Guidance for prescribers and pharmacists on legislation changes to facilitate the safe supply of medicines during the COVID-19 pandemic

PSI-The Pharmacy Regulator
Medical Council
Health Service Executive
In response to the outbreak of Covid-19, temporary amendments to the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended)\(^1\) and the Misuse of Drugs Regulations 2017 (as amended)\(^2\) have been made by the Minister for Health.

These temporary provisions are designed to ensure that patients can continue to access their ongoing treatment and ‘regular’ medicines during the ongoing emergency and to assist in easing the additional burdens on prescribers and pharmacists arising from the pandemic. These amendments will be referred to in this document as ‘Covid-19 Emergency Provisions’.

**Who is this guidance for?**

This guidance is for pharmacists and prescribers as well as other healthcare workers and pharmacy staff who need to familiarise themselves with recent changes in legislation in response to the Covid-19 pandemic.

**What has been changed?**

The amendments allow for the electronic transfer of prescriptions between doctors and pharmacies and remove the need for a paper equivalent.

The legislation also extends the validity of prescriptions from six to nine months and enables pharmacists to make additional supplies of prescription only medicines to patients from an existing prescription. This additional authority to pharmacists must only be used where, in the pharmacist’s professional judgement, continued treatment is required and it is safe and appropriate to make an additional supply.

This extension of authority places an important duty on the pharmacist to use their professional judgement in discussing the patient’s treatment with them, so as to ensure that it is safe, appropriate and necessary for their continued treatment and care for further supplies to be made.

Changes have also been made to the quantity of medicine that can be provided as an emergency supply at the request of a patient or prescriber.

Collaboration between prescriber and pharmacist remains vital, and the pharmacist should contact the prescriber to discuss the patient’s care if in doubt as to whether it is the intention of the prescriber for a continued supply of a medicine to be made, or the pharmacist wishes to obtain further information on whether it is safe or in the patient’s best interest to do so.

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\(^1\) The Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2020

\(^2\) The Misuse of Drugs (Amendment) Regulations 2020

The table below provides an overview of the key changes under the Covid-19 Emergency Provisions.

| **Electronic Prescription Transfer** | Under the Covid-19 Emergency Provisions, the National electronic prescription transfer system will permit the transfer of a prescription between the prescriber and dispensing pharmacy by electronic means. Users are issued with a healthmail account (@healthmail.ie email account) and this will allow them to communicate patient identifiable clinical information with clinicians in primary and secondary care.

This includes prescriptions for Schedule 2, 3 and 4 Controlled Drugs.

To be legally valid the prescription must:
- be in electronic form,
- be transmitted by the national electronic prescription transfer system (see 1.0 for further details),
- clearly indicate the date of issue,
- clearly indicate the professional registration number of the prescriber, and
- be traceable electronically back to the prescriber.

All other prescription requirements under the relevant legislation must still be met.

The pharmacy must print a copy of the prescription as transmitted and treat it as an original prescription for the purposes of record-keeping, reimbursement and also to assist with dispensing preparation and checking.

A prescription sent outside the National electronic prescription transfer system is not recognised in the legislation as a legally valid prescription, for example, prescriptions sent through personal or commercial email accounts or fax.

A pharmacy can send the prescription to another pharmacy for subsequent dispensing/supply using healthmail.

For Schedule 2 or 3 Controlled Drug prescriptions the prescription writing requirements still apply, however these do not need to be in the prescriber’s own handwriting.

| **How long a prescription is valid for** | The maximum period of validity of a prescription for a human medicinal product is now 9 months from the date specified on the prescription (previously 6 months). This is only where in the pharmacist’s professional judgement, after consultation with the patient, and if needs be the prescriber, continued treatment is required and it is safe and appropriate to do so.

Please note the validity of prescriptions for Schedule 2 or 3 Controlled Drugs is unchanged i.e. supply cannot be made later than 14 days after the date on the prescription.

Validity of prescriptions for a Schedule 2 or 3 Controlled Drug to be dispensed in instalments is also unchanged i.e. the first instalment must be dispensed within 14 days of the date stated on the prescription and no instalment shall be supplied later than 2 months after the date specified on the prescription. |
Additional supplies may be made against prescriptions that had been dispensed in full prior to the Covid-19 Emergency Provisions (see 2.2 for details).

**Repeat Supply**

The number of times a prescription may be repeated has been increased.

How many repeats may be supplied varies depending on the type of medicinal product (i.e. S1A ‘non-renewable’ e.g. antidepressants and hypnotics or S1B-‘renewable’ e.g. medicinal products for chronic conditions including blood pressure, diabetes or asthma) and the dispensing instructions of the original prescription (the number of occasions it may be repeated or intervals such as weekly, monthly etc.) (See 3.1 and 3.2 for details).

This does not include prescriptions for Schedule 2 or 3 Controlled Drugs which cannot be repeated. It also excludes prescriptions for Schedule 4 Controlled Drugs which may only be repeated if specified by the prescriber.

The pharmacist must use their professional judgement, in consultation with the patient, and if needs be the prescriber, to ensure that it is safe, appropriate and necessary to provide additional supplies of a medication for the patient’s continued treatment and care. The intention of the legislation is not to enable additional supplies of a medicine for acute treatment such as a short-term antibiotic.

**Emergency Supply (at the request of a prescriber)**

A prescriber can request a pharmacist to make an ‘emergency supply’ of a prescription only medicinal product to a patient where by reason of an emergency, he or she is not in a position to provide the prescription immediately.

Where a prescriber makes a request for an emergency supply for their patient, they must undertake to provide the prescription to the pharmacy within 72 hours.

In addition, under the Covid-19 Provisions, a pharmacist is permitted to supply a Schedule 2, 3 or 4 Controlled Drug at the request of a prescriber where:
- it is unreasonable at the time of supply, in the circumstances arising from the Covid-19 emergency, for the person to obtain a new prescription for that medicinal product,
- it is in the opinion of the pharmacist that it is safe, appropriate and necessary for the continued treatment of the person for an emergency supply to be made, and
- no greater quantity of the product than will provide 5 days’ treatment is supplied.

A prescriber can also request an emergency supply in the circumstances arising from the Covid-19 emergency of the following Schedule 4 Part 1 Controlled Drugs - midazolam, clobazam and clonazepam for the treatment of epilepsy.

**Emergency Supply (at the request**

Under the Covid-19 Emergency Provisions, a pharmacist can dispense at the request of a patient an ‘emergency supply’ of:
- up to 10 days’ supply of a prescription only medicinal product where the treatment has been prescribed for the patient on a previous occasion.
- up to 5 days’ supply of a Schedule 2, 3 or 4 Controlled Drug where it is unreasonable at the time of supply, in the circumstances arising from the Covid-19 emergency.
19 emergency, for the person to obtain a new prescription for that medicinal product,
- it is in the opinion of the pharmacist that it is safe, appropriate and necessary for
the continued treatment of the person for an emergency supply to be made,
- up to 10 days’ supply of the following Schedule 4 Part 1 Controlled Drugs: midazolam, clobazam and clonazepam for the treatment of epilepsy.
## Repeat Supply of S1A Medicinal Products – Summary of Key Changes under Covid-19 Emergency Provisions

<table>
<thead>
<tr>
<th>Repeat Supply of S1A Medicinal Products (Classified as ‘Non-renewable’ by the HPRA e.g. antidepressants and hypnotics)</th>
<th>Key Change</th>
<th>Pre-existing legislation</th>
</tr>
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<tbody>
<tr>
<td>Prescription (for an S1A medicinal product excluding Schedule 2, 3 or 4 Part 1 Controlled Drug) does not state the number of occasions (e.g. repeat x 6), nor the intervals (e.g. monthly, weekly).</td>
<td>May be dispensed on one additional occasion, where it is the opinion of the pharmacist that it is appropriate and necessary for the continued treatment of the person for further supply to be made and it is unreasonable at the time of supply, in the circumstances arising from the Covid-19 emergency, for the person to obtain a new prescription for that medicinal product.</td>
<td>Previously under these circumstances S1A medicinal products could only be dispensed on one occasion.</td>
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<td>Prescription (for an S1A medicinal product excluding Schedule 2, 3 or 4 Part 1 Controlled Drug) is a health prescription (e.g. a GMS standard prescription) and is not ordinarily endorsed to be repeated.</td>
<td>May be dispensed on no more than four occasions where it is the opinion of the pharmacist that it is appropriate and necessary for the continued treatment of the person for further supplies to be made.</td>
<td>Previously under these circumstances health prescriptions for S1A medicinal products could only be dispensed on one occasion.</td>
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<td>This provision remains unchanged, however the validity of prescriptions has changed from 6 to 9 months.</td>
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<td>The number of occasions specified on the prescription (for an S1A medicinal product) has been reached.</td>
<td>May be dispensed on three further occasions where in the opinion of the pharmacist it is appropriate and necessary for the continued treatment of the person for further supplies to be made.</td>
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Repeat Supply of S1B Medicinal Products – Summary of Key Changes under Covid-19 Emergency Provisions

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<td>Prescription (for an S1B medicinal product) does not state the number of occasions (e.g. repeat x 6) nor the intervals (e.g. monthly, weekly) that the product may be supplied.</td>
<td>May be supplied by the pharmacist for up to 9 months, on the number of occasions that the pharmacist deems appropriate, where it is in their opinion that it is appropriate and necessary for the continued treatment of the patient.</td>
<td>Previously the pharmacist could make the supply for up to 6 months.</td>
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This section provides more detailed guidance on the Covid-19 Emergency Provisions. Where relevant, the pre-existing legal position is provided in italics in order to be clear about the change to legislation.

1. Electronic Prescription Transfer

The legislation allows for a prescription to be transferred via a ‘national electronic prescription transfer system’, in a permanent and unalterable form, by electronic means approved, on behalf of the Health Service Executive, by the head of the Primary Care Reimbursement Service (PCRS) and the Chief Information Officer. Further information on this system will be available at www.healthmail.ie.

To meet the requirements for a legally valid prescription via the national electronic prescription transfer system, the prescription must:

- be in an unalterable electronic form,
- be transmitted by the national electronic prescription transfer system,
- clearly indicate the date of issue,
- clearly indicate the professional registration number of the prescriber, and
- be traceable electronically back to the prescriber.

All other prescription requirements under the relevant legislation must still be met.

In practice, this will enable prescribers to send prescriptions to a patient’s chosen pharmacy using the secure clinical email system ‘Healthmail’4. Healthmail has been specially developed to allow clinical patient information to be sent and received by healthcare providers in a secure manner. Healthmail may also be a useful means to address prescription queries to GPs.

Depending on the prescriber’s software system, some prescribers will be able to send prescriptions directly from their prescribing module to Healthmail. If this is not possible the prescriber may print the prescription, scan it, and send it as an attachment via Healthmail.

In all cases where Healthmail is used to send prescriptions, the prescriber needs to know the Healthmail address of the pharmacy that the patient intends to use.

- If you have not done so already you can register for a Healthmail account at www.healthmail.ie/

Where a prescription is provided using the national electronic prescription transfer system there is no need to obtain the paper equivalent from the prescriber. However, the pharmacy must print a copy of the prescription as transmitted and treat it as an original prescription for the purposes of

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3 The professional registration number refers to the registration number provided by the relevant legislation to the medical practitioner, dentist or nurse.

4 Healthmail is a service of the Primary Care Directorate of the HSE, managed by eHealth Ireland and supported by the Irish College of General Practitioners, the Irish Pharmacy Union, Nursing Homes Ireland and the Association of Optometrists Ireland.
record-keeping and reimbursement\(^5\), and to assist with dispensing preparation and checking. An electronic version of the prescription must also be retained.

All prescription only medicinal products can be prescribed using the national electronic prescription transfer system including Schedule 2, 3 and 4 Controlled Drugs. Where a Schedule 2 or 3 Controlled Drug is prescribed using the national electronic prescription transfer system the prescription writing requirements still apply, however, these do not need to be in the prescriber’s own handwriting\(^6\).

It should be noted that the electronic presentation of patient information by any other non-approved mechanism is not recognised in the legislation as a legally valid prescription (e.g. an email sent from a personal or commercial email account, or a fax). Faxed prescriptions and medication charts (or copies thereof) are only to be used in the support of an emergency request, and not as valid prescriptions.

### 2. Validity Period of Prescriptions

2.1 Under the Covid-19 Emergency Provisions, the maximum period of validity of a prescription for a human medicinal product (excluding a prescription for a Schedule 2 or 3 Controlled Drug) is 9 months from the date specified on the prescription. The pharmacist must use their professional judgement, in consultation with the patient, and if needs be the prescriber, to ensure that it is safe, appropriate and necessary to provide additional supplies of a medication, for the patient’s continued treatment and care.

*Previously a prescription for a prescription only medicinal product was valid for 6 months from the date specified on the prescription.*

Please note the validity of prescriptions for Schedule 2 or 3 Controlled Drugs is unchanged i.e. a supply cannot be made later than 14 days after the date on the prescription. Validity for a Schedule 2 or 3 Controlled Drug prescription to be dispensed in instalments is also unchanged i.e. the first instalment must be dispensed within 14 days of the date stated on the prescription and no instalment shall be supplied later than 2 months after the date specified on the prescription.

2.2 For prescriptions that have been dispensed in full (marked with the word ‘dispensed’ and the date on which it was dispensed), prior to the Covid-19 Emergency Provisions coming into force, the pharmacist may make additional supplies against the prescription subject to the requirements for repeat dispensing of S1A and S1B medicinal products set out in 3.1 and 3.2 below.

*Previously once a prescription was dispensed in full no further supplies were permitted using that prescription.*

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\(^5\) For pharmacies that put in manual claims to PCRS a copy of the electronic prescription can be printed off and included in the paper bundle.

\(^6\) Page 7 of the PSI and Medical Council joint guidance on *Safe Prescribing and Dispensing of Controlled Drugs* sets out the prescription writing requirements for Schedule 2 and 3 Controlled Drugs.
3. Repeat Supply

Under the Covid-19 Emergency Provisions, the general procedures which must be adhered to when issuing a repeat supply of an S1A or S1B medicinal product to a patient on foot of a prescription from a medical practitioner are set out below. The tables above provide a summary of the key changes for ease of reference.

The pharmacist must use their professional judgement, in consultation with the patient, and if needs be the prescriber, to ensure that it is safe, appropriate and necessary to provide additional supplies of a medication for the patient’s continued treatment and care. The intention of the legislation is not to enable additional supplies of a medicine for acute treatment such as a short term antibiotic.

It is also important at this time that patients should not order, and pharmacists should not supply, over and above normal quantities of medicines, in order to avoid disruption to the supply of medicines for other patients.

3.1 S1A Medicinal Products (S1A medicinal products are classified as ‘Non-renewable’ by the HPRA e.g. antidepressants and hypnotics).

3.1.1 If a prescription for an S1A medicinal product does not state the number of occasions (e.g. repeat x 6), nor the intervals (e.g. monthly, weekly) that the medicinal product may be supplied, S1A medicinal products can be dispensed on one additional occasion, where it is the opinion of the pharmacist that it is appropriate and necessary for the continued treatment of the person for further supply to be made and it is unreasonable at the time of supply, in the circumstances arising from the Covid-19 emergency for the person to obtain a new prescription for that medicinal product.

This excludes Controlled Drugs in Schedule 2 and 3; prescriptions for these medicinal products cannot be repeated. It also excludes Schedule 4 Part 1 Controlled Drugs prescriptions; these can only be repeated if specified by the prescriber.

Previously under these circumstances S1A medicinal products could only be dispensed on one occasion.

3.1.2 If the prescription is a health prescription (e.g. a GMS prescription), and is not ordinarily endorsed to be repeated, S1A medicinal products can be dispensed on no more than four occasions where it is the opinion of the pharmacist that it is appropriate and necessary for the continued treatment of the person for further supplies to be made.

This excludes Controlled Drugs in Schedule 2 and 3; prescriptions for these medicinal products cannot be repeated. It also excludes Schedule 4 Part 1 Controlled Drugs prescriptions; these can only be repeated if specified by the prescriber.

Previously under these circumstances health prescriptions for S1A medicinal products could only be dispensed on one occasion.

3.1.3 If the prescription states the intervals that a medicinal product can be supplied, but omits the number of occasions, S1A medicinal products can be dispensed on no more than four occasions.
Previously under these circumstances S1A medicinal products could be dispensed on no more than three occasions.

3.1.4 If the prescription states the number of occasions that a medicinal product can be supplied, but omits the intervals, S1A medicinal products can be dispensed on the number of occasions indicated on the prescription, at such intervals that the pharmacist considers appropriate, having regard to the specified dose rate and the maximum 9 month validity period of the prescription under the Emergency Covid-19 Emergency Provisions.

This provision remains unchanged, however the validity of prescriptions has changed from 6 to 9 months.

3.1.5 Where the number of occasions specified on the prescription has been reached, the prescription may be dispensed on three further occasions where in the opinion of the pharmacist it is appropriate and necessary for the continued treatment of the person for further supplies to be made.

Previously in these circumstances the prescription could not be repeated on further occasions.

3.2 S1B Medicinal Products (S1B medicinal products are classified as ‘Renewable’ by the HPRA e.g. medicinal products for chronic conditions including blood pressure, diabetes or asthma)

3.2.1 If the prescription does not state the number of occasions (e.g. repeat x 6) nor the intervals (e.g. monthly, weekly) that the product may be supplied, S1B medicinal products may be supplied by the pharmacist for up to 9 months, on the number of occasions that the pharmacist deems appropriate, where it is in their opinion that it is appropriate and necessary for the continued treatment of the patient.

Previously the pharmacist could make the supply for up to 6 months.

3.2.2 If the prescription states the number of intervals that a product can be supplied but omits the number of occasions, S1B medicinal products can be dispensed for up to 9 months, at the intervals stated on the prescription.

Previously the pharmacist could make the supply for up to 6 months.

3.2.3 If the prescription states the number of occasions that a product can be supplied, but omits the intervals, S1B medicinal products can be dispensed at such intervals that the pharmacist considers appropriate, having regard to the specified dose rate and the maximum 9 month validity period of the prescription under the Emergency Covid-19 Emergency Provisions.

This provision remains unchanged, however the validity of prescriptions has changed from 6 to 9 months.

3.2.4 Where the number of occasions specified on the prescription has been reached, the prescription may be dispensed on three further occasions where in the opinion of the pharmacist it is appropriate and necessary for the continued treatment of the person for further supplies to be made.

Previously in these circumstances the prescription could not be repeated on further occasions.
4. Emergency Supply of Prescription Only Medicinal Products

The current legislation permits pharmacists, in emergency circumstances, to supply certain prescription only medicines without a prescription. Emergency supply can be carried out at the request of a patient or at the request of a prescriber.

4.1 Emergency Supply at the Request of a Patient

4.1.1 Under the Covid-19 Emergency Provisions, a pharmacist can dispense up to 10 days’ supply of a prescription only medicinal product at the request of a patient.

As previously required when supplying a medicine under these provisions, the pharmacist must be satisfied that:

- there is an immediate need for the medicine to be supplied and it is impracticable to obtain a prescription without undue delay,
- the treatment has been prescribed for the patient on a previous occasion, and
- they can safely specify the dose of the medicine for the patient.

4.1.2 In addition, under the Covid-19 Provisions, a pharmacist is permitted to supply a Schedule 2, 3 or 4 Controlled Drug at the request of a patient where:

- it is unreasonable at the time of supply, in the circumstances arising from the Covid-19 emergency, for the person to obtain a new prescription for that medicinal product,
- it is in the opinion of the pharmacist that it is safe, appropriate and necessary for the continued treatment of the person for an emergency supply to be made, and
- no greater quantity of the product than will provide 5 days’ treatment is supplied.

4.1.3 A pharmacist can also make an emergency supply, in the circumstances arising from the Covid-19 emergency, of up to 10 days’ supply of the following Schedule 4 Part 1 Controlled Drugs: midazolam, clobazam and clonazepam for the treatment of epilepsy.

Previously no more than a 5 day supply could be made of a prescription only medicinal product at the request of a patient, and an emergency supply of a Controlled Drug in Schedule 2, 3 or 4 was not permitted, with the exemption of phenobarbitone supplied for the treatment of epilepsy.

As before, a pharmacist may also supply the following at the request of a patient:

- the smallest available size of an aerosol, cream or ointment,
- a full cycle of the oral contraceptive pill,
- the smallest quantity of an antibiotic that will provide a complete course.

4.2 Emergency supply at the request of a prescriber

4.2.1 A prescriber can request an emergency supply of a prescription only medicinal product where by reason of an emergency, he or she is not in a position to provide the prescription immediately. Where a prescriber makes a request for an emergency supply for their patient, they must undertake to provide the prescription to the pharmacy within 72 hours.

4.2.2 In addition, under the Covid-19 Provisions, a pharmacist is permitted to supply a Schedule 2, 3 or 4 Controlled Drug at the request of a prescriber where:
- it is unreasonable at the time of supply, in the circumstances arising from the Covid-19 emergency, for the person to obtain a new prescription for that medicinal product,
- it is in the opinion of the pharmacist that it is safe, appropriate and necessary for the continued treatment of the person for an emergency supply to be made, and
- no greater quantity of the product than will provide 5 days’ treatment is supplied.

4.2.3 A prescriber can also request an emergency supply in the circumstances arising from the Covid-19 emergency, of the following Schedule 4 Part 1 Controlled Drugs: midazolam, clobazam and clonazepam for the treatment of epilepsy.

Legislation does not limit the quantity of these Schedule 4 Part 1 Controlled Drugs that may be supplied at the request of a prescriber in these circumstances, however, the pharmacist should be satisfied that the quantity requested is safe and appropriate for the patient at that point in time.

Previously an emergency supply of a Controlled Drug in Schedule 2, 3 or 4 at the request of a prescriber could not be made, with the exemption of phenobarbitone supplied for the treatment of epilepsy.

5. Record Keeping Requirements

5.1 For prescriptions that are dispensed in compliance with the Covid-19 Emergency Provisions, for example in circumstances outlined in 3.0 above, and the original prescription is not available (for example a GMS standard or GMS repeat prescription that has been sent to PCRS for payment), the requirement to mark the prescription with the quantity and date of supply of each medicinal product and the name and address of the pharmacy does not apply.

In these circumstances the pharmacist must make a record of the reasons for making the supply under the Covid-19 Emergency Provisions as part of the prescription register (i.e. daily audit report).

This record must be retained on the pharmacy premises for a period of two years from the date of supply and be readily available for inspection.

5.2 Where a prescription is received via the national electronic prescription transfer system, the pharmacist must print the prescription as transmitted and treat it as an original prescription for the purposes of record keeping. This means that the printout must be marked at each supply in the normal way, with the quantity and date of supply of each medicinal product and the name and address of the pharmacy. Where a prescription is dispensed in full, the printout must be marked with the word ‘dispensed’ and the date on which it was dispensed. The prescription can be forwarded to another pharmacy if needs be using healthmail.

All printouts of prescriptions transmitted via the national electronic prescription transfer system, as well as an electronic version of the prescription, must be retained for a period of two years on the pharmacy premises and be readily available for inspection. The retention period begins from the date on which the medicinal product was supplied, or for repeatable prescriptions from the date on which the prescription was dispensed for the last time.

<table>
<thead>
<tr>
<th>Key changes for Controlled Drug Prescription Requirements (Covid 19)</th>
<th>Schedule 2 or 3 Controlled Drugs</th>
<th>Schedule 4 Part 1 Controlled Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>The transfer of a prescription between the prescriber and dispensing pharmacy by electronic means is allowed using the national electronic prescription transfer system</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>When a prescription is transferred by electronic means, the requirements that elements of the prescription be handwritten do not apply</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Schedule 2 or 3 Controlled Drug prescription writing requirements still apply, however these do not need to be in the prescriber’s own handwriting.</td>
<td>As in previous legislation, not required to be handwritten.</td>
<td></td>
</tr>
<tr>
<td>Repeat Prescriptions Acceptable</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>As in previous legislation Schedule 2 or 3 Controlled Drug prescriptions cannot be repeated.</td>
<td>As in previous legislation Schedule 4 Part 1 Controlled Drug prescriptions may only be repeated if specified by the prescriber.</td>
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<tr>
<td>Validity of prescriptions</td>
<td>Remains at 14 days i.e. a supply cannot be made later than 14 days after the date on the prescription.</td>
<td>The maximum period of validity of a prescription for a Schedule 4 Part 1 Controlled Drug is 9 months from the date specified on the prescription.</td>
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| Emergency supply at the request of a patient permitted | ✓ | Under the Covid-19 Provisions, a pharmacist is permitted to supply a **Schedule 2, 3 or 4 Controlled Drug** at the request of a patient where:  
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- it is in the opinion of the pharmacist that it is safe, appropriate and necessary for the continued treatment of the person for an emergency supply to be made, and  
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- no greater quantity of the product than will provide 5 days’ treatment is supplied.  
Prescriber must provide the prescription to the pharmacy within 72 hours. |