

## CRITERIA FOR ISSUING NON-HANDWRITTEN (COMPUTER GENERATED) PRESCRIPTIONS

The particulars to be included in prescriptions in NSW are set out in clause 35 for restricted substances (Schedule 4 medications) and clause 80 for drugs of addiction (Schedule 8 medications) of the Poisons and Therapeutic Goods Regulation 2008 (the Regulation), under the *Poisons and Therapeutic Goods Act 1966*.

Generally, clauses 35 and 80 of the Regulation require the prescriber issuing the prescription to include in his/her **own handwriting**:

- a) the date on which the prescription is issued
- b) the name and address of the patient, or if for an animal the name and address of the owner and the species of the animal
- c) the name, strength, route for administration (if not apparent) and quantity of the medication to be dispensed (for a Schedule 8 medication the quantity to be dispensed must be handwritten in both words and figures)
- d) the number of repeats to be dispensed (if any) and for certain medications the time interval between repeat dispensing
- e) adequate directions for use
- f) the prescriber's signature.

Clauses 35(2A) and 80(2) of the Regulation provide that where certain criteria are met, not all the particulars above need to be in the prescriber's own handwriting.

The criteria for **printed, computer-generated prescriptions** for Schedule 4 medications (in section A) and Schedule 8 medications (in section B) below apply to electronic prescribing systems in the community and to electronic medication management systems in public and private health facilities.

The criteria do not apply for a medication chart prescription under clauses 35 or 80 of the Poisons and Therapeutic Goods Regulation 2008.

Note: For uniformity of prescription presentation and completeness of records, prescriptions issued for NON-PRESCRIPTION medications (Schedule 2, Schedule 3 and unscheduled medications) should be produced and printed in accordance with the criteria for Schedule 4 medications in section A.

### General Notes:

1. A computer-generated prescription produced in accordance with these criteria **MUST** be issued **WITHOUT** alteration to ensure both that the computer system record is consistent with the prescription and that the dispensing pharmacist will not be concerned about either accuracy or possible illegitimacy.
2. Any additional requirements of the Commonwealth Government must be observed for PBS prescriptions.
3. Prescriptions issued by a dentist, optometrist, podiatrist or veterinary practitioner must be endorsed "For dental treatment only", "For optometrical treatment only", "For podiatry treatment only" or "for animal treatment only" respectively.
4. A duplicate copy must not be issued when the prescription is written as a non-PBS (private) prescription.

5. Where a computer-generated Schedule 8 PBS prescription is printed in duplicate, the mandatory prescribing data elements must be written in the prescriber's own handwriting on one copy of the prescription, which is to be retained by the pharmacy.
6. Where a system for producing non-handwritten prescriptions does not satisfy the above criteria the individual approval of the Secretary, NSW Health must be sought.

#### **A CRITERIA FOR COMPUTER GENERATED PAPER PRESCRIPTIONS FOR SCHEDULE 4 MEDICATIONS**

- 1) The system must print the following data fields on the prescription:
  - a) the date on which the prescription is issued
  - b) the name (including given name, or initial letter and appellation) and full residential address of the patient, or if for an animal the name and address of the owner and the species of the animal
  - c) the age of the patient when the patient is an infant or a child under the age of twelve
  - d) the name of the substance or the preparation containing it, including the strength when more than one strength is available
  - e) the quantity being prescribed
  - f) adequate directions for use
  - g) the number of repeats authorised if repeats are ordered
  - h) the interval for repeats if required by legislation (for example anabolic androgenic steroids) or deemed appropriate by the prescriber.
- 2) The system producing the prescription must be designed so that requires:
  - a) the prescription to be produced by the prescriber only
  - b) the prescriber to sign, in their own handwriting, the paper prescription form as near as practicable below the last medication prescribed on the form
  - c) the prescription to be printed on a form which is pre-printed with the name and address and contact telephone number of the prescriber **OR** which the system prints on the prescription **OR** which is pre-printed with at least the address and contact telephone number of the practice/hospital **and** the system individually prints the name of the prescriber on the prescription during generation
  - d) a statement to be printed on each prescription form indicating the total number of items prescribed on that prescription form, **AND/OR** any unused area on the prescription form to be scored, hatched or marked to prevent any other item being printed in that area
  - e) a number which uniquely identifies the prescription **OR** which uniquely identifies each prescribed medication's details (the name, strength, route for administration, if not apparent, and quantity of the medication) to be printed on the prescription and which can be related to the clinical or prescription record of the patient or animal
  - f) when the prescriber requires a dose that is less than 1mL and that dose is recorded as a decimal value, the dose to be printed with a leading zero (that is, 0.3mL rather than .3mL)

- g) the prescription produced in accordance with these criteria to be issued without alteration, and especially NOT altered by hand after printing
- h) the particulars of the prescription included in the clinical or prescription record of the patient or animal
- i) the clinical or prescription record of the patient to be preserved for at least two years from the date on which the prescription was produced and can be accessed when required.

## **B CRITERIA FOR COMPUTER GENERATED PAPER PRESCRIPTIONS FOR SCHEDULE 8 MEDICATIONS**

- 1) The system must print the following data fields on the prescription:
  - a) the date on which the prescription is issued
  - b) the name (including given name, or initial letter and appellation) and full residential address of the patient, or if for an animal the name and address of the owner and the species of the animal
  - c) the age of the patient when the patient is an infant or a child under the age of twelve
  - d) the name of the substance or the preparation containing it, including the strength when more than one strength is available
  - e) the quantity being prescribed in **both words and figures (numerals)**
  - f) adequate directions for use
  - g) the number of repeats authorised if the prescription is to be dispensed more than once and, if repeats are ordered, the time interval for repeats.
  
- 2) The system producing the prescription must be designed so that it requires:
  - a) the prescription to be produced by the prescriber only
  - b) the prescriber to sign, in their own handwriting, the paper prescription form as near as practicable below the medication prescribed on the form
  - c) the prescription to be printed on a form which is pre-printed with the name and address and contact telephone number of the prescriber **OR** which the system prints on the prescription **OR** which is pre-printed with at least the address and contact telephone number of the practice/hospital **and** the system individually prints the name of the prescriber on the prescription during generation
  - d) A statement printed on the form indicating that this is the only item on that prescription form (**as only one item may appear on a prescription for Schedule 8 medication**), **AND/OR** that any unused area on the prescription form must be scored, hatched or marked to prevent any other item being printed in that area
  - e) a number which uniquely identifies the prescription **OR** which uniquely identifies the prescribed medication's details (the name, strength, route for administration, if not apparent, and quantity of the medication) printed on the prescription and which can be related to the clinical or prescription record of the person or animal for whom that prescription was issued
  - f) when the prescriber requires a dose that is less than 1mL and that dose is recorded as a decimal value, the dose to be printed with a leading zero (that is, 0.3mL rather than .3mL)

- g) the prescription produced in accordance with these criteria to be issued without alteration, and especially NOT altered by hand after printing
  - h) the particulars of the prescription included in the clinical or prescription record of the patient or animal
  - i) the clinical or prescription record of the person or animal for whom the prescription was issued to be preserved for at least two years from the date on which the prescription was issued and to be accessed when required.
- 3) The system must prompt that, in addition to the prescribing data elements being produced by the system, the prescriber must rewrite on the prescription, in their own handwriting, all of the remaining mandatory data elements other than the date and the patient's name and address, namely:
- a) the name of the substance or the preparation containing it, including the strength when more than one strength is available
  - b) the quantity prescribed in **both words and figures (numerals)**
  - c) adequate directions for use
  - d) the number of repeats authorised if the prescription is to be dispensed more than once and, if repeats are ordered, the time interval for repeats.

### Sample prescription for a Schedule 8 medication

Prescriber's name  
Prescriber's address  
Prescriber's telephone number <sup>1 2 3</sup>

9999902 <sup>7 or 7a</sup>

PBS/RPBS <sup>6</sup>

Barry Patient (age if an infant or child under 12) <sup>10</sup>  
41 High Street  
Anytown

Rx Schedule 8 medication name tablets 10mg  
Quantity: 20 (twenty) tablets <sup>13</sup>  
Repeat 6 times at intervals of 10 days <sup>11</sup>  
Directions: One in the morning and at bedtime when required for pain <sup>9</sup>

<sup>12</sup>  
Rx Item 10mg  
20 (twenty) tablets  
Repeat six times at intervals of 10 days  
Sig 1 m et hs prn for pain

Anthony <sup>4</sup>  
Prescriber's Name <sup>1 2 3</sup>

Date: 26/04/18

No. of medications = 1 <sup>5</sup>



<sup>1-14</sup> Refer to KEY on Page 7 for explanation

Sample prescription for **OTHER THAN** a Schedule 8 medication

Prescriber's name  
Prescriber's address  
Prescriber's telephone number <sup>1 2 3</sup>

9999901 <sup>7</sup>

PBS/RPBS <sup>6</sup>

John Patient (age if an infant or child under 12) <sup>10</sup>  
41 High Street  
Anytown

Rx Medication A tablets 40 mg 8888002 <sup>7a</sup>  
Quantity: 100 Repeat twice  
Directions: 1 tablet three times a day after food <sup>9</sup>

Rx Medication B Schedule 4B tablets 5 mg 8888003 <sup>7a</sup>  
Quantity: 50 Repeat once in 25 days <sup>11</sup>  
Directions: One tablet twice a day

Rx Medication C cream 1% 8888004 <sup>7a</sup>  
Quantity: 10 g tube Nil repeats <sup>8</sup>  
Directions: Apply to the left thumb once a day

*Anthony Doctor*  
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Prescriber's Name <sup>1 2 3</sup>

No. of medications = 3 <sup>5</sup>

Date: 26/04/18



<sup>1-11</sup> Refer to KEY on Page 7 for explanation

KEY

- 1 The name and address and contact telephone number of the prescriber pre-printed on the prescription **OR**
- 2 which the system prints on the prescription **OR**
- 3 which at least the address and contact telephone number of the prescriber is pre-printed on the prescription and the system prints the name of the prescriber on the prescription.
- 4 Prescriber's own handwriting (below the final medication).
- 5 The total number of medications on the prescription and/or score out the balance of the form.
- 6 Commonwealth requirement under the National Health (Pharmaceutical Benefits) Regulations 1960 with any other Commonwealth requirements.
- 7 A number which uniquely identifies each form or <sup>7a</sup> each medication and which relates to the patient's clinical or prescription record, which must be kept for 2 years.
- 8 Recommendation is to endorse "Nil repeats" if none are required, as a safeguard to alteration.
- 9 Underline and initial any unusual or dangerous dose.
- 10 Age if for an infant or child under 12 years.
- 11 Intervals for repeats may, and in some cases must (for Schedule 8 and Schedule 4 Appendix B medications), be specified.
- 12 Must be in the prescriber's own handwriting as well as being produced by the system (the system should remind the prescriber of this).
- 13 Quantity in both words and figures (numerals).
- 14 The Schedule 8 medication as the only medication on the prescription.

<p>For further information or clarification of this guide contact:</p> <p>The Duty Pharmaceutical Officer          Pharmaceutical Regulatory Unit          Legal and Regulatory Services Branch          NSW Ministry of Health          Telephone: (02) 9391 9944          Fax: (02) 9424 5860          Email:  <a href="mailto:MOH-PharmaceuticalServices@health.nsw.gov.au">MOH-PharmaceuticalServices@health.nsw.gov.au</a></p>	<p>This guide has been produced by:</p> <p>Chief Pharmacist Unit          Legal and Regulatory Services Branch          NSW Ministry of Health          Telephone: (02) 9391 9944          Fax: (02) 9424 5860          Email:  <a href="mailto:MOH-PharmaceuticalServices@health.nsw.gov.au">MOH-PharmaceuticalServices@health.nsw.gov.au</a>          Website:  <a href="http://www.health.nsw.gov.au/pharmaceutical">http://www.health.nsw.gov.au/pharmaceutical</a></p>
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