

14 May 2014

Dispensing Frequency amendment approved

PHARMAC is pleased to announce the approval of a proposal to amend the Pharmaceutical Schedule rules relating to the Dispensing Frequency rule. This was the subject of a consultation letter dated 6 November 2013 which can be found on PHARMAC's website at <http://www.pharmac.health.nz/news/consultation-2013-11-06-dispensing-frequency/>.

In summary, the effect of the decision is that the following changes will take effect from 1 June 2014:

- Increased frequency of subsidised dispensing will be permitted for some patients taking clozapine or Class B controlled drugs in residential care; and
- Zopiclone will be added to the Safety Medicines list.

Details of the decision

- The current Dispensing Frequency rule in Section A: General Rules of the Pharmaceutical Schedule will be deleted and replaced with the rule below from 1 June 2014.

Part IV Dispensing Frequency Rule

Rule 3.1.4 of the Pharmaceutical Schedule specifies, for community patients, a default period of supply for each Community Pharmaceutical (a Monthly Lot, 90 Day Lot, or for oral contraceptives 180 Day Lot). This Dispensing Frequency Rule defines patient groups or medicines eligible for more frequent dispensing periods for Community Pharmaceuticals; and the conditions that must be met to enable any pharmacy to claim for payment of handling fees for the additional dispensings made. This Dispensing Frequency Rule relates to the circumstances in which a subsidy is payable for the Community Pharmaceutical; it does not override alternative dispensing frequencies as expressly stated in the Medicines Act, Medicines Regulations, Pharmacy Services Agreement or Pharmaceutical Schedule.

For the purposes of this Dispensing Frequency Rule:

"Frequent Dispensing" means:

- i) for a Community Pharmaceutical referred to in Section F Part I (the Stat exemption), dispensing in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot); or
- ii) for any other Community Pharmaceutical, dispensing in quantities less than a Monthly Lot

"Safety Medicine" means:

- i) an antidepressant listed under the "Cyclic and Related Agents" subheading;
- ii) an antipsychotic;
- iii) a benzodiazepine;
- iv) a Class B Controlled Drug;
- v) codeine (includes combination products);

- vi) buprenorphine with naloxone; or
- vii) zopiclone.

The Dispensing Frequency Rule covers 5 different circumstances where Frequent Dispensing for patients may be clinically or otherwise appropriate. These are:

1. Long Term Condition (LTC) patients and Core patients, or
2. Persons in residential care, or
3. Trial periods, or
4. Safety and co-prescribed medicines, or
5. Pharmaceutical Supply Management.

4.1 Frequent Dispensing for patients registered as Long Term Condition (LTC) or Core patients

If a Pharmacist considers Frequent Dispensing is required, then:

- 4.1.1 For LTC registered patients, Frequent Dispensing can occur as often as the dispensing Pharmacist deems appropriate to meet that patient's compliance and adherence needs;
- 4.1.2 For Core (non-LTC) patients, Frequent Dispensing should be no more often than a Monthly Lot. Pharmacists may authorise monthly dispensing on a Stat exemption Community Pharmaceutical without prescriber authority. If the Pharmacist considers more frequent (than monthly) dispensing is necessary, prescriber approval is required. Verbal approval from the prescriber is acceptable provided it is annotated by the Pharmacist on the Prescription and dated.

4.2 Frequent Dispensing for persons in residential care

4.2.1 Community Pharmaceuticals can be dispensed to:

- any person whose placement in a Residential Disability Care Institution is funded by the Ministry of Health or a DHB; or
- a person assessed as requiring long term residential care services and residing in an age related residential care facility;

on the request of the person, their agent or caregiver or community residential service provider via Frequent Dispensing, provided the following conditions are met:

a) the quantity or period of supply to be dispensed at any one time is not less than:

- (i) 7 days' supply for a Class B Controlled Drug; or
- (ii) 7 days' supply for clozapine in accordance with a Clozapine Dispensing Protocol; or
- (iii) 28 days' supply for any other Community Pharmaceutical (except under conditions outlined in 4.3 (Trial periods) below); and

b) the prescribing Practitioner or dispensing Pharmacist has

- i) included the name of the patient's residential placement or facility on the Prescription; and
- ii) included the patient's NHI number on the Prescription; and
- iii) specified the maximum quantity or period of supply to be dispensed at any one time.

4.2.2 Any person meeting the criteria above who is being initiated onto a new medicine or having their dose changed is able to have their medicine dispensed in accordance with 4.3 (Trial periods) below.

4.3 Frequent Dispensing for Trial Periods

Frequent Dispensing can occur when a Community Pharmaceutical has been prescribed for a patient who requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only) and the prescribing Practitioner has:

- endorsed each Community Pharmaceutical on the Prescription clearly with the words "Trial Period", or "Trial"; and

- specified the maximum quantity or period of supply to be dispensed for each Community Pharmaceutical at any one time.

Patients who reside in Penal Institutions are not eligible for Trial Periods.

4.4 Frequent Dispensing for Safety and co-prescribed medicines

4.4.1 For a Safety Medicine to be dispensed via Frequent Dispensing, both of the following conditions must be met:

- a) The patient is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in 4.2 above; and
- b) The prescribing Practitioner has:
 - i) Assessed clinical risk and determined the patient requires increased Frequent Dispensing; and
 - ii) Specified the maximum quantity or period of supply to be dispensed for each Safety Medicine at each dispensing.

4.4.2 A Community Pharmaceutical that is co-prescribed with a Safety Medicine, listed in 4.2.3(a) which can be dispensed in accordance with rule 4.4.1 above, may be dispensed at the same frequency as the Safety Medicine if the dispensing pharmacist has:

- Assessed clinical risk and determined the patient requires Frequent Dispensing of their co-dispensed medicines; and
- Annotated the Prescription with the amended dispensing quantity and frequency;

4.5 Frequent Dispensing for Pharmaceutical Supply Management

4.5.1 Frequent Dispensing may be required from time to time to manage stock supply issues or emergency situations. Pharmacists may dispense more frequently than the Schedule would otherwise allow when all of the following conditions are met:

- a) PHARMAC has approved and notified Pharmacists to annotate Prescriptions for a specified Community Pharmaceutical(s) “out of stock” without prescriber endorsement for a specified time; and
- b) the dispensing Pharmacist has:
 - i) clearly annotated each of the approved Community Pharmaceuticals that appear on the Prescription with the words “out of stock” or “OOS”; and
 - ii) initialled the annotation in their own handwriting; and
 - iii) has complied with maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.

Note – no claim shall be made to any DHB for subsidised dispensings under this rule where dispensing occurs more frequently than specified by PHARMAC to manage the supply management issue.

- A definition for Safety Medicine will be added to Section A: General Rules of the Pharmaceutical Schedule from 1 June 2014 as follows:

“Safety Medicine” means a Community Pharmaceutical defined in Section A, Part IV of the Pharmaceutical Schedule.

- Zopiclone will be added to the Safety Medicines list which will permit prescribers to determine the dispensing frequency of zopiclone without the patient having to meet other Dispensing Frequency criteria.

Feedback received

We appreciate all of the feedback that we received and acknowledge the time people took to respond. All consultation responses received by 6 December 2013 were considered in their entirety in making a decision on the proposed changes. Most responses were supportive of the proposal, and the following key issues were raised in relation to specific aspects of the proposal:

Theme	Comment
Two responders requested that the Dispensing Frequency for co-prescribed pharmaceuticals should be able to be made with the Pharmacists assessment and not solely reliant on the prescriber's assessment.	When a Safety Medicine list pharmaceutical is co-prescribed with another medicine, the pharmacist may determine the dispensing frequency of those pharmaceuticals.
One responder considered that where the prescriber has determined more frequent dispensing of zopiclone than monthly, then the pharmacist should not have the authority to change this without discussion with the prescriber.	Under the requirements of the Dispensing Frequency rule a pharmacist may determine the dispensing frequency for a LTC registered patient. This can occur as often as the dispensing pharmacist deems appropriate to meet the patient's compliance and adherence needs.
Some responders suggested changes to the Clozapine Dispensing Protocol and the potential need for increased oversight of patients taking clozapine.	PHARMAC is not responsible for determining the Clozapine Dispensing Protocol.
One responder was supportive of the change permitting Class B controlled drugs being dispensed at a frequency of not less than seven days for residential care patients. However it would like all other ARRC patients who are stable to have their Class B controlled drugs dispensed monthly.	PHARMAC is not amending the rule to permit all residential care patients to have their Class B controlled drugs dispensed in monthly lots as needed. This is for patient safety and risk reduction.
One responder believes there will be a significant increase in dispensing of zopiclone which will impact the pharmacy financially because of the fixed annual funding environment. It expected PHARMAC to reduce a similar number of dispensings to offset the increased number of zopiclone dispensing. It considered a useful mechanism for this change would be for some medicines to be moved to Stat dispensing.	PHARMAC does not believe that there would be a large increase of zopiclone dispensings. Only those patients that are under the care of an addiction service should be utilising this part of the Dispensing Frequency rule. If a Core patient required more frequent dispensings than monthly, the pharmacist should assess the patient under the Long Term Condition (LTC) service. If enrolled for LTC then the pharmacist may determine the appropriate dispensing frequency.

More information

If you have any questions about this decision, you can email us at enquiry@pharmac.govt.nz or call our toll free number (9 am to 5 pm, Monday to Friday) on 0800 66 00 50.