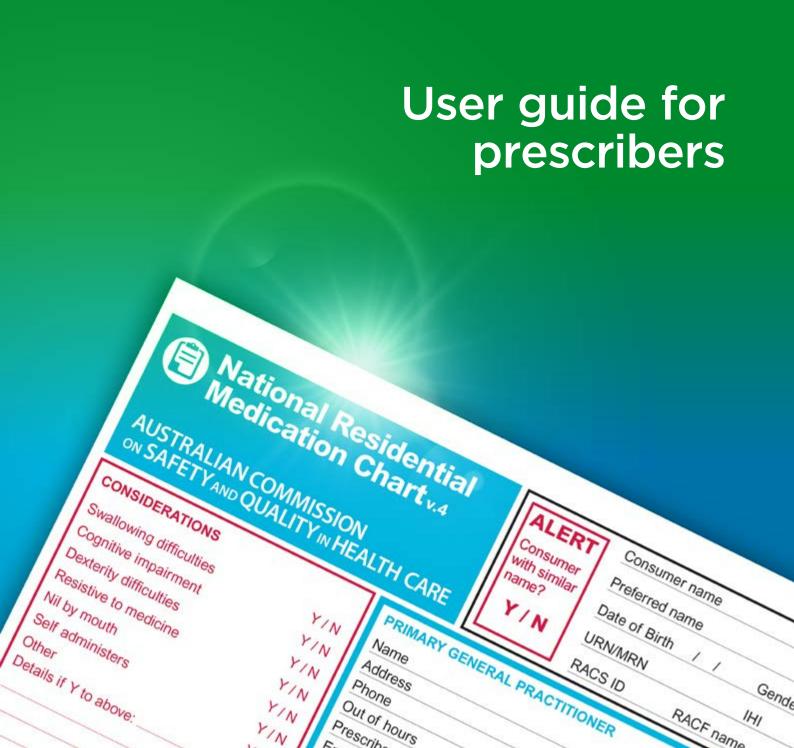


National Residential Medication Chart Version 4



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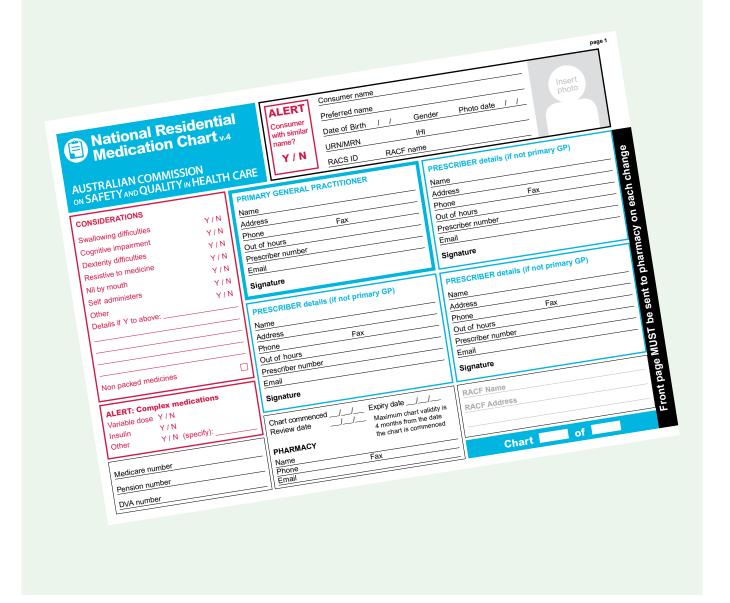


National Residential Medication Chart User Guide for Prescribers

Audience

The National Residential Medication Chart User Guide for Prescribers is intended for prescribers who provide services to residential care facilities and who are authorised to prescribe medicines under the Pharmaceutical Benefits Scheme (PBS) or Repatriation Pharmaceutical Benefits Scheme (RPBS).

Further information on the use of the NRMC can be obtained from the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au or by contacting the PBS Information Line on 132 290.





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Purpose

The National Residential Medication Chart (NRMC) is intended to be used as a record of orders and administration of prescription medicines, non prescription medicines and nutritional supplements for consumers living in approved residential care facilities. Prescribers can prescribe eligible medicines directly on the NRMC with no further requirement for a traditional prescription to enable supply. Eligibility of medicines for supply and claiming is subject to both Commonwealth legislation and state and territory legislation. The NRMC was developed by the Australian Commission on Safety and Quality in Health Care.

Research¹²³ shows that many adverse events reported in Australian residential care facilities (RCFs) are associated with medicines. Research⁴⁵ also demonstrates that improvements to medication chart design can improve the safety of medication processes. Development of the NRMC was overseen by a reference group of aged care industry experts, health care professionals and subject matter experts (including nursing, medical, pharmacy and care staff) from states and territories across Australia.

The NRMC reflects evidence based practice and is consistent with the requirements of the aged care Accreditation Standards and the Aged Care Act 1997 (Commonwealth) and other legislation related to safe use of medicines. It is intended to assist health professionals and staff working in the residential care sector by providing a consistent basis for safer prescribing, dispensing and administering medicines. It is also intended to improve consumer safety by reducing the risk of adverse medication events.



- 1 Tariq A., Georgiou A., and Westbrook J. Complexity of Collaborative Work in Residential Aged Care Facilities: An Analysis of Information Exchange for Medication Management. Centre for Health Systems and Safety Research, Australian Institute of Health Innovation conference proceedings. 2011.
- 2 Bolin C., Warren J., and Whelan G. Introduction of electronic prescribing in an aged care facility. *Australian Family Physician*. 34(4) April 2005
- 3 Burgess C.L., Holman C.D'A.J. and Satti A.G. Adverse drug reactions in older Australians, 1981–2002. *Medical Journal of Australia*. 182(6) (pp 267-270), 2005. Date of Publication: 21 Mar 2005
- 4 Tariq A., Georgiou A., and Westbrook J. Medication errors in residential aged care facilities: A distributed cognition analysis of the information exchange process. *International Journal of Medical Informatics* in press 28 September 2012
- 5 Leach H. National inpatient medication chart implementation. [Journal: Editorial] *Journal of Pharmacy Practice and Research.* 36(1) (pp 6-7), 2006. Date of Publication: Mar 2006



2 General requirements for using the NRMC

- Supply and claiming of Pharmaceutical Benefits Scheme (PBS) items is subject to Commonwealth legislation. This framework is established by Section 93A of the National Health Act 1953, the National Health (Pharmaceutical Benefits) Regulations 1960 and the Instrument of Approval for PBS National Residential Medication Charts 2019. Prescribing and supply of all medicines, and special requirements for medicines supplied as private or non-PBS, is subject to the regulatory requirements of the relevant state or territory. Users should carefully check the relevant provisions in their state or territory.
- The NRMC is to be made available for the prescribing, supply, administering and review of a consumer's medicines.
- All medicines should be reviewed regularly by the prescriber.
- The NRMC must be retained in a secure environment at the residential care facility as part of each consumer's clinical file according to the Records Keeping Principles Aged Care Act 1997.
- Pharmacists must keep a copy of the NRMC for at least two years for Medicare audit purposes (or longer if required by state and territory regulations).

Note: If more than one NRMC is in use for a consumer, then this must be indicated by entering the appropriate chart numbers on the front of the NRMC to reflect the number of NRMCs currently in use e.g. Medication Chart 1 of 2. If additional NRMCs are written, this field must be updated.

3 Introduction

This user guide was developed for prescribers who provide services to residential care facilities that use the NRMC. It is designed to explain the NRMC functions and to assist prescribers fulfill their responsibilities and legislative requirements when using the medication chart.

Medication management in residential care is a complex endeavour. Ensuring that the right consumer receives the right medicine, at the right dose, by the right route and at the right time can be a challenge. Communicating this complex information accurately requires clear information that is legible and easily located in one place. That place is the NRMC.

The ability to supply eligible medicines and claim for PBS/RPBS medicines from the NRMC also relies on accurate and complete information. The NRMC is a record of administration and provides important information about each consumer and about the prescribing healthcare practitioner.

Important consumer information includes:

- Medicare number
- Pensioner number
- Residential Aged Care Services ID
 (RACS ID a unique identifier assigned to each RCF, which is a proxy for the consumer's address)
- Prescriber's name.

Important prescriber information includes the prescriber's:

- name, address and contact details
- prescriber number
- signature.

This user guide provides information on where and how this information is documented in different parts of the NRMC.

A medication chart provides a history of each consumer's medication and must be kept safe and confidential. It is a record of supply and claiming of PBS/RPBS medicines and as such, an accurate copy of the NRMC must be retained by the pharmacy. As with paper prescriptions, pharmacists need to endorse the copy of the NRMC from which they are dispensing. The endorsed copy must be kept for two years for Medicare audit purposes (or longer if required by state and territory regulations).

Note: Paperless claiming, such as from the NRMC, does not require pharmacists to provide a copy of the NRMC to Medicare as evidence of supply.



A Key features of the NRMC

4.1 Central point information

A key feature of the NRMC is that prescriptions and medicines administration are co-located on the NRMC along with relevant pathology, medication management instructions and consumer considerations. The NRMC has specific sections for variable dose medicines. insulin, nutritional supplements and non prescription medicines. This results in central point information that is readily accessible at the time of prescribing, supply and administration. Prescribers, pharmacy and RCF details are all documented clearly on the front page of the NRMC and detailed consumer identification, allergies and adverse drug reactions appear on each page of the NRMC.

The intention of the central point information layout is to support informed prescribing. accurate dispensing and administering, and the clinical monitoring of consumers.

4.2 Evidence based

www.safetyandquality.gov.au

The layout and specified fields of the NRMC have been derived from cornerstone work undertaken by the Commission in relation to medication charts in residential care. The national Analysis of Residential Aged Care Facilities Medication Charts 2012 and the Analysis of Residential Aged Care Facility Staff and Approved Provider Surveys (2012) are available on the Commission web site at

The NRMC has been designed using evidence from human factors testing to reduce the risk of medication errors. The design of the NRMC is intended to be intuitive and to facilitate accurate prescribing, supplying and administering. Design considerations include pre-population of fields with units to avoid misinterpretation of dose, the use of icons to distinguish between different sections of the NRMC, the use of colour tints, specific fonts, horizontal and vertical cues and consistent labelling to assist users in accurately completing the required fields.

Legibility testing has also been undertaken to ensure that faxed and scanned copies of the NRMC are legible to facilitate use by prescribers and pharmacists.

4.3 Medication chart as a prescription

The NRMC enables the prescribing and supply of most medicines, and most PBS/RPBS claiming, directly from the NRMC without the need for a separate written prescription.

However, certain medicines will still require a traditional prescription in addition to an order on the NRMC. These include:

- All Authority Required items requiring prior approval (including PBS/RPBS items with increased quantities)
- All items only available under Section 100 e.g. Highly Specialised Drugs
- Controlled drugs ('Schedule 8' medicines)
- Some other medicines depending on state and territory law - see the relevant appendix for state and territory details
- Other prescriptions for Schedule 4 medicines or dose forms of a medicine which are not Australian Register of Therapeutic Goods (ARTG) registered medicines, other than those extemporaneously compounded by a pharmacists on the order of a prescriber.

Note: Authority Required (STREAMLINED) items are eligible for supply from the NRMC, provided the streamlined authority code is included on the NRMC.



5 Changes to residential care prescriptions

5.1 Medication chart prescriptions and essential fields for prescribing on the NRMC

When prescribing on the NRMC, **you must complete the essential fields** to satisfy both state and territory legislation and PBS/RPBS requirements.

Prescription fields are co-located with the administration signing section on the following pages:

- · Regular medicine
- Short term medicine
- PRN (as required) medicine
- Variable dose medicine (not insulin)
- Insulin
- Nutritional supplement.

For the supply of a pharmaceutical benefit on the basis of a medication chart prescription, the following essential fields must be completed:

By the prescriber:

- PBS/RPBS: Strike through the option which does not apply
- Information sufficient to identify the Pharmaceutical benefit (medicine)
- Date of prescribing
- Start date and Stop date (valid for duration of chart or a specified stop date)
- Dose
- Frequency of administration
- Route of administration
- Signature on the front page of the NRMC and against each item.

By an appropriate individual:

- Consumer's name
- RACS ID
- Prescriber's name
- Prescriber's address
- Prescriber's PBS prescriber number.

The prescriber is the only authorised person to complete the following fields when they apply:

- **CTG:** Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait islander people. If applicable, tick the box.
- Streamlined authority code:
 Write the streamlined authority code in
 the spaces provided, where applicable.
 Streamlined authority codes are available at
 www.pbs.gov.au
- Brand substitution not permitted:
 Indicate if the specified brand must be supplied by ticking the box.
- Form, strength and additional instruction as required.
- For non-PBS/private items, you must obliterate PBS/RPBS and complete the essential fields as above, with the exception of the following PBS-related fields:
 - Prescriber's PBS prescriber number; and
 - Streamlined authority code.



Prescribers

To complete a legal prescription on the NRMC, prescribers **must** clearly write (by hand) on the NRMC, for each prescribed medicine:

- the date of writing;
- the name, strength, dose, route of administration and frequency of administration of the substance to be supplied;
- where the prescriber considers it appropriate, the time/s of administration;
- the start date and stop date of administration or an indication that the order is ongoing for the life of the chart by ticking the 'valid for duration of chart' box (see 5.3 Duration of Supply);
- the prescriber's signature;
- the prescriber's name clearly printed; and
- underlining of any dose that could be regarded as being dangerous or unusual and initialling in the margin next to the prescription box.

The prescriber **must** also, at the time of writing the prescription, write or ensure that the following details have been entered on the chart:

- prescriber's name, address, sample signature and phone number (page 1);
- consumer's full name and date of birth (pages 1 and 2); and
- The name and address of the facility where the consumer lives (page 1).

Pharmacists

Pharmacists dispensing a medicine must endorse the required particulars on the copy of the NRMC which has been provided to the pharmacy. The pharmacist must retain the endorsed copy and make it immediately accessible for reference in the pharmacy. It is illegal for a pharmacist to supply on a prescription which is missing any of the above details required to be written by the prescriber.

5.2 Prescriber eligibility

Prescribers are able to complete the NRMC for the purposes of supply and PBS/RPBS claiming. Other prescribers (for example nurse practitioners and dentists) may complete the NRMC but will still be required to complete a separate prescription so that the pharmacist can supply the medicine and claim, if eligible, on the PBS.



5.3 Duration of supply

The duration of the NRMC is a maximum of four months. As the NRMC nears its expiry date, there is a reminder in the administration area of the NRMC to alert RCF staff of the need to contact the prescriber to review the consumer and re-chart their medicines. If the medicines are not re-charted, all orders on the NRMC cease to be valid for supply and administration after the chart expiry date.

Unlike the existing process for prescriptions:

- each supply from the NRMC will be treated as an 'original supply' and there are no 'repeat authorisations'
- the appropriate quantity to be supplied by the pharmacist will be determined by the prescriber's order in terms of dose, frequency and duration, instead of a PBS maximum quantity and repeats.

There are two possible scenarios that inform the duration of supply authorised by the prescriber from a NRMC prescription:

- Valid for duration of chart: Prescribers will tick this box when a medicine is intended for ongoing use until the end of the validity period of the chart.
- Stop date: Prescribers will fill in this field to indicate the date a medicine is to cease if the medicine is to be administered for a period shorter than the validity period of the NRMC. Pharmacists are not authorised to supply the medicine from the NRMC after this date.

Where neither option 1 nor option 2 is indicated, the prescriber's intention should be clarified. Emergency supply provisions in your state may apply.

Where the prescriber has indicated option 1 (valid for duration of chart) or option 2 (stop date) on the NRMC, an approved pharmacist or approved prescriber is permitted to supply up to one PBS maximum quantity at a time, with subsequent supplies as required to meet the prescriber's order until the stop date or chart expiry date, whichever is earlier. The quantity required to be supplied on each occasion, and the number of supplies required throughout the validity period of the NRMC, will be determined by the prescribed dose and frequency of administration, the date of prescribing or start date of administration (if indicated) and the stop date (if indicated).

Where option 1 (valid for duration of chart) or option 2 (single quantity) apply, the administration of the last quantity/single quantity supplied from the NRMC may overrun the chart validity period. For example, if the medicine is required on the last day of chart validity, the pharmacist is authorised to dispense a full PBS maximum quantity. This is the same logic as for a regular prescription, where a full PBS maximum quantity can be dispensed on the expiry date of the prescription even though the quantity dispensed will last beyond that date. This does not apply where option 2 (stop date) is indicated, as the quantity supplied in this case must only be the quantity sufficient for administration to the consumer up to and including the stop date, and not beyond that date.

Note: The PBS 4 and 20 day rules continue to apply to supplies from the NRMC.

https://www.pbs.gov.au/info/general/pbs-safety-net-pharmacist



Examples

- 1. A medical practitioner orders two medicines on the NRMC seven days before the chart expiry date:
- Omeprazole 20mg 1 d, for which the medical practitioner has ticked 'valid for duration of chart'
- Temazepam 10mg 1 n, for which the medical practitioner has entered a stop date in 5 days' time.

The pharmacist is entitled to dispense:

- Omeprazole 20mg one PBS maximum quantity, which will last beyond the chart end date
- Temazepam 10mg 5 tablets, a quantity sufficient until the specified stop date.

2. A medical practitioner orders two medicines on a brand new NRMC:

- Omeprazole 20mg 1 d, for which the medical practitioner has ticked 'valid for duration of chart'
- Temazepam 10mg 1 n, for which the medical practitioner has entered a stop date in 5 days' time.

The pharmacist is entitled to dispense:

- Omeprazole 20mg one PBS maximum quantity, with subsequent supplies as required until the chart expiry date
- Temazepam 10mg 5 tablets, a quantity sufficient until the specified stop date.

When there is more than one PBS maximum quantity available (e.g. Paracetemol 500mg 100 tablets and Paracetemol 500mg 300 tablets), the lesser maximum quantity MUST be dispensed.

When dispensing a non-PBS/private supply for which a 'PBS maximum quantity' does not apply, the pharmacist is permitted to dispense one 'smallest currently marketed registered pack' at a time, with subsequent supplies as required to meet the prescriber's order until the stop date or chart expiry date, whichever is earlier. When dispensing an extemporaneous private prescription, the pharmacist is permitted to dispense the maximum PBS quantity for that type of extemporaneous preparation e.g. 100g for ointments.

The date of supply from a NRMC prescription must be within the validity period of the chart and no later than the stop date for that completed item (if any).

6 Supply considerations for prescriptions

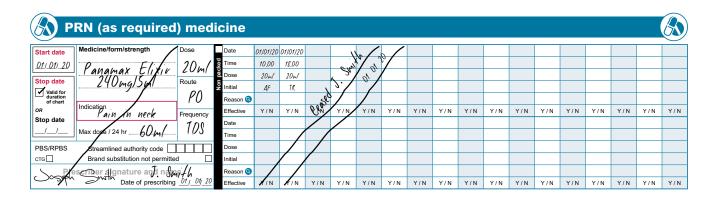
6.1 Communicating the medication order

When a consumer's NRMC is faxed, scanned and emailed or photocopied for delivery to the pharmacy to request medication, the front page of the NRMC containing the prescriber's details must always be included. A copy of the NRMC must be sent to the pharmacy by the RCF, as a complete unit when first charted with all pages kept together to avoid confusion. Dispensing cannot occur unless the pharmacy is in possession of a copy of each page on which the medicine being requested is prescribed as well as a copy of the front page that details the prescriber information.



6.2 Ceasing a medication

When ceasing a medicine, the original order must not be obliterated. The prescriber must draw a clear diagonal line through the order in the prescription box and two diagonal lines through the administration record section, taking care that the lines do not impinge on other orders. The prescriber must also write "ceased", date and sign (see diagram below).



6.3 Medication changes

If a change to a medication order is required, the prescriber must cease the current order on the NRMC, as above, and complete a new entry on the NRMC reflecting the required change. Changes to medication orders (strength, drug, frequency, etc.) must not be conveyed by altering an existing medication order. The RCF must communicate these changes promptly to the pharmacy by sending each page of the NRMC on which a medication change has occurred and a copy of the front page of the NRMC.

6.4 Phone orders

When a phone order is required, the prescriber telephones the RCF and two registered nurses confirm the order with the prescriber. This does not constitute a prescription. The prescriber contacts the pharmacist to directly inform them of the order, which permits the pharmacist to supply on an owing prescription. The prescriber must immediately write a traditional prescription, endorsing it with words to indicate that it is being issued in confirmation of an emergency order. The traditional prescription must be forwarded to the pharmacist to cover the owing prescription within 24 hours. If the pharmacist has not received the traditional prescription within 7 days of supply, the pharmacist must advise the Duty Pharmaceutical Officer at the Pharmaceutical Services Unit in your jurisdiction.



7

Sections and pages of the NRMC

The NRMC has multiple sections designed to communicate clearly essential medication information and to minimise medication errors.

The following section provides snapshots of the different sections of the NRMC. The pages are presented in the way that they are sequenced throughout the NRMC.

Note: Trimmed short pages within the NRMC provide internal pages that turn independently to allow up to four months of administration signatures or initial. These short pages are not depicted in the following diagrams.

The sequencing of the NRMC sections is as follows:

- 1. Front page (consumer, prescriber and pharmacy information)
- 2. Nutritional supplements
- 3. Regular medicine
- 4. Short term medicine
- 5. PRN (as required) medicine
- 6. Nurse initiated medicine
- 7. Phone orders
- 8. Variable dose medicine (not insulin)
- 9. Insulin
- 10. Prescriber's checklist
- 11. Instructions for Prescribers/
 abbreviations/six rights of
 medicine administration
- 12. Privacy/other information

7.1 Front page of the NRMC

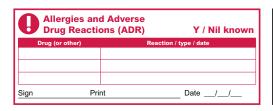
The prescriber details must be clearly documented on the front page of the NRMC. They must sign in the box containing their details.

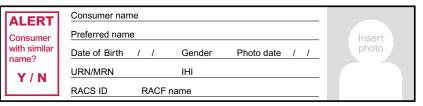




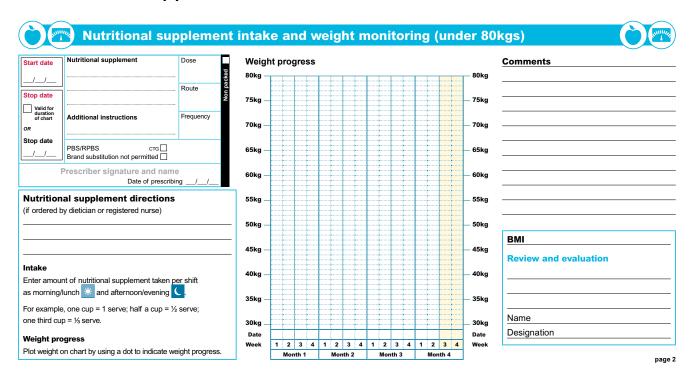
7.2 Consumer identification panel

The consumer identification panel appears on the front and inside of the NRMC and is visible on each page.

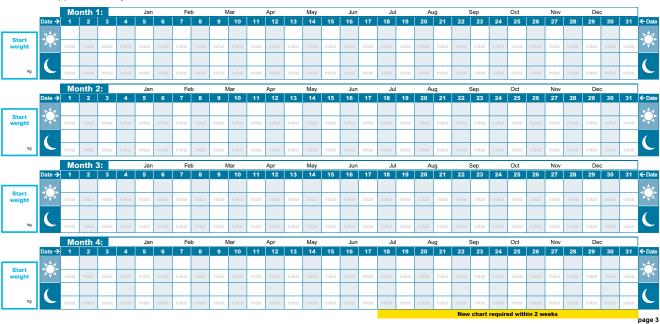




7.3 Nutritional supplements



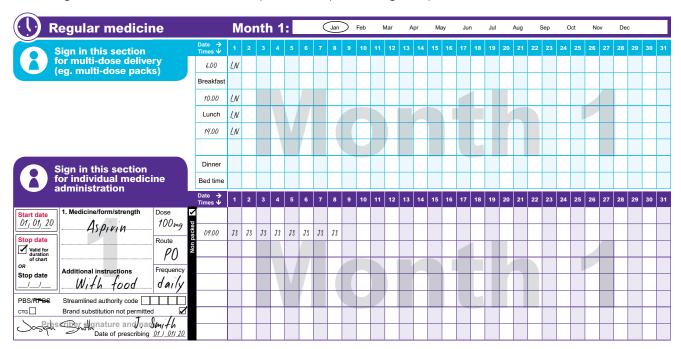
Nutritional supplements daily intake record





7.4 Regular medicine

The main section of the NRMC is for medicines to be taken on a regular basis, at the same dose and at regular times. The NRMC has space for up to 11 regular prescribed medicines.



7.5 Short term medicine

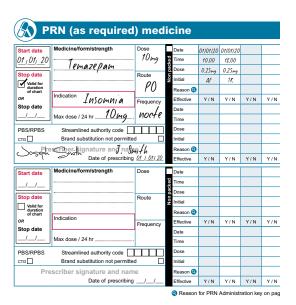
To be used for short term treatment, e.g. antibiotics to treat an infection.



7.6 PRN (as required) medicine

To support safe administration, all medicines to be administered 'when required' (PRN) should have indication and maximum dose in 24 hours documented.

Prescriber's will also note a change to the administration section of the chart, which now includes a 'Reason for PRN administration.' Residential care facilities choosing to use this new feature will be able to support considerations for re-prescribing and QUM reviews of these medicines.



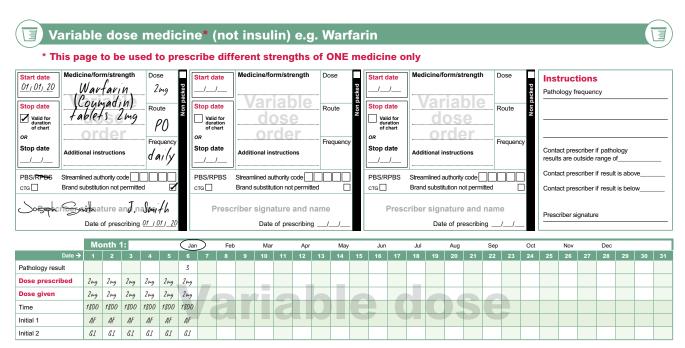


7.7 Phone orders

Phone order													
Medicine	Dose	500mg	Reason ordered // [10/02/20							
	Route	00		Time	18.00								
Amoxicillin	, 0	10				500mg							
	Frequency	<i>10</i> 8				V/							
	Start date	<u>10 02 2</u> 0	Signature 1 Tan Baling	Date <u>10 / 02/ 2</u> 0	Date								
Strength	Stop date 15 /	<u>15 j 02j 2</u> 0	Signature 2 Sous Betwo	Date 10 / 02/ 20	Time								
Sueligui					Dose								
Prescriber name Dv John	Smith		Prescriber signature Sosph Swith	Date 12 / 02/ 20	Initial								

7.8 Variable dose medicine (not insulin)

The variable dose medicine section is intended for the prescription and administration of one medicine that is administered at variables doses e.g. warfarin. There is space to prescribe up to three strengths of the one medicine e.g. warfarin 1mg, 2mg and 5mg, so that the prescription is available to change the dose on the basis of a pathology result.

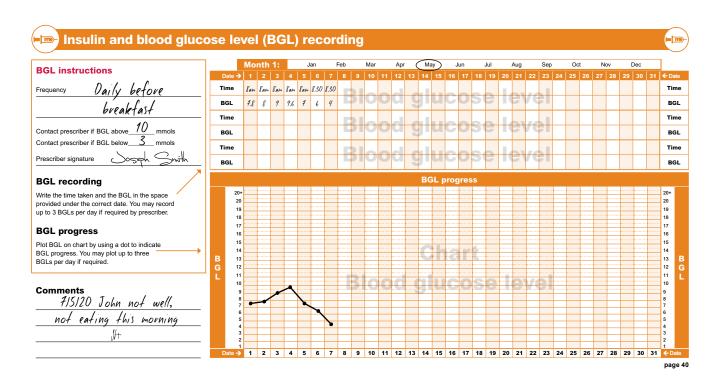


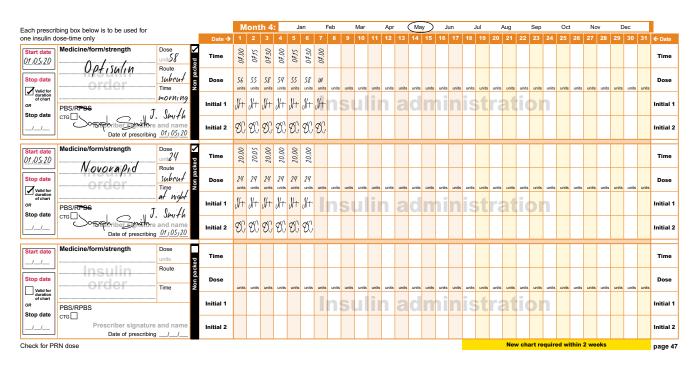


7.9 Insulin

Prescribers will indicate how often Blood Glucose Levels (BGLs) are to be taken. They will also provide the appropriate BGL range for the consumers to advise RCF staff on when they should contact them. Prescriptions for insulin are written to the left of the administration signing section in the prescription boxes. There is space for prescribing three different regular doses of insulin if required for the consumer. Each prescription box is to be used for one insulin dose only.

If a supplementary dose of insulin is to be given according to BGL variations, such as in sliding scales, it will be prescribed in the PRN section (see section 7.6).







Protocol for prescribing from the NRMC

This document provides guidance to prescribers for prescribing medicines on the NRMC. At all times, prescribers must exercise professional judgment in adapting this guidance to presenting circumstances as well as meeting any legislative requirements.

(1) Consumer identification

Identify the consumer who is the subject of the prescription. The consumer identification panel is visible from each page of the NRMC (see Figure 1).

A valid prescription for supply must include:

- Consumer's full name (as it appears on their Medicare card);
- · Consumer's date of birth; and
- The Residential Aged Care Services ID (RACS ID), which acts as the consumer's address for the purposes of supply and PBS/RPBS claiming of medicines on the NRMC.

Note: Check the 'consumer with similar name' alert (see Figure 1).

(2) Version control

Confirm that you have the current version of the consumer's NRMC.

Note: In some instances there may be more than one NRMC per consumer due to the high number of medicines prescribed. If more than one NRMC is in use, then this must be indicated by entering the appropriate chart numbers on the front of the NRMC to reflect the number of medication charts currently in use, e.g. Medication Chart 1 of 2. If additional charts are written, **this field must be updated**.

(3) Check for consumer allergies and adverse drug reactions

Identify any relevant allergies and adverse drug reactions noted in the consumer identification panel, visible from each page of the NRMC (see Figure 1).

(4) Determine whether a separate prescription is required

The following medicines are not eligible to be supplied and claimed from the NRMC and require a separate traditional prescription:

- All Authority Required items requiring prior approval (including PBS/RPBS items with increased quantities);
- All items only available under Section 100 e.g. Highly Specialised Drugs;
- Controlled drugs ('Schedule 8' medicines);
- Some other medicines depending on state and territory law see your the relevant appendix for your state/territory for details; and
- Other prescriptions for Schedule 4 medicines or dose forms of a medicine which are not ARTG Registered Medicines, other than those extemporaneously compounded by a pharmacist on the order of a prescriber.

Authority Required (STREAMLINED) medicines are eligible for supply from the NRMC (see Figure 3).

If the medicine is not eligible for supply from a medication chart prescription, the order for this medicine must still be written on the NRMC and a separate traditional prescription provided to the pharmacy for the purposes of supply.



5 Prescriber details

For a valid order, the following prescriber details must appear on the NRMC (see Figure 2):

- Name:
- Address;
- Phone number:
- PBS prescriber number; and
- · Signature.

The prescriber does not have to personally complete their name, address and PBS prescriber number on the front page of the NRMC, but these fields must be completed for orders on the NRMC to be considered valid prescriptions. However, the prescriber must sign the front page of the NRMC in the box containing their details, and must sign and print their name in the prescription box for each medication order written on the NRMC.

(6) Writing a valid prescription on the NRMC

Complete the required prescription fields (See Figure 3)

6.1 PBS, RPBS or private?

Indicate if the supply is to be PBS or RPBS by striking through the option that does not apply. If the medicine is non-PBS or private, strike through both PBS and RPBS (see Figure 3).

6.2 Medicine

Fill in the name and strength of the medicine in this field.

6.3 Dose

Fill in the amount to be taken on each occasion, e.g. one, 100mL, 200mg.

6.4 Route

Provide the route, e.g. oral.

6.5 Frequency

Fill in the frequency at which the dose is to be taken, e.g. daily, bd, qid.

6.6 Authorised quantity

If the order is to be ongoing until the expiry date of the NRMC, tick 'valid for duration of chart'.

If the order is to be stopped on a date before the expiry date of the chart write this date in the 'stop date' field.

If the order to have a delayed start date (not to be commenced on the date ordered), write the intended date in the 'start date' field.

Further detail is provided under section 5.3 Duration of supply.

6.7 Streamlined authority code

If the prescribed medicine is Authority Required (STREAMLINED), you must provide the relevant streamlined authority code in the boxes provided.

6.8 CTG where applicable

Indicate if this prescription is CTG eligible by placing a tick in the CTG box (see Figure 3).

6.9 Brand substitution

If you intend for only your prescribed brand to be supplied, indicate that brand substitution is not permitted for this item by placing a tick in the 'Brand Substitution Not Permitted' box on the NRMC (See Figure 3).

6.10 Signature

Sign against each item that you prescribe on the NRMC.

6.11 Date of prescribing

Provide the date you prescribed the medicine in the space provided.

Further information

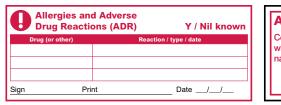
Further information on the use of the NRMC can be obtained from the Australian Commission on Safety and Quality in Health Care at **www.safetyandquality.gov.au** or by contacting the PBS Information Line on 132 290.



Figures



These fields MUST be completed for the NRMC to be a valid prescription.



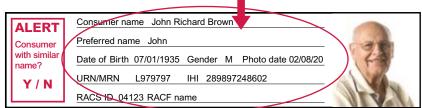


Figure 2: Prescriber Information

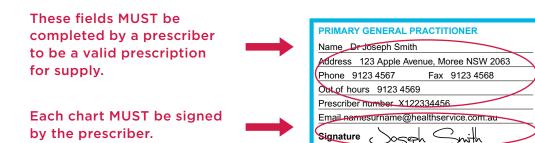


Figure 3: Essential Prescription Fields

All fields circled in **RED** must be completed by a prescriber to enable a pharmacist to supply and claim for a PBS/RPBS medicine.

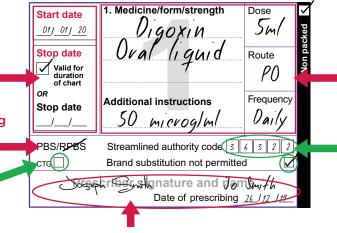
All fields circled in **GREEN** are to be completed by the prescriber where applicable.

The prescriber MUST
either tick in the 'Valid
for duration of chart'
field OR complete
the 'Stop date' field.
Note the completion
of the 'Start date' field
is optional.

Indicate if the supply is to
be PBS or RPBS by striking
through the option that

The prescriber should complete the CTG box if their consumer is registered for CTG.

does not apply.



The prescriber **MUST** sign, print name and enter the date of prescribing.

The prescriber **MUST** write legibly the dose, route, frequency and strength as well as the medicine name/form and instructions in the prescription box.

The prescriber

MUST complete the streamlined authority code for medicines to be supplied as Authority Required STREAMLINED.



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Australian Commission on Safety and Quality in Health Care

GPO Box 5480, Sydney NSW 2001

mail@safetyandquality.gov.au