



## Continued Dispensing of Eligible Medicines in Defined Circumstances

### Frequently Asked Questions for pharmacy staff

#### 1. What is Continued Dispensing?

Continued Dispensing is the supply of an eligible medicine to a consumer under the Pharmaceutical Benefits Scheme (PBS) when there is an immediate need for that medicine but it is not practicable to obtain a prescription.

#### 2. Why do we need Continued Dispensing?

The aim of Continued Dispensing is to facilitate patient adherence to therapy and prevent treatment interruption. Continued Dispensing is intended to complement, but not replace, existing supply arrangements in urgent or emergency situations.

#### 3. What medicines are available under Continued Dispensing?

The eligible medicines for supply by Continued Dispensing are:

- Cholesterol lowering medicines (specifically HMG-CoA reductase inhibitors, e.g. simvastatin or atorvastatin); and
- Oral contraceptives.

#### 4. Why have these medicines been chosen?

These medicines are generally used for long-term therapy and are well tolerated, with a positive safety profile when the consumer is stabilised on them. This measure is an extension of current supply arrangements in urgent or emergency situations. This measure will be reviewed following implementation.

#### 5. Does a pharmacist have to supply these medicines under Continued Dispensing?

No. Supply must be consistent with Commonwealth and state/territory legislation and also at the pharmacist's professional discretion with consideration of the professional guidelines for supply.

#### 6. What can the pharmacist do if a consumer urgently needs ongoing supply of a prescription medicine and the consumer does not have a prescription and cannot readily see a prescriber?

- Consider urgent supply options under the PBS; or
- Consider emergency (~3-Day) supply options not under the PBS, if permitted under relevant state/territory law; or
- Consider Continued Dispensing under the PBS.

#### 7. How often can I supply medicines via Continued Dispensing?

A consumer may only be provided with one Continued Dispensing supply of an eligible PBS medicine in any 12 month period, subject to meeting other eligibility criteria.

#### 8. How much do consumers have to pay?

A consumer's concessional entitlement, if relevant, does not change – consumers pay their usual PBS co-payment under the Continued Dispensing arrangements.

#### 9. Continued Dispensing should not be used when ...?

- state or territory legislation does not permit it; or
- the medicine being requested is not one of the eligible medicines under Continued Dispensing; or
- the pharmacist has concerns about the consumer's condition or use of the medicine and believes the consumer's medicines need prompt review by the prescriber; or
- the consumer has already had a Continued Dispensing supply for the particular medicine within the previous 12 months; or
- the most recent prescriber cannot be identified; or
- the most recent consultation between consumer and prescriber was more than 12 months ago; or
- there has been no follow-up consultation between the consumer and the prescriber since the medicine was originally prescribed, or since there has been a change to the dose or directions; or
- the therapy has not been regular, or has already been interrupted.

#### 10. If I'm considering a request from a patient to supply a statin in the absence of a valid prescription, and the Continued Dispensing criteria are met, but the supply is going to be made as a non-PBS (private) supply, is the transaction still considered a valid paperless Continued Dispensing transaction?

No. Continued Dispensing only applies to supplies being made under the Pharmaceutical Benefits Scheme.

