



## **Name**

- 1 This instrument is the *Veterans' Affairs (Extending Medication Chart Prescribing to Hospitals and Other Measures) Instrument 2015*.

## **Commencement**

- 2 This instrument commences on 1 April 2015.

## **Transitional**

- 3 The variations made by this instrument in relation to medication chart prescribing apply in relation to a prescription written on or after the commencement of the instrument.

## **Application**

- 4 Subject to section 5, the *Repatriation Pharmaceutical Benefits Scheme* and the *MRCA Pharmaceutical Benefits Scheme*, as varied by this instrument, apply in relation to the writing of a medication chart prescription for a Pharmaceutical benefit for a person receiving treatment in or at an approved hospital only if:
  - (a) an instrument under subregulation 58(3) of the *National Health (Pharmaceutical Benefits) Regulations 1960* is in force at the time the prescription is written; and
  - (b) the approved hospital is specified in the instrument.
- 5 This section and section 4 are revoked when Division 4 of Part 8 of the *National Health (Pharmaceutical Benefits) Regulations 1960* is repealed.

# Schedule 1

## Variations to the Repatriation Pharmaceutical Benefits Scheme

### 1 Part 1 – Interpretation (Section 3)

*insert:*

**“approved hospital”** means a hospital in respect of which the hospital authority is approved under section 94 of the *National Health Act 1953*;

**“authority prescription”** means a prescription of a *Pharmaceutical benefit* for which *Prior Approval* under section 6 is required;

**“Chief Executive Medicare”** has the meaning given by the *Human Services (Medicare) Act 1973*;

**“claims rules”** mean the rules, in force from time to time, made under subsections 98AC(4) and 99AAA(8) of the *National Health Act 1953*;

**“dependant”**, in relation to a *concessional beneficiary*, has the meaning given by Part VII of the *National Health Act 1953*;

**“hospital treatment”** has the meaning given by section 121-5 of the *Private Health Insurance Act 2007*;

**“medication chart”** has the meaning given by subsection 11B(6);

**“pharmaceutical item”** has the meaning given in Part VII of the *National Health Act 1953*;

**“PBS prescriber”** has the meaning given by subsection 84(1) of the *National Health Act 1953*;

**“PBS prescriber number”** means the number given by the *Chief Executive Medicare* to a person who may prescribe a pharmaceutical benefit under the *National Health Act 1953*;

**“Repatriation Schedule of Pharmaceutical Benefits”** means all that writing in the *Pharmaceutical Benefits Scheme* for the part “Repatriation Schedule of Pharmaceutical Benefits”;

Note: as at 1 September 2014 the part comprised pages 1077-1082.

**“residential care service”** has the meaning given by the *Aged Care Act 1997*;

**“RPBS Explanatory Notes”** means the document forming part of the *Pharmaceutical Benefits Scheme* that is the: RPBS Explanatory Notes – being the version of the document as it exists on the date for the document in Schedule 1;

Note: as at 1 September 2014 the part comprised pages 1079-1082.

## 2 Part 1 – Interpretation (Section 3)

*omit the definition “Approved Hospital Authority”, substitute:*

**“Approved Hospital Authority”** has the meaning given by subsection 84(1) of the *National Health Act 1953*.

*omit the definition “Authority Prescription Form”, substitute:*

**“Authority Prescription Form”** means a *prescription* in the form, if any, for an “authority prescription” under the *National Health (Pharmaceutical Benefits) Regulations 1960*;

*omit the definition “electronic prescription”, substitute:*

**“electronic prescription”** means a prescription that is prepared and submitted:

- (a) in accordance with *approved information technology requirements* (if any), by means of an *approved electronic communication*; and
- (b) in accordance with the appropriate form under:
  - (i) sub-subparagraph 19(1)(a)(ia)(B) (prescriptions other than medication chart prescriptions) of the *National Health (Pharmaceutical Benefits) Regulations 1960*; or
  - (ii) subregulation 19AA(7) (medication chart prescriptions).of the *National Health (Pharmaceutical Benefits) Regulations 1960*.

*omit the definition “Explanatory Notes”, substitute:*

**“Explanatory Notes”** means:

- (a) the document forming part of the *Pharmaceutical Benefits Scheme* that is: SECTION 1 — EXPLANATORY NOTES; and

Note: as at 1 September 2014 the part comprised pages 25-54.

- (b) the document forming part of the *Pharmaceutical Benefits Scheme* that is: the RPBS Explanatory Notes;

Note: as at 1 September 2014 the part comprised pages 1079-1082.

being the version of the document as it exists on the date for the document in Schedule 1.

*omit the definition* “medication chart prescription”,  
*substitute:*

“**medication chart prescription**” has the meaning given by section 11B;

*omit the definition* “paper-based prescription”, *substitute:*

“**paper-based prescription**” means a prescription that is prepared in duplicate in accordance with subparagraph 19(1)(a)(i), (ii) or (iii) of the *National Health (Pharmaceutical Benefits) Regulations 1960*.

*omit the definition* “paperless claim for payment”.

*omit the definition*, “PBS”, *substitute:*

“**PBS**” or “**Pharmaceutical Benefits Scheme**” means the document entitled “SCHEDULE OF PHARMACEUTICAL BENEFITS”, with International Standard Serial Number 1037-3667, being the version of the document as it exists on the date for the document in Schedule 1;

*omit the definition* “prescription”.

*omit the definition* “repeat authorisation form”, *substitute:*

“**repeat authorisation form**” means the form mentioned in subparagraph 26(1A)(a)(i) of the *National Health (Pharmaceutical Benefits) Regulations 1960*.

*omit the definition* “residential medication chart”.

*omit the definition* “RPBS Schedule”, *substitute:*

“**RPBS Schedule**” means the document forming part of the *Pharmaceutical Benefits Scheme* that is the *Repatriation Schedule of Pharmaceutical Benefits*, being the version of the document as it exists on the date for the document in Schedule 1;

*omit the definition* “streamlined authority code”.

*omit the definition* “supply certification form”, *substitute:*

“**supply certification form**” means the form of that name in the *claims rules*.

### 3 Part 1 – Interpretation (Section 4)

*substitute:*

4. Where it is provided for the *Department* or the *Commission* to notify of certain matters under the *Scheme*, the inclusion of the matter in the *RPBS Explanatory Notes* and publication of the *RPBS Explanatory Notes* (as part of the publication of the *Pharmaceutical Benefits Scheme* which includes the *RPBS Explanatory Notes*) shall be taken to constitute such notification.

#### 4 Heading before section 11B

*omit.*

#### 5 Section 11B

*substitute:*

##### 11AA Writing prescriptions-general

A prescription for the supply of a *Pharmaceutical benefit* must be written in accordance with;

- (a) section 11A (prescriptions other than medication chart prescriptions); or
- (b) section 11B (medication chart prescriptions).

Note: other provisions of the *Scheme* may also contain requirements for writing of prescriptions.

##### 11A Writing of prescriptions-prescriptions other than medication chart prescriptions

- (1) An *RPBS prescriber* writes a prescription in accordance with this *Scheme* if the *RPBS prescriber* :
  - (a) prepares the prescription:
    - (i) in duplicate, by handwriting the prescription in ink on a prescription form:
      - (A) that is as nearly as practicable 18 centimetres long by 12 centimetres wide; and
      - (B) on which appears the name and address of the *RPBS prescriber* and, subject to subsection (4), the letters 'RPBS' (or 'DVA'); and
      - (C) on the original of which appear the words 'pharmacist/patient copy'; and
      - (D) on the duplicate of which appear the words 'Medicare Australia/DVA copy'; or
    - (ii) in duplicate, by means of a computer on a prescription form:
      - (A) that is as nearly as practicable 18 centimetres long by 12 centimetres wide; and
      - (B) on which appears the name and address of the *RPBS prescriber* and, subject to subsection (4), the letters 'RPBS' (or 'DVA'); and

- (C) on the original of which appear the words ‘pharmacist/patient copy’; and
  - (D) on the duplicate of which appear the words ‘Medicare Australia/DVA copy’; and
  - (E) that is approved in writing for the purpose by the Secretary (as defined in the *National Health Act 1953*); or
- (iii) by means of a form:
- (A) on which appear the name and address of the *RPBS prescriber* and the letters ‘RPBS’ (or ‘DVA’); and
  - (B) that is approved in writing by the Secretary (as defined in the *National Health Act 1953*) for the purpose of writing an electronic prescription; or
- (iii) by another method approved in writing by the Secretary (as defined in the *National Health Act 1953*); and
- (b) signs the prescription after it is prepared; and
  - (c) for an *authority prescription*—writes on it that *prior approval* has been obtained (if the case); and
  - (d) specifies on the prescription the date on which the prescription is written; and
  - (e) for a *Authorised Midwife* or *Authorised Nurse Practitioner*—states in the prescription the number allotted to his or her approval under regulation 8A of the *National Health Act 1953*; and
  - (f) states in the prescription the name of the person for whom the *Pharmaceutical benefit* is to be supplied and the address of that person; and
  - (g) identifies in the prescription the *Pharmaceutical benefit* by such particulars as are necessary to identify the *Pharmaceutical benefit*; and
  - (h) states in the prescription:
    - (i) the quantity or number of units of the *Pharmaceutical benefit* to be supplied; and
    - (ii) if the supply of the benefit is to be repeated—the number of times it is to be repeated; and
  - (i) if the *Pharmaceutical benefit* to be supplied is not a ready-prepared pharmaceutical benefit (as defined in the *National Health (Pharmaceutical Benefits) Regulations 1960*)—indicates in the prescription the manner in which the *Pharmaceutical benefit* is to be administered.
- (2) A prescription written in accordance with this section must not provide for the supply of a *Pharmaceutical benefit* to:
- (a) a person if the *RPBS prescriber* has written, on the same day, another prescription for the supply of the

same or an equivalent *Pharmaceutical benefit* to the person; or

(b) more than 1 person.

- (3) For subparagraphs (1)(a)(ii), (ia) and (iii), a prescription must not be prepared using a computer program that operates, or may operate, to indicate on a prescription by default, for the purpose of subsection 103(2A) of the *National Health Act 1953*, that only the brand of *Pharmaceutical benefit* specified in the prescription is to be supplied.

## **11B Writing prescriptions — medication chart prescriptions**

*Writing prescription by completing section of medication chart*

- (1) An *RPBS prescriber* writes a prescription (***a medication chart prescription***) for a *Pharmaceutical benefit* in accordance with this section if:
- (a) the person for whom the *Pharmaceutical benefit* is prescribed is receiving treatment in or at:
    - (i) a *residential care service* at which the person is receiving *residential care*; or
    - (ii) an *approved hospital*; and
  - (b) the *RPBS prescriber* completes a section of a *medication chart* for the person in relation to the *Pharmaceutical benefit* in accordance with
    - (i) subsection (3) and
    - (ii) if the *prescription* would be an *authority prescription* – subsection (4).
- (2) A reference in the *Scheme* to a *prescription*, or a *medication chart prescription*, includes a reference to the completed section of the chart by which a *medication chart prescription* was written.

*Completing section of medication chart—general*

- (3) An *RPBS prescriber* completes a section of a *medication chart* in accordance with this subsection for a person (the ***patient***) in relation to a *Pharmaceutical benefit* if:
- (a) the *RPBS prescriber* writes in the section of the chart:
    - (i) particulars sufficient to identify the *Pharmaceutical benefit*; and
    - (ii) the date on which the *Pharmaceutical benefit* is prescribed; and
    - (iii) the *Pharmaceutical benefit's* dose, frequency of administration and route of administration; and



- (iv) the letters 'RPBS' or 'DVA'; and
- (b) the chart contains the following information:
  - (i) the *RPBS prescriber's* full name, address and *PBS prescriber number* (if a *PBS prescriber*);
  - (ii) the patient's full name;
  - (iii) the patient's medicare number;
  - (iv) the number of any *entitlement card* or *concession card* held by the patient;
  - (v) if the patient is a *concessional beneficiary* or the dependant of a *concessional beneficiary* – the number of any card issued by the Commonwealth and held by the *concessional beneficiary* that is evidence that the patient is entitled to receive the *Pharmaceutical benefit* on terms appropriate for the supply of the benefit to a patient of that kind;
  - (vi) the name of the *residential care service* or *approved hospital* in or at which the patient is receiving treatment;
  - (vii) if the patient is receiving treatment in or at a *residential care service*—the Residential Aged Care Service ID for the *residential care service*;
  - (viii) if the patient is receiving treatment in or at an *approved hospital*—the patient's address and;
- (c) the *RPBS prescriber* writes his or her signature:
  - (i) in the section of the chart; and
  - (ii) except in the case of an *electronic prescription*—on the cover page of the chart; and
- (d) the section of the chart does not provide for the supply of a *Pharmaceutical benefit* to more than one person; and
- (e) the section of the chart is not completed using a computer program that operates, or may operate, to indicate on a prescription by default, for subsection 103(2A) of the *National Health Act 1953*, that only the brand of *Pharmaceutical benefit* specified in the prescription is to be supplied; and
- (f) if the patient is receiving treatment in or at an *approved hospital*—the chart specifies the day on which the chart's period of validity ends under subsection 16AA(3A), which must be the last day of one of the following periods starting on the day the first prescription for a *Pharmaceutical benefit* is written in the chart:
  - (i) 1 month;
  - (ii) 4 months;
  - (iii) 12 months; and

- (g) in any case—the section of the chart is completed before the end of the chart’s period of validity under subsection 16AA(3) or (3A).

Note: A section in a medication chart may set out fields that only need to have information filled in if the information is relevant to the particular prescription concerned.

Example: For paragraph (f), the first prescription is written in a medication chart on 11 June in a particular year. The day specified in the chart as the day on which the chart’s period of validity ends must be 10 July or 10 October in that year, or 10 June in the following year.

*Completing section of medication chart—authority prescriptions*

- (4) An *RPBS prescriber* completes a section of a medication chart in accordance with this subsection for a person for the purpose of writing an *authority prescription* if the section of the chart contains:
- (a) the *authority prescription* number (if one is given); and
  - (b) one of the following:
    - (i) a note that *Prior Approval* for the *prescription* has been obtained;
    - (ii) in any case—the streamlined authority code that is part of the circumstances determined under paragraph 85(7)(b) of the *National Health Act 1953* for the *Pharmaceutical benefit*;
    - (iii) in any case—the streamlined authority code that is part of the conditions determined under subsection 85A(2A) of the *National Health Act 1953* for the *Pharmaceutical benefit*.
- (5) Subparagraphs (4)(b) (ii) and (iii) do not apply to *authority prescriptions* that have been authorised in accordance with authority required procedures that are incorporated by reference into the circumstances determined for a *Pharmaceutical benefit* under subsection 85B(4) of the *National Health Act 1953*.

Note: If a streamlined authority code or an authority approval number must be written on an authority prescription, and the code or number is not written on the authority prescription, the special patient contribution mentioned in subsection 85B(4) of the *National Health Act 1953* may not be payable by the Commonwealth: see subsection 85B(5) of that Act.

*Medication charts*

- (6) A *medication chart* is a chart in a form (if any) approved under subsection (7) that is used for prescribing, and recording the administration of,

Pharmaceutical benefits to persons receiving treatment in or at a *residential care service* or a hospital, whether or not the chart :

- (a) is used for any other purpose; or
- (b) contains any other information.

Note: For paragraph (a), the chart may also be used (for example) to prescribe, and record the administration of drugs, medicines and other substances that are not Pharmaceutical benefits.

- (7) The form of a medication chart is approved if the Secretary (as defined in the *National Health Act 1953*) has approved it.

## 6 Section 11C

*omit.*

## 7 Section 16 (the Note)

*substitute:*

Note: The Commonwealth introduced medication chart prescribing (MCP) in stages. Firstly there was a trial of MCP in certain residential care services and then it was adopted for residential care services. Secondly, on 1 April 2015, a trial of MCP at certain hospitals commenced. The intention in the *RPBS* is to ensure MCP under the *RPBS* can only occur for patients in residential care services or hospitals where it could occur in respect of those patients under the *National Health (Pharmaceutical Benefits) Regulations 1960*.

## 8 Section 16

*after the section, insert:*

### **16AA Supply of pharmaceutical benefit on basis of medication chart prescription**

- (1) A *Pharmaceutical benefit* may only be supplied on the basis of a *medication chart prescription* by:
  - (a) if the person in respect of whom the *Pharmaceutical benefit* is to be supplied is receiving treatment in or at a *residential care service* – a *Community Pharmacist*; or
  - (b) if the person in respect of whom the *Pharmaceutical benefit* is to be supplied is receiving treatment in or at an *approved hospital*— a *Community Pharmacist* or the *Approved Hospital Authority*.
- (2) A *Community Pharmacist* may supply a *Pharmaceutical benefit* on the basis of a *medication chart prescription* only if:

- (a) the *Community Pharmacist* has seen:
    - (i) the *medication chart* by which the prescription was written; or
    - (ii) a copy of so much of the chart as would indicate that subsections 11B(3) and (4) (if applicable) have been complied with; and
  - (b) the date on which the *Pharmaceutical benefit* is supplied is:
    - (i) during the period of validity of the *medication chart*; and
    - (ii) no later than the stop date (if any) indicated in the prescription; and
  - (c) the *Community Pharmacist* writes on the *medication chart* or the copy of the chart, the following for the supply:
    - (i) the *Community Pharmacist's* name and any approval number under regulation 8A of the *National Health (Pharmaceutical Benefits) Regulations 1960*;
    - (ii) an identification number for the supply;
    - (iii) the date on which the *Pharmaceutical benefit* is supplied.
- (3) For paragraph (2)(b), the period of validity of a *medication chart* for a person receiving treatment in or at a *residential care service*:
- (a) starts on the day in a calendar month (the ***first calendar month***) when the first prescription for a *Pharmaceutical benefit* is written in the *medication chart*; and
  - (b) ends on the last day of the third calendar month that starts after the first calendar month.
- Example: The first prescription is written in a medication chart on 11 June. The period of validity of the medication chart starts on 11 June and ends on 30 September.
- Note: ***calendar month*** is defined in section 2B of the *Acts Interpretation Act 1901*.
- (3A) For paragraph (2)(b), the period of validity of a *medication chart* for a person receiving treatment in or at a hospital:
- (a) starts on the day when the first prescription for a *Pharmaceutical benefit* is written in the chart; and
  - (b) ends at the end of the day specified in the chart as the day on which the chart's period of validity ends (see paragraph 11B(3)(f)).
- (4) A *Community Pharmacist* may supply up to a maximum quantity of a Pharmaceutical item or *Pharmaceutical benefit* more than once on the basis of a particular *medication chart prescription* for the *Pharmaceutical benefit* only if:

- (a) the prescription indicates that an ongoing supply of the *Pharmaceutical benefit* is authorised for the period of validity of the chart; or
- (b) the prescription indicates a stop date for the supply of the *Pharmaceutical benefit* and, based on the dose and frequency of administration of the *Pharmaceutical benefit* indicated in the prescription, more than one supply of a maximum quantity of the Pharmaceutical item or *Pharmaceutical benefit* is needed before the stop date is reached.

Note: See paragraph 85A(2)(a) of the *National Health Act 1953*, the PBS Schedule, and the RPBS Schedule, in relation to maximum quantities of pharmaceutical items or pharmaceutical benefits.

- (5) If paragraphs (4)(a) and (b) do not apply, a *Community Pharmacist* may only supply the quantity of the *Pharmaceutical benefit* needed to give effect to the prescription, up to a maximum quantity of the pharmaceutical item or *Pharmaceutical benefit*.

Note: The following information entered in the prescription may also indicate the quantity of the *Pharmaceutical benefit* that is needed:

- (a) the dose and frequency of administration of the *Pharmaceutical benefit*;
- (b) the date of prescribing, or the start date (if any) for administration of the *Pharmaceutical benefit*;
- (c) the stop date (if any) for administration of the *Pharmaceutical benefit*.

- (6) However, for a supply:
  - (a) on the basis of a prescription mentioned in paragraph (4)(a); or
  - (b) mentioned in paragraph (5);

a *Community Pharmacist* may supply up to a maximum quantity of the pharmaceutical item or *Pharmaceutical benefit* even if the period of validity of the *medication chart* will end before administration of that quantity in accordance with the prescription would finish.

## 9 Section 16A

after the section, insert:

### **16AB Information about status of person— continued dispensing and medication chart prescriptions**

- (1) This section applies in relation to:
  - (a) the supply of a *Pharmaceutical benefit* to a person (the *patient*) by a *Community Pharmacist* (the *supplier*) under subsection 16A (continued dispensing); and
  - (b) the supply of a *Pharmaceutical benefit* by a *Community Pharmacist*, on the basis of a

*medication chart prescription* written for a person (the *patient*);

- (2) The supplier must collect the following information at the time of supply:
  - (a) information about whether the patient is, at the time of the supply:
    - (i) a *concessional beneficiary* or a dependant of a *concessional beneficiary*; or
    - (ii) the holder of a *concession card* or *entitlement card*;
  - (b) for a person mentioned in subparagraph (a)(i)—the number specified on a card, issued by the Commonwealth, as an entitlement number (however described) in relation to the person;
  - (c) for a person mentioned in subparagraph (a)(ii)—the number of the *concession card* or *entitlement card*.
- (3) The supplier must include the information collected under subsection (2) in the claim for a payment from the Commonwealth in relation to the supply using the Claims Transmission System, within the meaning given by subsection 99AAA(1) of the *National Health Act 1953*.

## **10 Section 24A (including the note)**

*omit.*

## **11 Section 24**

*at the end, insert:*

Note (1): this provision incorporates into the *Scheme*, among other relevant “*National Health Act 1953* requirements” (particularly the requirements in the *claims rules* made under subsections 98AC(4) and 99AAA(8) of the *National Health Act 1953*), the requirement for a claimant to include a “supply certification form” with a claim (manual and electronic).

Note (2): if a claim is made electronically, the supply certification form is to be given electronically (*claims rules*).

Note (3): for electronic claims, prescriptions need not be provided (*claims rules*).

## **12 Section 24B**

*omit.*

## **13 Section 25**

*substitute:*

## **25. Claims Requirements and Payment**

- (1) The payment of a claim under the *Scheme* is subject to:
- (a) compliance with the *Scheme*, in particular section 24; and
  - (b) submission of a completed supply certification form under the *claims rules*.

### 13A Section 37

*substitute:*

37. The annual value of the pharmaceutical allowance component is calculated as follows:

- (a) for a *veteran* in receipt of *veterans supplement* or *MRCAs supplement* at different times throughout the year, the amount of \$6 per fortnight, indexed according to section 198F of the *Act*:
  - (i) as if the amount of \$6 is the dollar amount in subsection 198F(1);
  - (ii) since September 2009 (i.e. once annually since 1 January 2010), calculated at a daily rate and valued according to the number of days in the calendar year *veterans supplement* or *MRCAs supplement* was payable;
- (b) subject to (c), for a *veteran* in receipt of an *income support payment* or an *income support payment under the Social Security Act 1991* that, respectively, attracts *pension supplement*, or *social security pension supplement* greater than the basic amount of *pension supplement*, the amount of \$6 per fortnight, indexed according to Division 18 of Part IIIB of the *Act*:
  - (i) as if the amount of \$6 is an amount of PS rate (pension supplement rate) in Item 1A of the CPI Indexation Table in section 59B;
  - (ii) since September 2009 (i.e. each 20 March and 20 September commencing 20 March 2010), calculated at a daily rate and valued according to the number of days in the calendar year *pension supplement* was payable;

Note: this provision could also apply to a veteran who is a member of a couple.

- (c) for a *veteran* in receipt of *pension supplement* who is a member of a couple:
  - (i) if the veteran's partner does not receive an *income support payment* that attracts *pension supplement* or an *income support payment under the Social Security Act 1991* that attracts *social security pension supplement* greater than the basic amount of *pension supplement* — 50% of the amount in (b); or
  - (ii) if the veteran and partner are an illness separated couple— the amount in (b); or
  - (iii) if the veteran and partner are not an illness separated couple but the veteran's partner is a *veteran* or a *member* — 50% of the amount in (b);
  
- (d) for a *veteran* who is a war widow/war widower —pensioner, the amount of \$6 per fortnight, indexed according to Division 18 of Part IIIB of the *Act*:
  - (i) as if the amount of \$6 is an amount of PS rate (pension supplement rate) in Item 1A of the CPI Indexation Table in section 59B;
  - (ii) since September 2009 (i.e. each 20 March and 20 September commencing 20 March 2010), calculated at a daily rate and valued according to the number of days in the calendar year the person was a war widow/war-widower —pensioner.

Note: a pharmaceutical allowance component calculated under (d) may be in addition to a pharmaceutical allowance component calculated under (b) or (c) and the sum of all the pharmaceutical allowance components could reduce the amount of the pharmaceutical reimbursement.

Note: the following terms are defined in the *Act*:

“member of a couple” - 5E(2).

“partner” – 5E(1).

“war widow/war-widower —pensioner” – 5Q(1).

## 14 Section 45

*substitute:*



#### **45 Keeping documents—other than for continued dispensing or medication chart prescriptions**

- (1) If a *Community Pharmacist* supplies a *Pharmaceutical benefit*, other than a *Pharmaceutical benefit* that is:
- (a) a dangerous drug (defined below); or
  - (b) supplied under section 16A (continued dispensing); or
  - (c) supplied on the basis of a medication chart prescription;

the *Community Pharmacist* must keep a document specified in subsection (2) that relates to the supply for at least 2 years after the supply.

- (2) For subsection (1), the following documents are specified:
- (a) in the case of supply upon a prescription not bearing instructions to supply the *Pharmaceutical benefit* more than once:
    - (i) for a paper-based prescription—the pharmacist/patient copy and the Medicare Australia/DVA copy; or
    - (ii) for an electronic prescription—the electronic prescription;
  - (ab) in the case of supply upon a prescription bearing instructions to supply the *Pharmaceutical benefit* more than once, if it is supplied on the first occasion on which supply is authorised:
    - (i) for a paper-based prescription—the Medicare Australia/DVA copy ; or
    - (ii) for an electronic prescription—the electronic prescription and the repeat authorisation;
  - (ac) in the case of supply upon a prescription bearing instructions to supply the *Pharmaceutical benefit* more than once, if it is supplied other than on the first or last occasion on which supply is authorised:
    - (i) for a paper-based prescription—the repeat authorisation for the most recent previous supply; or
    - (ii) for an electronic prescription—the electronic prescription and the repeat authorisation for the most recent previous supply;
  - (b) in the case of supply upon a prescription bearing instructions to supply the *Pharmaceutical benefit* more than once, if it is supplied on the last occasion on which supply is authorised:
    - (i) for a paper-based prescription—the pharmacist/patient copy and the repeat authorisation for the most recent previous supply; or

- (ii) for an electronic prescription—the electronic prescription and the repeat authorisation for the most recent previous supply;

(3) In this section:

***dangerous drug*** means a drug or medicinal preparation in respect of which the law of the State or Territory in which the prescription is written provides that a pharmacist who dispenses that drug or medicinal preparation, or who dispenses it on the last of a number of occasions of supply indicated in a prescription for its supply, must take possession of the prescription and cancel it or deliver it to the authority administering that law.

#### **45A Keeping documents—continued dispensing**

- (1) If a Community Pharmacist supplies a Pharmaceutical benefit to a person under section 16A (continued dispensing), the pharmacist is to keep the following information for at least 2 years from the date on which the Pharmaceutical benefit was supplied by the Community Pharmacist:
  - (a) the information that supports the claim for payment made under section 24 (in effect, under section 99AAA of the *National Health Act 1953*) in relation to the supply of the Pharmaceutical benefit including the repeat authorisation form;
  - (b) the information, about the supply of the Pharmaceutical benefit, that is given to the *RPBS prescriber* who most recently prescribed the Pharmaceutical benefit to the person.

#### **45B Keeping documents—medication chart prescriptions**

- (1) If a Community Pharmacist supplies a Pharmaceutical benefit on the basis of a medication chart prescription, the pharmacist is to keep the medication chart, or a copy of the medication chart on which the Community Pharmacist wrote the details mentioned in paragraph 16AA(2)(c) in relation to the prescription, for at least 2 years from the date of supply.

## **15 Schedule 1 – Incorporated Documents**

*omit:*

The following documents, in force on 1 November 2013, are incorporated-by-reference into the *Scheme*:

*substitute:*

The following documents, in the version in which they exist on 1 April 2015, are incorporated-by-reference into the *Scheme*:

## **16 Schedule 1 – Incorporated Documents (List A)**

*insert:*

- RPBS Explanatory Notes
- PBS or Pharmaceutical Benefits Scheme

## Schedule 2

# Variations to the MRCA Pharmaceutical Benefits Scheme

### 1 Part 1 – Interpretation (Section 3)

*insert:*

**“approved hospital”** means a hospital in respect of which the hospital authority is approved under section 94 of the *National Health Act 1953*;

**“authority prescription”** means:

(a) a prescription of a *Pharmaceutical benefit* for which *Prior Approval* under section 6 is required;

(b) an authority prescription as defined in the *National Health (Pharmaceutical Benefits) Regulations 1960*;

**“Chief Executive Medicare”** has the meaning given by the *Human Services (Medicare) Act 1973*;

**“claims rules”** mean the rules, in force from time to time, made under subsections 98AC(4) and 99AAA(8) of the *National Health Act 1953*;

**“dependant”**, in relation to a *concessional beneficiary*, has the meaning given by Part VII of the *National Health Act 1953*;

**“hospital treatment”** has the meaning given by section 121-5 of the *Private Health Insurance Act 2007*;

**“medication chart”** has the meaning given by subsection 11B(6);

**“MPBS”** means the *MRCA Pharmaceutical Benefits Scheme*;

**“pharmaceutical item”** has the meaning given in Part VII of the *National Health Act 1953*;

**“PBS prescriber”** has the meaning given by subsection 84(1) of the *National Health Act 1953*;

**“PBS prescriber number”** means the number given by the *Chief Executive Medicare* to a person who may prescribe a pharmaceutical benefit under the *National Health Act 1953*;

**“Repatriation Schedule of Pharmaceutical Benefits”** means all that writing in the *Pharmaceutical Benefits Scheme* for the part “Repatriation Schedule of Pharmaceutical Benefits”;

Note: as at 1 September 2014 the part comprised pages 1077-1082.

“**residential care service**” has the meaning given by the *Aged Care Act 1997*;

“**RPBS Explanatory Notes**” means the document forming part of the *Pharmaceutical Benefits Scheme* that is the: RPBS Explanatory Notes – being the version of the document as it exists on the date for the document in Schedule 1;

Note: as at 1 September 2014 the part comprised pages 1079-1082.

## 2 Part 1 – Interpretation (Section 3)

omit the definition “Approved Hospital Authority”, substitute:

“**Approved Hospital Authority**” has the meaning given by subsection 84(1) of the *National Health Act 1953*.

omit the definition “Authority Prescription Form”, substitute:

“**Authority Prescription Form**” means a *prescription* in the form, if any, for an “authority prescription” under the *National Health (Pharmaceutical Benefits) Regulations 1960* in force from time to time;

omit the definition “electronic prescription”, substitute:

“**electronic prescription**” means a prescription that is prepared and submitted:

- (a) in accordance with *approved information technology requirements* (if any), by means of an *approved electronic communication*; and
- (b) in accordance with the appropriate form under:
  - (i) sub-subparagraph 19(1)(a)(iia)(B) (prescriptions other than medication chart prescriptions) of the *National Health (Pharmaceutical Benefits) Regulations 1960*; or
  - (ii) subregulation 19AA(7) (medication chart prescriptions) of the *National Health (Pharmaceutical Benefits) Regulations 1960*.

omit the definition “Explanatory Notes”, substitute:

“**Explanatory Notes**” means:

- (a) the document forming part of the *Pharmaceutical Benefits Scheme* that is: SECTION 1 — EXPLANATORY NOTES; and

Note: as at 1 September 2014 the part comprised pages 25-54.

- (b) the document forming part of the *Pharmaceutical Benefits Scheme* that is: the RPBS Explanatory Notes;

Note: as at 1 September 2014 the part comprised pages 1079-1082.

being the version of the document as it exists on the date for the document in Schedule 1.

*omit the definition* “medication chart prescription”,  
*substitute:*

“**medication chart prescription**” has the meaning given by section 11B;

*omit the definition* “paper-based prescription”, *substitute:*

“**paper-based prescription**” means a prescription that is prepared in duplicate in accordance with subparagraph 19(1)(a)(i), (ii) or (iii) of the *National Health (Pharmaceutical Benefits) Regulations 1960* in force from time to time.

*omit the definition* “paperless claim for payment”.

*omit the definition*, “PBS”, *substitute:*

“**PBS**” or “**Pharmaceutical Benefits Scheme**” means the document entitled “SCHEDULE OF PHARMACEUTICAL BENEFITS”, with International Standard Serial Number 1037-3667, being the version of the document as it exists on the date for the document in Schedule 1;

*omit the definition* “prescription”.

*omit the definition* “repeat authorisation form”, *substitute:*

“**repeat authorisation form**” means the form mentioned in subparagraph 26(1A)(a)(i) of the *National Health (Pharmaceutical Benefits) Regulations 1960* in force from time to time.

*omit the definition* “residential medication chart”.

*omit the definition* “RPBS Schedule”, *substitute:*

“**RPBS Schedule**” means the document forming part of the *Pharmaceutical Benefits Scheme* that is the *Repatriation Schedule of Pharmaceutical Benefits*, being the version of the document as it exists on the date for the document in Schedule 1;

*omit the definition* “streamlined authority code”.

*omit the definition* “supply certification form”, *substitute:*

“**supply certification form**” means the form of that name in the *claims rules*.

*omit the definition* “RPBS prescriber”, *substitute:*

“MPBS prescriber” means an *Approved Medical Practitioner*, an *Authorised Midwife* or an *Authorised Nurse Practitioner*.

### 3 Part 1 – Interpretation (Section 4)

*substitute:*

4. Where it is provided for the *Department* or the *Commission* to notify of certain matters under the *Scheme*, the inclusion of the matter in the *RPBS Explanatory Notes* and publication of the *RPBS Explanatory Notes* (as part of the publication of the *Pharmaceutical Benefits Scheme* which includes the *RPBS Explanatory Notes*) shall be taken to constitute such notification.

### 4 Heading before section 11B

*omit.*

### 5 Section 11B

*substitute:*

#### 11AA Writing prescriptions-general

A prescription for the supply of a *Pharmaceutical benefit* must be written in accordance with;

- (a) section 11A (prescriptions other than medication chart prescriptions); or
- (b) section 11B (medication chart prescriptions).

Note: other provisions of the *Scheme* may also contain requirements for writing of prescriptions.

#### 11A Writing of prescriptions-prescriptions other than medication chart prescriptions

- (1) An *MPBS prescriber* writes a prescription in accordance with this *Scheme* if the *MPBS prescriber* :
  - (a) prepares the prescription:
    - (i) in duplicate, by handwriting the prescription in ink on a prescription form:
      - (A) that is as nearly as practicable 18 centimetres long by 12 centimetres wide; and
      - (B) on which appears the name and address of the *MPBS prescriber* and, subject to subsection (4), the letters ‘RPBS’ or ‘MPBS’ or ‘DVA’; and
      - (C) on the original of which appear the words ‘pharmacist/patient copy’; and
      - (D) on the duplicate of which appear the words ‘Medicare Australia/DVA copy’; or

- (ii) in duplicate, by means of a computer on a prescription form:
  - (A) that is as nearly as practicable 18 centimetres long by 12 centimetres wide; and
  - (B) on which appears the name and address of the *MPBS prescriber* and, subject to subsection (4), the letters ‘RPBS’ or ‘MPBS’ or ‘DVA’; and
  - (C) on the original of which appear the words ‘pharmacist/patient copy’; and
  - (D) on the duplicate of which appear the words ‘Medicare Australia/DVA copy’; and
  - (E) that is approved in writing for the purpose by the Secretary (as defined in the *National Health Act 1953*); or
- (iia) by means of a form:
  - (A) on which appear the name and address of the *MPBS prescriber* and the letters ‘RPBS’ or ‘MPBS’ or ‘DVA’; and
  - (B) that is approved in writing by the Secretary (as defined in the *National Health Act 1953*) for the purpose of writing an electronic prescription; or
- (iii) by another method approved in writing by the Secretary (as defined in the *National Health Act 1953*); and
- (b) signs the prescription after it is prepared; and
- (c) for an *authority prescription*—writes on it that *prior approval* has been obtained (if the case); and
- (d) specifies on the prescription the date on which the prescription is written; and
- (e) for a *Authorised Midwife* or *Authorised Nurse Practitioner*—states in the prescription the number allotted to his or her approval under regulation 8A of the *National Health Act 1953*; and
- (f) states in the prescription the name of the person for whom the *Pharmaceutical benefit* is to be supplied and the address of that person; and
- (g) identifies in the prescription the *Pharmaceutical benefit* by such particulars as are necessary to identify the *Pharmaceutical benefit*; and
- (h) states in the prescription:
  - (i) the quantity or number of units of the *Pharmaceutical benefit* to be supplied; and
  - (ii) if the supply of the benefit is to be repeated—the number of times it is to be repeated; and
- (i) if the *Pharmaceutical benefit* to be supplied is not a ready-prepared pharmaceutical benefit (as defined in the *National Health (Pharmaceutical Benefits) Regulations 1960*)—indicates in the prescription the



manner in which the *Pharmaceutical benefit* is to be administered.

- (2) A prescription written in accordance with this section must not provide for the supply of a *Pharmaceutical benefit* to:
  - (a) a person if the *MPBS prescriber* has written, on the same day, another prescription for the supply of the same or an equivalent *Pharmaceutical benefit* to the person; or
  - (b) more than 1 person.
- (3) For subparagraphs (1)(a)(ii), (iia) and (iii), a prescription must not be prepared using a computer program that operates, or may operate, to indicate on a prescription by default, for the purpose of subsection 103(2A) of the *National Health Act 1953*, that only the brand of *Pharmaceutical benefit* specified in the prescription is to be supplied.

### **11B Writing prescriptions — medication chart prescriptions**

*Writing prescription by completing section of medication chart*

- (1) A *MPBS prescriber* writes a prescription (**a medication chart prescription**) for a *Pharmaceutical benefit* in accordance with this section if:
  - (a) the person for whom the *Pharmaceutical benefit* is prescribed is receiving treatment in or at:
    - (i) a *residential care service* at which the person is receiving *residential care*; or
    - (ii) an *approved hospital*; and
  - (b) the *MPBS prescriber* completes a section of a *medication chart* for the person in relation to the *Pharmaceutical benefit* in accordance with
    - (i) subsection (3) and
    - (ii) if the *prescription* would be an *authority prescription* – subsection (4).
- (2) A reference in the *Scheme* to a *prescription*, or a *medication chart prescription*, includes a reference to the completed section of the chart by which a *medication chart prescription* was written.

*Completing section of medication chart—general*

- (3) An *MPBS prescriber* completes a section of a *medication chart* in accordance with this subsection for a person (the **patient**) in relation to a *Pharmaceutical benefit* if:

- (a) the *MPBS prescriber* writes in the section of the chart:
  - (i) particulars sufficient to identify the *Pharmaceutical benefit*; and
  - (ii) the date on which the *Pharmaceutical benefit* is prescribed; and
  - (iii) the *Pharmaceutical benefit's* dose, frequency of administration and route of administration; and
  - (iv) the letters 'RPBS' or 'MPBS' or 'DVA'; and
- (b) the chart contains the following information:
  - (i) the *MPBS prescriber's* full name, address and *PBS prescriber number* (if a *PBS prescriber*);
  - (ii) the patient's full name;
  - (iii) the patient's medicare number;
  - (iv) the number of any *entitlement card* or *concession card* held by the patient;
  - (v) if the patient is a *concessional beneficiary* or the dependant of a *concessional beneficiary* – the number of any card issued by the Commonwealth and held by the *concessional beneficiary* that is evidence that the patient is entitled to receive the *Pharmaceutical benefit* on terms appropriate for the supply of the benefit to a patient of that kind;
  - (vi) the name of the *residential care service* or *approved hospital* in or at which the patient is receiving treatment;
  - (vii) if the patient is receiving treatment in or at a *residential care service*—the Residential Aged Care Service ID for the *residential care service*;
  - (viii) if the patient is receiving treatment in or at an *approved hospital*—the patient's address and;
- (c) the *MPBS prescriber* writes his or her signature:
  - (i) in the section of the chart; and
  - (ii) except in the case of an *electronic prescription*—on the cover page of the chart; and
- (d) the section of the chart does not provide for the supply of a *Pharmaceutical benefit* to more than one person; and
- (e) the section of the chart is not completed using a computer program that operates, or may operate, to indicate on a prescription by default, for subsection 103(2A) of the *National Health Act 1953*, that only the brand of *Pharmaceutical benefit* specified in the prescription is to be supplied; and

- (f) if the patient is receiving treatment in or at an *approved hospital*—the chart specifies the day on which the chart’s period of validity ends under subsection 16AA(3A), which must be the last day of one of the following periods starting on the day the first prescription for a *Pharmaceutical benefit* is written in the chart:
  - (i) 1 month;
  - (ii) 4 months;
  - (iii) 12 months; and
- (g) in any case—the section of the chart is completed before the end of the chart’s period of validity under subsection 16AA(3) or (3A).

Note: A section in a medication chart may set out fields that only need to have information filled in if the information is relevant to the particular prescription concerned.

Example: For paragraph (f), the first prescription is written in a medication chart on 11 June in a particular year. The day specified in the chart as the day on which the chart’s period of validity ends must be 10 July or 10 October in that year, or 10 June in the following year.

*Completing section of medication chart—authority prescriptions*

- (4) An *MPBS prescriber* completes a section of a medication chart in accordance with this subsection for a person for the purpose of writing an *authority prescription* if the section of the chart contains:
  - (a) the *authority prescription* number (if one is given); and
  - (b) one of the following:
    - (i) a note that *Prior Approval* for the *prescription* has been obtained;
    - (ii) in any case—the streamlined authority code that is part of the circumstances determined under paragraph 85(7)(b) of the *National Health Act 1953* for the *Pharmaceutical benefit*;
    - (iii) in any case—the streamlined authority code that is part of the conditions determined under subsection 85A(2A) of the *National Health Act 1953* for the *Pharmaceutical benefit*.
- (5) Subparagraphs (4)(b)(ii) and (iii) do not apply to *authority prescriptions* that have been authorised in accordance with authority required procedures that are incorporated by reference into the circumstances determined for a *Pharmaceutical benefit* under subsection 85B(4) of the *National Health Act 1953*.

Note: If a streamlined authority code or an authority approval number must be written on an authority prescription, and the code or number is not written on the authority prescription, the special patient contribution mentioned in subsection 85B(4) of the *National Health Act 1953* may not be payable by the Commonwealth: see subsection 85B(5) of that Act.

#### *Medication charts*

- (6) A *medication chart* is a chart in a form (if any) approved under subsection (7) that is used for prescribing, and recording the administration of, Pharmaceutical benefits to persons receiving treatment in or at a *residential care service* or a hospital, whether or not the chart :
- (a) is used for any other purpose; or
  - (b) contains any other information.

Note: For paragraph (a), the chart may also be used (for example) to prescribe, and record the administration of drugs, medicines and other substances that are not Pharmaceutical benefits.

- (7) The form of a medication chart is approved if the Secretary (as defined in the *National Health Act 1953*) has approved it.

## **6 Section 11C**

*omit.*

## **7 Section 16 (the Note)**

*substitute:*

Note: The Commonwealth introduced medication chart prescribing (MCP) in stages. Firstly there was a trial of MCP in certain residential care services and then it was adopted for residential care services. Secondly, on 1 April 2015, a trial of MCP at certain hospitals commenced. The intention in the *MPBS* is to ensure MCP under the *MPBS* can only occur for patients in residential care services or hospitals where it could occur in respect of those patients under the *National Health (Pharmaceutical Benefits) Regulations 1960*.

## **8 Section 16**

*after the section, insert:*

### **16AA Supply of pharmaceutical benefit on basis of medication chart prescription**

- (1)A *Pharmaceutical benefit* may only be supplied on the basis of a *medication chart prescription* by:

- (a) if the person in respect of whom the *Pharmaceutical benefit* is to be supplied is receiving treatment in or at a *residential care service* – a *Community Pharmacist*; or
  - (b) if the person in respect of whom the *Pharmaceutical benefit* is to be supplied is receiving treatment in or at an *approved hospital*— a *Community Pharmacist* or the *Approved Hospital Authority*.
- (2) A *Community Pharmacist* may supply a *Pharmaceutical benefit* on the basis of a *medication chart prescription* only if:
- (a) the *Community Pharmacist* has seen:
    - (i) the *medication chart* by which the prescription was written; or
    - (ii) a copy of so much of the chart as would indicate that subsections 11B(3) and (4) (if applicable) have been complied with; and
  - (b) the date on which the *Pharmaceutical benefit* is supplied is:
    - (i) during the period of validity of the *medication chart*; and
    - (ii) no later than the stop date (if any) indicated in the prescription; and
  - (c) the *Community Pharmacist* writes on the *medication chart* or the copy of the chart, the following for the supply:
    - (i) the *Community Pharmacist's* name and any approval number under regulation 8A of the *National Health (Pharmaceutical Benefits) Regulations 1960*;
    - (ii) an identification number for the supply;
    - (iii) the date on which the *Pharmaceutical benefit* is supplied.
- (3) For paragraph (2)(b), the period of validity of a *medication chart* for a person receiving treatment in or at a *residential care service*:
- (a) starts on the day in a calendar month (the ***first calendar month***) when the first prescription for a *Pharmaceutical benefit* is written in the *medication chart*; and
  - (b) ends on the last day of the third calendar month that starts after the first calendar month.

Example: The first prescription is written in a medication chart on 11 June. The period of validity of the medication chart starts on 11 June and ends on 30 September.

Note: ***calendar month*** is defined in section 2B of the *Acts Interpretation Act 1901*.

- (3A) For paragraph (2)(b), the period of validity of a *medication chart* for a person receiving treatment in or at a hospital:

- (a) starts on the day when the first prescription for a *Pharmaceutical benefit* is written in the chart; and
- (b) ends at the end of the day specified in the chart as the day on which the chart's period of validity ends (see paragraph 11B(3)(f)).

(4) A *Community Pharmacist* may supply up to a maximum quantity of a pharmaceutical item or *Pharmaceutical benefit* more than once on the basis of a particular *medication chart prescription* for the *Pharmaceutical benefit* only if:

- (a) the prescription indicates that an ongoing supply of the *Pharmaceutical benefit* is authorised for the period of validity of the chart; or
- (b) the prescription indicates a stop date for the supply of the *Pharmaceutical benefit* and, based on the dose and frequency of administration of the *Pharmaceutical benefit* indicated in the prescription, more than one supply of a maximum quantity of the Pharmaceutical item or *Pharmaceutical benefit* is needed before the stop date is reached.

Note: See paragraph 85A(2)(a) of the *National Health Act 1953*, the PBS Schedule, and the RPBS Schedule, in relation to maximum quantities of pharmaceutical items or pharmaceutical benefits.

(5) If paragraphs (4)(a) and (b) do not apply, a *Community Pharmacist* may only supply the quantity of the *Pharmaceutical benefit* needed to give effect to the prescription, up to a maximum quantity of the pharmaceutical item or *Pharmaceutical benefit*.

Note: The following information entered in the prescription may also indicate the quantity of the *Pharmaceutical benefit* that is needed:

- (a) the dose and frequency of administration of the *Pharmaceutical benefit*;
- (b) the date of prescribing, or the start date (if any) for administration of the *Pharmaceutical benefit*;
- (c) the stop date (if any) for administration of the *Pharmaceutical benefit*.

(6) However, for a supply:

- (a) on the basis of a prescription mentioned in paragraph (4)(a); or
- (b) mentioned in paragraph (5);

a *Community Pharmacist* may supply up to a maximum quantity of the pharmaceutical item or *Pharmaceutical benefit* even if the period of validity of the *medication chart* will end before administration of that quantity in accordance with the prescription would finish.

## 9 Section 16A

after the section, insert:

### **16AB Information about status of person— continued dispensing and medication chart prescriptions**

- (1) This section applies in relation to:
  - (a) the supply of a *Pharmaceutical benefit* to a person (the *patient*) by a *Community Pharmacist* (the *supplier*) under subsection 16A (continued dispensing); and
  - (b) the supply of a *Pharmaceutical benefit* by a *Community Pharmacist*, on the basis of a *medication chart prescription* written for a person (the *patient*);
- (2) The supplier must collect the following information at the time of supply:
  - (a) information about whether the patient is, at the time of the supply:
    - (i) a *concessional beneficiary* or a dependant of a *concessional beneficiary*; or
    - (ii) the holder of a *concession card* or *entitlement card*;
  - (b) for a person mentioned in subparagraph (a)(i)—the number specified on a card, issued by the Commonwealth, as an entitlement number (however described) in relation to the person;
  - (c) for a person mentioned in subparagraph (a)(ii)—the number of the *concession card* or *entitlement card*.
- (3) The supplier must include the information collected under subsection (2) in the claim for a payment from the Commonwealth in relation to the supply using the Claims Transmission System, within the meaning given by subsection 99AAA(1) of the *National Health Act 1953*.

## 10 Section 24A (including the note)

omit.

## 11 Section 24

at the end, insert:

Note (1): this provision incorporates into the *Scheme*, among other relevant “*National Health Act 1953* requirements” (particularly the

requirements in the *claims rules* made under subsections 98AC(4) and 99AAA(8) of the *National Health Act 1953*), the requirement for a claimant to include a “supply certification form” with a claim (manual and electronic).

Note (2): if a claim is made electronically, the supply certification form is to be given electronically (*claims rules*).

Note (3): for electronic claims, prescriptions need not be provided (*claims rules*).

## **12 Section 24B**

*omit.*

## **13 Section 25**

*substitute:*

### **25 Claims Requirements and Payment**

(1) The payment of a claim under the *Scheme* is subject to:

- (a) compliance with the *Scheme*, in particular section 24; and
- (b) submission of a completed supply certification form under the *claims rules*.

## **13A Section 37**

*substitute:*

**37** The annual value of the pharmaceutical allowance is calculated as follows:

- (a) for a *member* in receipt of the *MRCA supplement* or *veterans supplement* at different times throughout the year, the amount of \$6 per fortnight, indexed according to section 198F of the *Veterans' Entitlements Act 1986*:
  - (i) as if the amount of \$6 is the dollar amount in subsection 198F(1);
  - (ii) since September 2009 (i.e. once annually since 1 January 2010), calculated at a daily rate and valued according to the number of days in the calendar year the *MRCA supplement* or *veterans supplement* was payable;



- (b) Subject to (d), for a *member* in receipt of an *income support payment* or an *income support payment under the Social Security Act 1991* that attracts a *pension supplement* or a *social security pension supplement* greater than the basic amount of *pension supplement*, the amount of \$6 per fortnight, indexed according to Division 18 of Part IIIB of the *Veterans' Entitlements Act 1986*:
- (i) as if the amount of \$6 is an amount of PS rate (pension supplement rate) in Item 1A of the CPI Indexation Table in section 59B;
- (ii) since September 2009 (i.e. each 20 March and 20 September commencing 20 March 2010), calculated at a daily rate and valued according to the number of days in the calendar year *pension supplement* was payable;
- (c) for a *member* in receipt of *pension supplement*, who is a *member of a couple* and whose partner is a *member* or *veteran* — 50% of the amount in (b).

Note: “partner” is defined in section 5 of the *Act*.

- (d) for a *member* in receipt of *pension supplement* who is a *member of a couple* and whose partner does not receive an *income support payment* or an *income support payment under the Social Security Act 1991* that attracts a *social security pension supplement* greater than the basic amount of *pension supplement* — 50% of the amount in (b).

Note: “partner” is defined in section 5 of the *Act*.

## 14 Section 45

*substitute:*

### **45 Keeping documents—other than for continued dispensing or medication chart prescriptions**

- (1) If a *Community Pharmacist* supplies a *Pharmaceutical benefit*, other than a *Pharmaceutical benefit* that is:
- (a) a dangerous drug (defined below); or
- (b) supplied under section 16A (continued dispensing); or

- (c) supplied on the basis of a medication chart prescription;

the *Community Pharmacist* must keep a document specified in subsection (2) that relates to the supply for at least 2 years after the supply.

- (2) For subsection (1), the following documents are specified:
  - (a) in the case of supply upon a prescription not bearing instructions to supply the *Pharmaceutical benefit* more than once:
    - (i) for a paper-based prescription—the pharmacist/patient copy and the Medicare Australia/DVA copy; or
    - (ii) for an electronic prescription—the electronic prescription;
  - (ab) in the case of supply upon a prescription bearing instructions to supply the *Pharmaceutical benefit* more than once, if it is supplied on the first occasion on which supply is authorised:
    - (i) for a paper-based prescription—the Medicare Australia/DVA copy ; or
    - (ii) for an electronic prescription—the electronic prescription and the repeat authorisation;
  - (ac) in the case of supply upon a prescription bearing instructions to supply the *Pharmaceutical benefit* more than once, if it is supplied other than on the first or last occasion on which supply is authorised:
    - (i) for a paper-based prescription—the repeat authorisation for the most recent previous supply; or
    - (ii) for an electronic prescription—the electronic prescription and the repeat authorisation for the most recent previous supply;
  - (b) in the case of supply upon a prescription bearing instructions to supply the *Pharmaceutical benefit* more than once, if it is supplied on the last occasion on which supply is authorised:
    - (i) for a paper-based prescription—the pharmacist/patient copy and the repeat authorisation for the most recent previous supply; or
    - (ii) for an electronic prescription—the electronic prescription and the repeat authorisation for the most recent previous supply;

- (3) In this section:

***dangerous drug*** means a drug or medicinal preparation in respect of which the law of the State or Territory in which the prescription is written provides that a pharmacist who dispenses that drug or medicinal

preparation, or who dispenses it on the last of a number of occasions of supply indicated in a prescription for its supply, must take possession of the prescription and cancel it or deliver it to the authority administering that law.

#### **45A Keeping documents—continued dispensing**

- (1) If a Community Pharmacist supplies a Pharmaceutical benefit to a person under section 16A (continued dispensing), the pharmacist is to keep the following information for at least 2 years from the date on which the Pharmaceutical benefit was supplied by the Community Pharmacist:
  - (a) the information that supports the claim for payment made under section 24 (in effect, under section 99AAA of the *National Health Act 1953*) in relation to the supply of the Pharmaceutical benefit including the repeat authorisation form;
  - (b) the information, about the supply of the Pharmaceutical benefit, that is given to the *MPBS prescriber* who most recently prescribed the Pharmaceutical benefit to the person.

#### **45B Keeping documents—medication chart prescriptions**

- (1) If a Community Pharmacist supplies a Pharmaceutical benefit on the basis of a medication chart prescription, the pharmacist is to keep the medication chart, or a copy of the medication chart on which the Community Pharmacist wrote the details mentioned in 16AA(2)(c) in relation to the prescription, for at least 2 years from the date of supply.

### **15 Schedule 1 – Incorporated Documents**

*omit:*

The following documents, in force on 1 November 2013, are incorporated-by-reference into the *Scheme*:

*substitute:*

The following documents, in the version in which they exist on 1 April 2015, are incorporated-by-reference into the *Scheme*:

### **16 Schedule 1 – Incorporated Documents (List A)**

*insert:*

- RPBS Explanatory Notes

- PBS or Pharmaceutical Benefits Scheme

## **17 The MRCA Pharmaceutical Benefits Scheme**

*omit, wherever occurring, “RPBS prescriber”, substitute:  
MPBS prescriber*