800 855 066
Medicines Control and Licencing Authority	04 4 816 2444 (Licensing) 0800 163 060 (Drug Abuse Containment) **or** medicinescontrol@health.govt.nz
National Health NZ Pharmacy Services	Pharmacy@tewhatuora.govt.nz
NZePS Help Desk	onlinehelpdesk@health.govt.nz
Pharmac	0800 660 050 **or** enquiry@pharmac.govt.nz
RxOne	09 300 7007 **or** support@rxone.co.nz
Sector Operations (Health NZ)	customerservice@health.govt.nz Pharmacy Online System Support including pharmacy payments, NHI National Contact Centre, and Special Authority look up - 0800 855 066
ScriptSense	sales@scriptsense.co.nz
Toniq	03 341 0195
Work and Income	Community Service Cards - 0800 999 999 SuperGold Cards - 0800 552 002

11.1. Prescriber Registration check

Dentists	Dental Council of NZ
Dietitians	NZ Dietitians Board
Medical Practitioners	Medical Council of New Zealand
Midwives	Midwifery Council
Nurse Prescribers	Nursing Council of NZ
Optometrist Prescribers (TPA Endorsement)	Optometrists and Dispensing Opticians Board
Pharmacist Prescribers	Pharmacy Council of NZ
Veterinarians	Veterinary Council of New Zealand