



**Australian Government**  
**Department of Health and Ageing**

**Advice for approved pharmacists supplying PBS medicines to patients  
in areas affected by the Victorian Flood Emergency - January 2011**

**Patient Entitlement**

If patients do not have their Medicare, DVA or Centrelink card the pharmacist should ring the usual PBS Inquiry line 132 290 (*press option 1*), for assistance with a patient's Medicare or concessional details.

**Provisions for supply of medicines without a prescription**

The Victorian *Drugs, Poisons and Controlled Substances Regulations 2006* enable the following provisions for supply of medicines in the absence of a valid prescription:

**1. A pharmacist may dispense using the 'owing prescription' provision**

The pharmacist should confirm the patient's current medication details with the prescriber who should then direct the pharmacist to supply the required medicine(s) to the patient as an emergency situation. The prescriber is required to forward a paper prescription to the pharmacy to cover the emergency supply as soon as practicable, in accordance with the Victorian Drugs, Poisons and Controlled Substances Regulations 2006 (Regulation 27).

**2. Dispensing Schedule 4 medicines under the 3 day emergency supply rule**

In an emergency a pharmacist may provide a 3 day supply of a Schedule 4 medicine (or the smallest commercially available pack if the quantity required for three days is not practical) without a prescription (Regulation 15).

**Records of emergency supplies**

To ensure accurate records are kept of emergency supplies to patients, pharmacists should use an emergency supply record form (available from [www.guild.org.au](http://www.guild.org.au)) to record their actions in circumstances where patients are unable to pay for supplies.

**Pharmacy can endorse prescription as 'immediate supply necessary' if the medicine is required within 4/20 day rule**

The pharmacist can provide another supply but must endorse the prescription with the words 'immediate supply necessary' and sign the PBS prescription.

**PBS Authority line 1800 888 333 (PBS) 1800 552 580 (RPBS)**

If prescribers contact the Authority line and the prescription falls under the 'too soon' rule [because of the loss of an approved authority prescription or valid repeats], Medicare Australia will exempt these patients from the 'too soon' rule and approve the authority. If the Authority line is unavailable, a message will indicate the process to be followed by prescribers - to endorse the prescription with the words 'emergency authorised by Medicare Australia', with a date, time and signature.

**Emergency relocation of a pharmacy affected by floodwaters**

There are two requirements that pharmacists must meet for the purposes of temporary relocation of a Victorian pharmacy due to flood damage:

a) Under the *Pharmacy Regulation Act 2010*, a 29(1) (b) application must be made (using the attached form) and approved for a Victorian pharmacy to be relocated. Pharmacists seeking to temporarily relocate their approved pharmacy due to flood damage must contact the Victorian Pharmacy Authority on (03) 9356 8400 or email at [planning@pharmacy.vic.gov.au](mailto:planning@pharmacy.vic.gov.au)

b) For PBS claiming purposes, pharmacists seeking to temporarily relocate their approved pharmacy should send an email to Medicare Australia [[pbs.approval.enquiries@medicareaustralia.gov.au](mailto:pbs.approval.enquiries@medicareaustralia.gov.au)], quoting the name of the pharmacy, their current PBS approval number, current address of premises, and proposed address of premises, and expected timeframe for return to the approved premises. The Australian Community Pharmacy Authority will fast track these requests for temporary relocation within 24 hours in most instances. The PBS pharmacy approval number will not change for these temporary relocations. Wholesale distributors will be advised by the Department of Health and Ageing of the temporary approval of the new premises to facilitate delivery of PBS medicines to the new address.

### **Medicine distribution arrangements**

The Department of Health and Ageing is monitoring PBS supply arrangements in flood affected parts of Victoria to ensure that patient access to essential medicines can continue during this Emergency.

### **Extension of the PBS listing for ciprofloxacin**

The Australian Government has extended the PBS listing for ciprofloxacin oral tablets from 20 January 2011 to increase the treatment options for people with skin infections associated with contact with contaminated flood water. This means that ciprofloxacin can now be prescribed under the PBS for use in skin or soft tissue infections (wound management) where other antimicrobial agents are ineffective or inappropriate.

Prescribers should consult the comprehensive guidelines for the prescribing of ciprofloxacin which are available on [www.pbs.gov.au](http://www.pbs.gov.au) and <http://www.qld.gov.au/floods/> when considering this treatment option for wound management. The usual PBS copayments will apply to these supplies.

Clinicians will need authority from Medicare Australia to prescribe this medicine and the change to the listing will be time limited to 31 March 2011.

### **Claiming - Missing prescriptions/no paperwork**

If your pharmacy has lost or damaged paperwork due to the floods you can submit a Statutory Declaration to Medicare Australia. This should include a statement about loss of paperwork as a result of the floods, and an undertaking that if the paperwork is found it will be forwarded to Medicare Australia and that an insurance claim has not been made.

E.g. the wording for the Statutory Declaration would need the following:

- I cannot provide the paper prescriptions to support this claim because of floods.
- I have not, and will not make a claim against my insurance company for the lost claim, and if the prescriptions are located I will forward them to Medicare Australia with a note of explanation stating that I will not resubmit these prescriptions for payment.

A completed Statutory Declaration can be sent to:

Teams Manager  
GPO Box 9826  
Brisbane QLD 4000

PLEASE NOTE: In addition to the above if the claim is a Claims Transmission Scheme (CTS) claim the pharmacy must provide a copy of the CTS disk with the claim header to be eligible for payment.

Pharmacists enquiring about payment for claims with missing prescriptions due to the flood can phone 132 290 (*press option 2*) and ask to speak with a Teams Manager.

Pharmacists can download a Statutory Declaration form from the following government website: [www.ag.gov.au/statdec](http://www.ag.gov.au/statdec) or purchase one from any post office or newsagent.

Pharmacists experiencing difficulties lodging their paperwork with Medicare Australia within the required timeframe are urged to contact Medicare Australia on 132 290 (*press option 2*) to discuss their options.

21 January 2011



Victorian Pharmacy Authority Form VP41

APPLICATION FOR APPROVAL TO SUPPLY, COMPOUND OR DISPENSE IN SPECIAL CIRCUMSTANCES PURSUANT TO SECTION 29(1)(b) OF THE PHARMACY REGULATION ACT 2010

Section 29(1)(b) of the Pharmacy Regulation Act 2010 states: A registered pharmacist must not supply, compound or dispense medicines except: a) from a pharmacy or pharmacy department that is approved by the Authority; or b) in any other special circumstances that are approved by the Authority in a particular case.

Please print clearly and SEND TO:

Senior Pharmacist
Victorian Pharmacy Authority
Level 6, 369 Royal Parade
Parkville Vic 3052

Tel: 9356 8400 ~ Fax: 9348 0608 ~ Email: planning@pharmacy.vic.gov.au
Statutory fee \$100

1 GENERAL

1.1 State the name and address of the place, which is NOT a pharmacy or a pharmacy department, where you propose to supply, compound or dispense in special circumstances:

Blank lines for name and address of the place.

1.2 What type of organisation is this place? (eg Nursing Home, Private Hospital, Medical Centre)

Blank line for type of organisation.

1.3 Will your activities be linked to or associated with a pharmacy or pharmacy department? YES / NO

If YES state name and address of the pharmacy or pharmacy department and provide a brief description of the association.

Blank line for name and address of pharmacy.

Form fields for Phone, Fax, Postcode, and Email.

Blank lines for additional information.

**2 SERVICE**

**2.1** State the type of service you intend to provide (ie what are you going to be doing?)

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**2.2** State the type of client that will use your service (eg, in-patients, outpatients, residents).

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**2.3** State why you cannot or you do not wish to provide this service from a pharmacy or pharmacy department.

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**2.4** State how you will make records of supply, compounding or dispensing, including what information you will record and what steps you will take to ensure the confidentiality and integrity of these records (eg pass-word protected dispensing computer with regular back-ups).

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**2.5** State how and where you will provide counselling to your clients and what steps you will take to ensure that this counselling is done in private.

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**2.6** List the mandatory texts that you will have directly available to you while providing this service. (A list of mandatory texts is available in Pharmacy Board of Victoria Guidelines for Good Pharmacy Practice Guideline 5.4.1)

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2.7 List other items of equipment that will be available to you eg. scales and weights, dispensing measures, CA Labels, telephone, heating apparatus.


3 PLANS

3.1 Enclose a sketch floor plan of the work area, drawn to scale, clearly showing: -  
(if an item is not applicable in your circumstances write N/A adjacent to the relevant item on this form)

- i) perimeter of the work area showing the location of doors and windows; including:
  - location, and dimension of all dispensing benches;
  - location of stainless steel sink with hot and cold water taps;
  - location of drugs of addiction safe,
  - location of drug refrigerator;
  - location of computer equipment;
  - location of shelving;
  - location of the area for the storage of dispensed medicines awaiting collection or delivery;
- ii) location of the area or areas for the storage for sale of any over-the-counter medicines including S3 poisons that should not be:-
  - readily accessible to the public;
  - stored in a way which will promote their sale;
  - stored in a way or in quantity that will draw undue attention to them

*(these areas may be in the dispensary).*
- iii) location and dimensions of all areas to be used for prescription reception and counselling showing any screens or other arrangements for privacy;
- (iv) location of the area that will be used for POS data entry and other general clerical tasks  
*(this area must not be in the dispensing area);*
- (v) location and dimensions of professional trading area  
*(ie the area set aside for the placement and selling of therapeutic and prophylactic medicines, first-aid and sickroom supplies, surgical stock, animal health supplies and health information cards and books);*
- (vi) location and dimensions of all storerooms and unpacking areas;
- (vii) location and dimensions of the general trading area;

- (viii) location and dimensions of all other rooms or areas, eg sterile/cytotoxic preparation rooms, office, staffroom, beauty treatment room, ear piercing room, pregnancy testing room, toilets;

**3.2 Enclose a location plan, showing the area surrounding the premises, including buildings, roadways, footpaths, walkways and car parks.**

**4 SECURITY**

**4.1 Perimeter** - Describe how the perimeters of the building are protected from illegal entry.

i) **Doors:**

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ii) **Windows:**

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iii) **Skylights:**

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**4.2 Alarm System**

		YES	NO
(a) What sensors are provided	<b>Movement detector</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Door / Window Switches</b>	<input type="checkbox"/>	<input type="checkbox"/>

Other (state type):- \_\_\_\_\_

		YES	NO
(b)	Will an alarm system, fitted with a siren and monitored to a central monitoring station on a 24-hour basis, be installed?	<input type="checkbox"/>	<input type="checkbox"/>

**5 STATUTORY FEE**

A fee of **\$100.00** is required to accompany this application. (See payment options on next page).

**6 DECLARATION**

I / We hereby declare that the information provided in this application for Approval to supply, compound or dispense medicines in special circumstances is true and correct -

**Name and registration number of pharmacist seeking approval:**

**Signature and date**


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**PAYMENT DETAILS**

(A fee of **\$100.00** is required with this application)

CHEQUE or MONEY ORDER (Payable to VICTORIAN PHARMACY AUTHORITY)

CREDIT CARD (CC) – VISA OR MASTERCARD ONLY – COMPLETE DETAILS:

**VISA or MASTERCARD** (Please circle)

Credit Card Number:

EXPIRY DATE   /

**AMOUNT: \$100.00**

**Name on Credit Card:**

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SIGNATURE OF CREDIT CARD HOLDER