MEDSCHECKS

• What exactly might constitute a medication that “is associated with a high risk of adverse events”, and subsequently how serious does this adverse event have to be to qualify?

Pharmacists are advised to use their professional knowledge and discretion when determining if a patient is eligible under this criteria.

Examples of eligible patients include:
– Patient prescribed a medicine with a narrow therapeutic index e.g. digoxin, warfarin, cytotoxic agents
– Elderly patient has increased fall risks due to potential adverse events e.g. drowsiness, postural hypotension, dizziness
– Patient prescribed a new patch with a history of sensitive skin e.g. skin reaction to patches

It is strongly advised that pharmacists ensure that appropriate documentation is recorded and stored for audit purposes, including justification on why it is in the pharmacists professional opinion that the patient is eligible under this category.

• Does ‘prescription medicine’ include prescribed over the counter medicines?

For the purposes of the MedsCheck Program in which patient eligibility refers to a defined number of prescription medicines, the intent of this is to cover medicines ordered by the patient’s prescriber. This include Schedule 4 and Schedule 8 medicines but also OTC and complementary medicines being used for treatment and/or prevention of chronic conditions such as paracetamol, aspirin, calcium and vitamin D. While the patient may not need a prescription for re-supply of non-prescription medicines, the original order should be from a prescriber with a record in the pharmacy’s dispense history for the patient.

• How does a combination medicine contribute to a patient’s eligibility for a subsidised MedsCheck?

As the intent of the MedsCheck Program is to assist eligible patients to better manage their medicines in order to avoid medication misadventure and improve medication adherence, the component medicines of a combination product may be counted as individual medicines, except for medicines that are almost invariably used together in fixed-dose combinations for clinical reasons, (such as oral contraceptives, hormone replacement therapy and Helicobacter pylori eradication regimens).

• How is the MedsCheck Cap applied? Is it based on the number of services conducted in a month or the total claimed in a month?

The cap for MedsCheck is based on the dates of service and not the dates of claim submission. That is each approved Service Provider may claim up to a total of 20 MedsCheck Services (both Regular and Diabetes MedsChecks) that have been provided in any calendar month. The total of 20 can be any combination of Regular and Diabetes MedsChecks as long as the total is no more than 20.

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