



Continued Dispensing

Dispense user guide

Version 2.1

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Setup Continued Dispensing

There are two prerequisites that you must ensure are correctly set up before using Continued Dispensing:

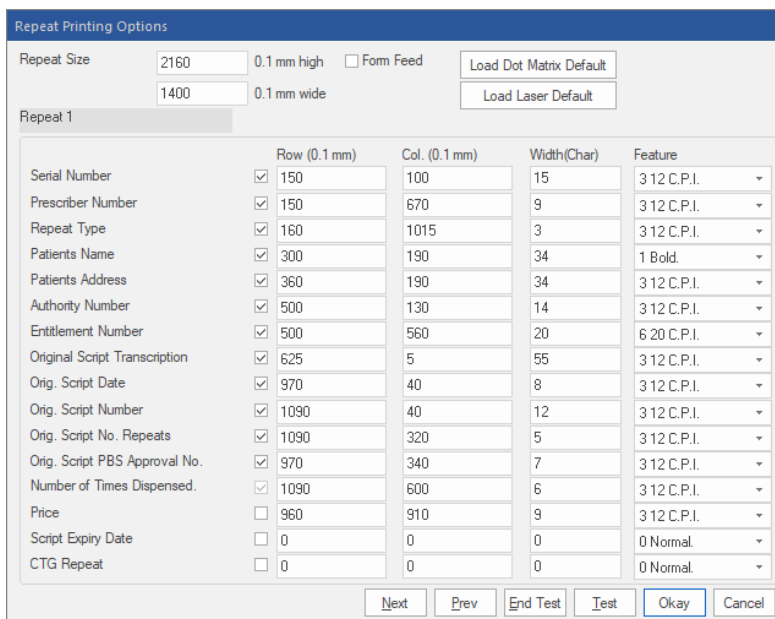
- Print settings for Continued Dispensing Repeat Authorisation forms.
- Valid AHPRA number and name format for pharmacist prescribers.

Setup print options for Continued Dispensing Repeat Authorisation forms

To setup print options, go to **Dispense Pro**:

1. Click the **Maintenance** menu and select **G. Repeat Options**.

The **Repeat Printing Options** window is displayed.



	Row (0.1 mm)	Col. (0.1 mm)	Width(Char)	Feature
Serial Number	<input checked="" type="checkbox"/> 150	100	15	3 12 C.P.I.
Prescriber Number	<input checked="" type="checkbox"/> 150	670	9	3 12 C.P.I.
Repeat Type	<input checked="" type="checkbox"/> 160	1015	3	3 12 C.P.I.
Patients Name	<input checked="" type="checkbox"/> 300	190	34	1 Bold.
Patients Address	<input checked="" type="checkbox"/> 360	190	34	3 12 C.P.I.
Authority Number	<input checked="" type="checkbox"/> 500	130	14	3 12 C.P.I.
Entitlement Number	<input checked="" type="checkbox"/> 500	560	20	6 20 C.P.I.
Original Script Transcription	<input checked="" type="checkbox"/> 625	5	55	3 12 C.P.I.
Orig. Script Date	<input checked="" type="checkbox"/> 970	40	8	3 12 C.P.I.
Orig. Script Number	<input checked="" type="checkbox"/> 1090	40	12	3 12 C.P.I.
Orig. Script No. Repeats	<input checked="" type="checkbox"/> 1090	320	5	3 12 C.P.I.
Orig. Script PBS Approval No.	<input checked="" type="checkbox"/> 970	340	7	3 12 C.P.I.
Number of Times Dispensed.	<input checked="" type="checkbox"/> 1090	600	6	3 12 C.P.I.
Price	<input type="checkbox"/> 960	910	9	3 12 C.P.I.
Script Expiry Date	<input type="checkbox"/> 0	0	0	0 Normal.
CTG Repeat	<input type="checkbox"/> 0	0	0	0 Normal.

2. Click **Next** until the last page is displayed, showing the **Continued Dispensing** print options.

3. Select the five **Continued Dispensing** checkboxes:

- Excludes Continued Dispensing
- Continued Dispensing Position 1
- Continued Dispensing Position 2
- Continued Dispensing AHPRA Num.
- Continued Dispensing CD

- In the Row (0.1mm), Col. (0.1mm), Width (Char) and feature text boxes, enter the measurements and fonts for each of the five Continued Dispensing options.

The default values are shown in this diagram:

	Row (0.1 mm)	Col. (0.1 mm)	Width(Char)	Feature
Non-PBS Supplies Warning	500	560	30	1 Bold.
Redact PBS Repeat Authorisation 1	45	5	22	1 Bold.
Redact PBS Repeat Authorisation 2	80	5	22	1 Bold.
Excludes Continued Dispensing	100	600	32	7 Small
Continued Dispensing Position 1	150	670	22	1 Bold.
Continued Dispensing Position 2	1090	40	24	1 Bold.
Continued Dispensing AHPRA Num.	830	5	28	1 Bold.
Continued Dispensing CD	1090	650	3	3 12 C.P.I.
eRx® QR Code	1015	820	0	0 Normal.
Claim Form Pharmacist Name	45	670	30	3 12 C.P.I.
Claim Form Label	1220	50	25	0 Normal.
Claim Form Declaration	1600	30	55	0 Normal.
Claim Form Data Matrix Barcode	1200	300	0	0 Normal.
	0	0	0	0 Normal.
	0	0	0	0 Normal.
	0	0	0	0 Normal.

- Click **Okay**, to save your repeat authorisation form settings.

Setting a pharmacist as a prescriber

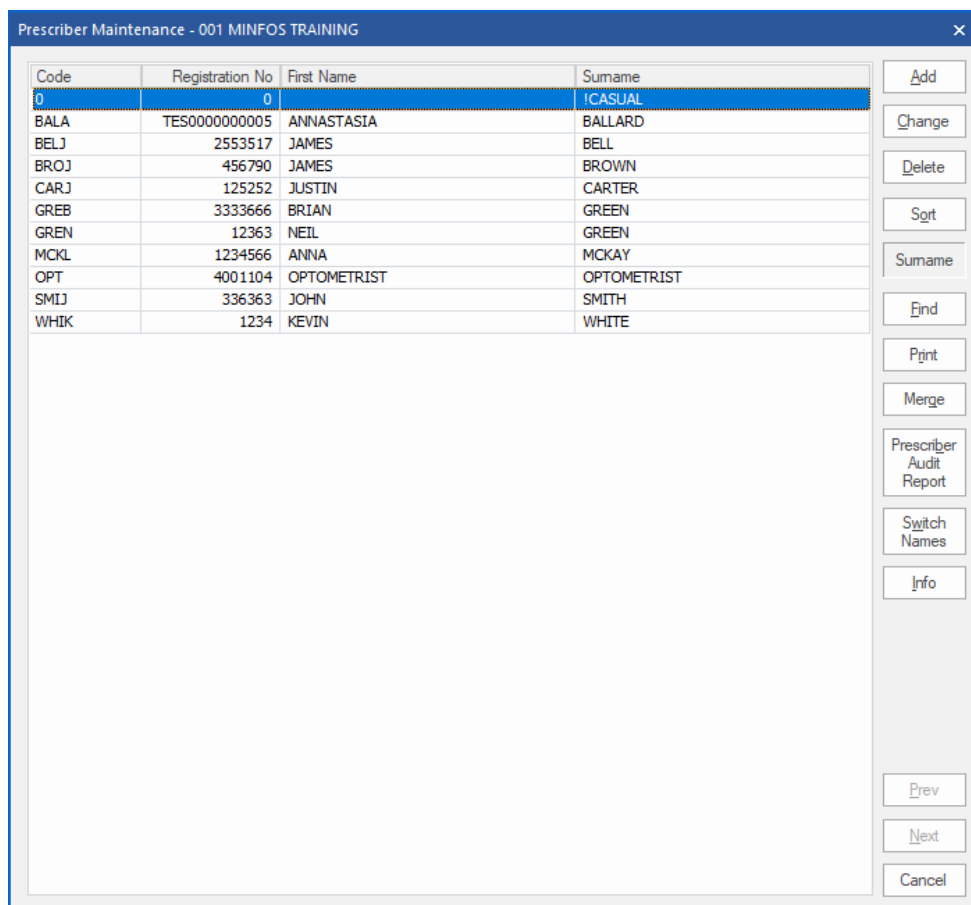
Each pharmacist who can dispense under the Continued Dispensing initiative must be set up as a pharmacist prescriber in Minfos, with their valid AHPRA code and name in the correct format. Perform the steps in this section for every pharmacist in your pharmacy who will need to dispense Continued Dispensing supplies.

+ Pharmacists cannot be set up as prescribers in the Pharmacist Maintenance window.

To setup a pharmacist as a prescriber in Prescriber Maintenance:

- Access the **Doctor Maintenance** window.
- On the Dispense Pro window, click the **Maintenance** menu, then click **4. Prescribers**.

3. On the **Dispense** form, click **Extended**, then click **4. Prescriber Maintenance**, then click **Okay**.
4. The **Prescriber Maintenance** window is displayed.



5. Ensure that each pharmacist in your store has their AHPRA registration code and name correctly set up.

Edit an existing record

To edit an existing report:

1. Click **Find**. The **Search** window is displayed.
 - a. In the **Starting Name** textbox, enter the surname name of the pharmacist as it was recorded in your Minfos system then click **Okay**. The sort order can be adjusted to **First Name**, **Reg. No** or **Code** prior to searching if required. The **Prescriber Maintenance** window is displayed.

Code	Registration No	First Name	Surname
BELJ	PHA0001001001	JAMES	BELL
BROJ	456790	JAMES	BROWN
CARJ	125252	JUSTIN	CARTER
GREB	3333666	BRIAN	GREEN
GREN	12363	NEIL	GREEN
MCKL	1234566	ANNA	MCKAY
OPT	4001104	OPTOMETRIST	OPTOMETRIST
SMIJ	336363	JOHN	SMITH
WHIK	1234	KEVIN	WHITE

- b. Highlight the required pharmacist, then click **Change**. The **Prescriber Editing** window is displayed.

Code	<input type="text" value="BELJ"/>		
First Name	<input type="text" value="JAMES"/>	Surname	<input type="text" value="BELL"/>
Practice	<input type="text"/>		
Reg. No.	<input type="text" value="PHA0001001001"/>		
Type	P. Pharmacist prescriber		
Street	<input type="text"/>		
Suburb	<input type="text"/>	<input type="button" value="Find"/>	
State	<input type="text" value="VIC"/>	Post Code	<input type="text"/>
Phone No.	<input type="text"/>	Fax No.	<input type="text"/>
Email Address	<input type="text"/>		
		<input type="button" value="OK"/>	<input type="button" value="Cancel"/>

- c. In the **Name** textbox, ensure pharmacists **First Name** and **Surname** are in the correct corresponding fields.
- d. In the **Reg. No.** textbox, ensure that the pharmacist’s valid AHPRA number is displayed. A pharmacist’s AHPRA code starts with “PHA”.

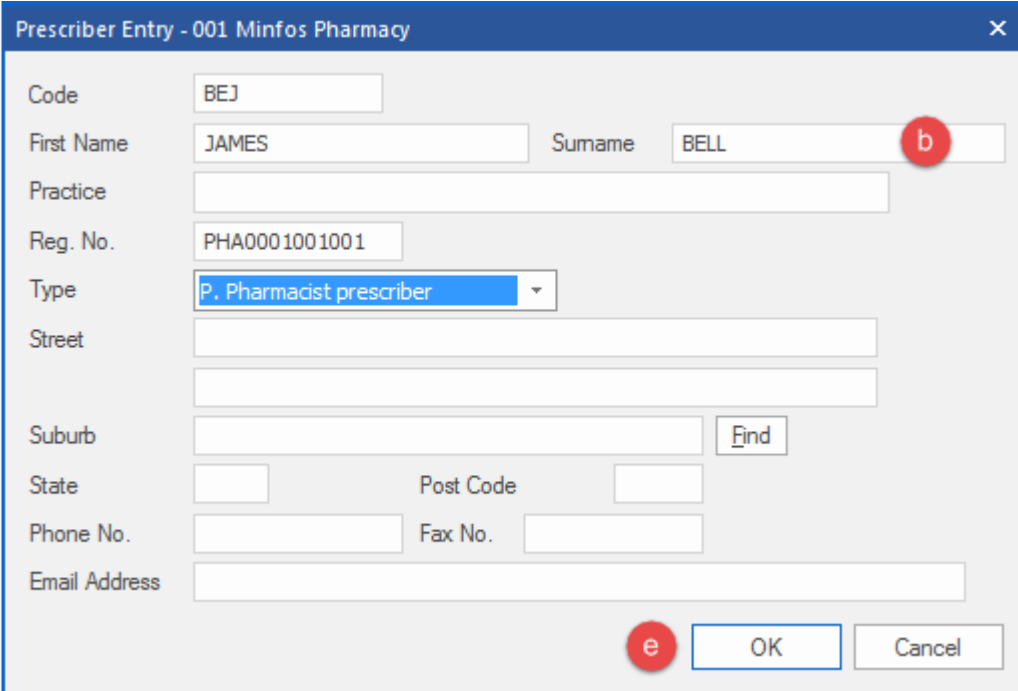
+ To look up an APHRA registration code, go to <http://www.ahpra.gov.au/>

- e. In the **Type** dropdown, ensure that **P. Pharmacist prescriber** is selected.
- f. Click **Okay**, to save the details of this pharmacist as a prescriber and return to the **Prescriber Maintenance** window.

Add a new record

To add a new record:

1. Click **Add**. The **Prescriber Entry** window is displayed.



- a. Enter the **First Name** of the pharmacist, press [TAB].
- b. Enter the **Surname** of the pharmacist.

+ The Code is automatically generated from the prescriber's name, or a unique code is generated.

- c. In the **Reg. No.** textbox, enter the AHPRA registration code of the pharmacist. A pharmacist's AHPRA code starts with "PHA".

+ To look up an APHRA registration code, go to <http://www.ahpra.gov.au/>

- d. In the Type dropdown, select P. Pharmacist prescriber.
- e. Click **Okay** to save the details of this pharmacist as a prescriber and return to the **Prescriber Maintenance** window.

2. Repeat step 1 for each pharmacist in your store.
3. Click **Cancel** to close the **Prescriber Maintenance** window.

Dispensing a drug as a Continued Dispensing supply

1. On the **Dispense** form select the required customer.
2. In the **Drug** textbox, enter the name of the required drug, then press [Tab].

The **Drug Recall Window** is displayed, showing the closest matching drug.

Drug Recall Window :- LEVL							
Product	Qty	Rpt	Type	NHS		soh	
1 LEVLEN-ED TAB 30MCG/150MCG 28X	4	b	2	NHS	1394J	C M M	15

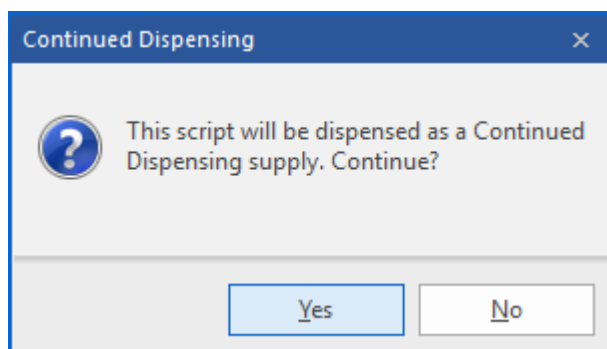
+ Drugs that are eligible for Continued Dispensing are marked with the C symbol, 

3. Select the required drug, then click **Okay**, or press [Enter].

The **Dispense** form is displayed, and the selected drug populates the **Drug** textbox.

4. In the **Doctor** field enter the pharmacist's code or full AHPRA registration code, then press [Tab].

If the pharmacist is not set up as a prescriber, see [Setting a pharmacist as a prescriber](#), earlier in this document. The **Continued Dispensing** prompt is displayed.



5. Click **Yes** to dispense the selected drug as a Continued Dispensing supply.

Because the supply is now a Continued Dispensing supply, the **Repeats** and **Times Dispensed** textboxes are disabled.

Surname: 10 APLIE CARTER (61 yrs) *Owing Scripts* EVERGREEN NURSING HOME
 Rx Date: 08/10/2018
 Drug: LEVLEN-ED TAB 30MCG/150MCG 28K (LEVONORGESTREL + ETHINYLESTRADIOL) Govt. 1394J. Max Qty 4, Max Rept 2
 Directions: CONTRA 1 T W H D SD UAF CONTRA2
 Doctor: PHA0001001001 JAMES BELL
 Rx Type: 0 N.H.S.
 Qty: 0 pk 4
 Repeats: CTG
 Times Disp: Reg 24 Reg 25

Dis.Date	Qty	Drug / Sigs	Price	Dr.	Reg. #
08/10/18	30	NORVASC TAB 10MG	\$27.79	BALA	
04/10/18	30	LOSEC TAB-EC 10MG	\$20.63	BALA	
04/10/18	40	MERSYNDDOL CAP 450MG-9.75MG-5MG	\$10.00	BALA	
02/10/18	1	PATANOL EYE-DROP 1% 5ML	\$34.82	OPT	4001104

- Check the appropriate script details and press [Enter] to save and process the script. The **Usual Prescriber Details** prompt is displayed.

Usual Prescriber Details

Enter the customer's usual doctor. This will be used to populate the Consumer Declaration and Prescriber Notification form. This field can be left blank.

Doctor

- In the **Doctor** textbox, enter the code of the customer's most recent prescriber, then click **OK**.
Alternatively, leave the **Doctor** textbox blank, to handwrite the doctor's details on the notification form, then click **OK**.
- Click **OK**, to save this doctor as your customer's usual prescriber and process the script.
The modified **Repeat Authorisation** form, the **Consumer Declaration** and **Prescriber Notification** form are printed.
- Fill out and send the **Consumer Declaration** and **Prescriber Notification** form to the customer's doctor, in line with current legislation.

**MINFOS TRAINING,
Level 7 737 Bourke St DOCKLANDS 3008 VIC,
1300887418,
9999F**

Continued Dispensing of eligible prescribed medicines by pharmacists

Consumer Declaration and Prescriber Notification Form

Date supplied: 08/10/18

Pharmacist name: JOHN BROWN

To: _____ (prescriber)

Practice Address: _____

Phone Number: _____ Fax Number: _____

The following details relate to a supply provided to your patient by Continued Dispensing.

Patient details Name: ARLIE CARTER

Medicare Number: 31629158593 DOB: 11/02/57

Address: 11 OCEAN VIEW BALRANALD NSW2715

Brand/Generic Name: LEVLEN-ED TAB 30MCG/150M CG 28X4

Strength: 30MCG/150M Form: TAB PBS Item Code: 1394J

Qty supplied: 4 (NO REPEATS PERMITTED UNDER THIS SUPPLY)

10. File the modified **Repeat Authorisation** form according to your pharmacy's procedures for claiming.

Pharmaceutical benefits – PBS/RPBS
Repeat Authorisation
 Valid only if the patient/pharmacist or duplicate prescription is attached. (Excludes Continued Dispensing)

Mark relevant box **X**

Serial no. [REDACTED]	Prescriber no. CONTINUED DISPENSING	Gen	<input type="checkbox"/>
Patient's Medicare no.		Con	<input type="checkbox"/>
Patient's name and address		Ent	<input type="checkbox"/>
Postcode		RPBS	<input type="checkbox"/>

Authority no. [REDACTED] Entitlement no. [REDACTED]

Original prescription transcription (tam, strength, quantity, directions and deferred supply if applicable)

AHPRA number: PHA#####

Original prescription details	No. of times already dispensed (including original supply) (if original not supplied insert '0')	Priced items only
Date [REDACTED]	PBS approval no. [REDACTED]	\$ [REDACTED]
No. CONTINUED DISPENSING	No. of repeats authorised '0'	

Name and PBS approval number of Pharmacist dispensing this supply

Name and PBS approval number of Pharmacist issuing this authority

Prescription no. this supply

Date this authorisation prepared

I declare that I have received this/these medicine(s) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature [REDACTED] Date of supply [REDACTED]

Agents Address [REDACTED]

Privacy note: The information on this form, including your Medicare, Centrelink and/or Department of Veterans' Affairs number, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme (PBS) or the Repatriation Pharmaceutical Benefits Scheme (RPBS) and to determine payments due to approved suppliers. This information will also be used to record details of an under co-payment prescription (where there is no entitlement to a payment of benefit under PBS or RPBS). With your consent, the PBS approved supplier or PBS Prescriber may store your details for use on future prescriptions. The collection of this information is authorised by the National Health Act 1963. This information may be disclosed to PBS Prescribers, the Department of Health and Ageing, Department of Veterans' Affairs, Centrelink, the Department of Human Services or as authorised or required by law

Dispensing an Authority prescription

Authority required PBS Prescriptions

Continued Dispensing of authority items **does not** require an authority prescription number. Minfos has pre-populated the Authority Number field with '0000011' to pass validation checks.

1. **Dispense an authority drug** as a Continued Dispensing supply.
2. Select **Okay** to save and process the script. The **Authority Number** field, will be auto-populated by Minfos with **00000011**.

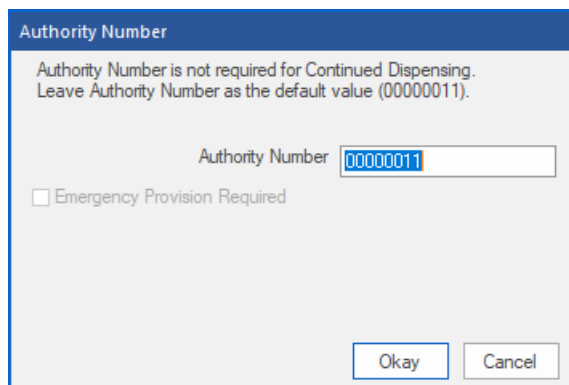
3. Leave the default value as is and select **Okay** to complete dispensing.

Authority required (Streamlined) PBS Prescriptions

To dispense Streamlined Authority items, you will need to enter one of valid codes displayed on the **Enter Streamlined Code** screen.

1. Dispense a streamlined authority drug as a Continued Dispensing supply.
2. Select **Okay** to save and process the script.
3. Enter one of the codes displayed under **Current Valid Codes** into the **Enter Streamlined Code** field.

4. Select **Okay**. The **Authority Number** field will have populated with **00000011**.



5. Select **Okay** to complete dispensing.

After dispensing a Continued Dispensing supply

Claiming for Continued Dispensing supplies

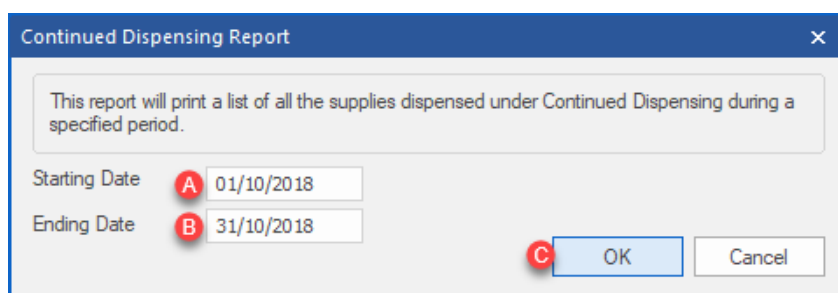
Follow the usual procedure for claim submissions, but use the modified **Repeat Authorisation** form as the claim form, which was printed when you dispensed the Continued Dispensing supply.

Running the Continued Dispensing report

The **Continued Dispensing Report** provides details of drugs dispensed by your pharmacy under the Continued Dispensing initiative.

To run the **Continued Dispensing** report:

1. On the Dispense Pro window, click the **Reports** menu.
2. **Click 2. Scripts**, then **click D. Continued Dispensing Report**. The Continued Dispensing Report window will appear.



- a. In the **Starting Date** textbox, enter the earliest date to be included in the report.
The first day of the current month is displayed, by default.
- b. In the **Ending Date** textbox, enter the latest date to be included in the report.
The last day of the current month is displayed, by default.
- c. Click **OK**. The Continued Dispensing Report is displayed.

CONDSPRP 11:41:39am		Continued Dispensing Report 01/10/18 to 31/10/18 MINFOS TRAINING					Page No. 1 of 1 Date 09/10/2018	
Business: 001 MINFOS TRAINING								
Disp. Date	Serial#	Customer Name	Rx Type	Govt Drug Code Name	Qty	Pharmacist Prescriber #	Pharmacist Prescriber	Usual Prescriber
09/10/18	UG 15	GenARLIE CARTER	N.H.S.	1394/ LEVLEN-ED TAB 30MCG/150MCG 28X4	4	PH4001001001	JAMES BELL	Dr/CASUAL
1 Scripts								

3. Click **Print** to print the report, if required.

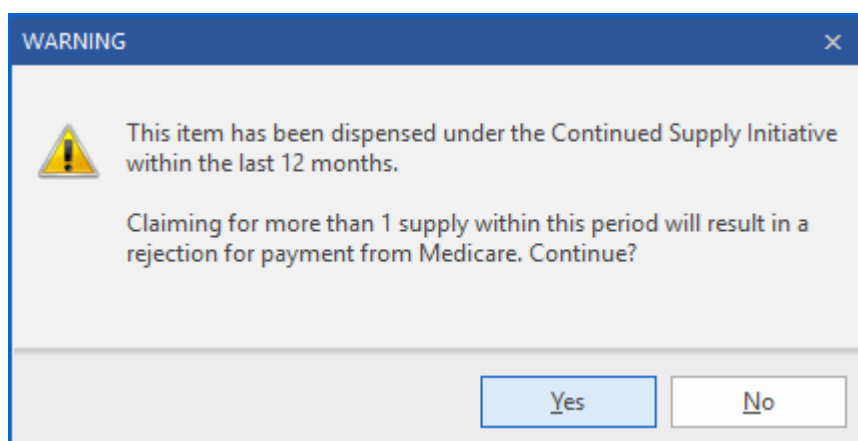
Troubleshooting

This section provides tips for the following issues:

- You receive a warning prompt when Continued Dispensing is selected
- Printing error: the Consumer Declaration and Prescriber Notification form
- Printing error: the modified Repeat Authorisation form

You receive a warning prompt when Continued Dispensing is selected

When you click **Yes**, to dispense the selected drug as a Continued Dispensing supply, and the **WARNING** prompt is displayed:



This means that dispensing this drug in this situation is not covered by the guidelines for the Continued Dispensing initiative. A Continued Dispensing supply of a particular drug can only be dispensed to the same customer once in a year.

You can:

- Click **No**, to abandon the Continued Dispensing supply, and to return to the **Dispense** window.
- Click **Yes**, to process this script and continue dispensing as usual.

+ If you click Yes then you cannot claim this script from Medicare.

Printing error: Consumer Declaration & Prescriber Notification form

You must notify the customer's doctor in writing of dispensing a Continued Dispensing drug, in accordance with the Department of Health and Ageing's requirements.

To reprint a **Consumer Declaration** and **Prescriber Notification** form:

1. On the **Dispense** window, after selecting a customer, click **Full Hist.**

The **Customer Script Enquiry** window is displayed.

	Script Date	Disp. Date	Script #	Customer	Drug Name	Qty	Directions	Doctor	Price
F	08/10/2018	08/10/2018	810083	CARTER, ARLIE	LEVLEN-ED TAB 30MCG/150MCG 28X	4	First tablet on first day of m...	BELJ	26.37
E P	08/10/2018	08/10/2018	810081	CARTER, ARLIE	NORVASC TAB 10MG	30	Take ONE tablet daily.	BALA	27.79
E P	04/10/2018	04/10/2018	810042	CARTER, ARLIE	LOSEC TAB-EC 10MG	30	Swallow whole ONE tablet daily.	BALA	20.63
E P	04/10/2018	04/10/2018	810041	CARTER, ARLIE	MERSYNDOL CAP 450MG-9.75MG-5MG	40	Take ONE capsule THREE tim...	BALA	10.00
E P	02/10/2018	02/10/2018	810021	CARTER, ARLIE	PATANOL EYE-DRP .1% SML	1		OPT	34.82
E P	01/10/2018	01/10/2018	810011	CARTER, ARLIE	PATANOL EYE-DRP .1% SML	1		OPT	34.82

2. Select the required script, then click **Special**. The **Script Options** window is displayed.

Customer: ARLIE CARTER (61 yrs) *Owing Scripts*
11 OCEAN VIEW, BALRANALD M/C 3162 91585 9 3

Label: LEVLEN-ED TAB 30MCG/150MCG 28X4 (LEVONORGESTREL + ETHINYLESTRADIOL)
First tablet on first day of menstrual cycle, from the red section of pack ONE tablet whole daily at the same time each day until all

ARLIE CARTER Nil Rpt
JAMES BELL 08/10/2018 JB 26.37

No Repeats for Script.

For drug scan checking, scan barcode on label

To run option press the number or letter, then [Enter].
Pressing [Esc] will exit this window.

3. Click **Q. Continued Dispensing letter**, then click **Okay**. The **Print Manager** window is displayed, and shows the **Consumer Declaration** and **Prescriber Notification** form.
4. Click **Print**, to print the Consumer Declaration and Prescriber Notification form.
5. Click **Close**, or press [Esc], to close the window. The **Script Options** window is displayed.

Printing error: modified Repeat Authorisation form

The legal restriction on Continued Dispensing means that you cannot give a repeat script for a Continued Dispensing supply to a customer. The modified version of the Repeat Authorisation form is produced only for claiming the Continued Dispensing supply.

If the **Repeat Authorisation** form prints without the Continued Dispensing modifications, as highlighted on page 10, then follow the instructions in [Setting up print options for Continued Dispensing Repeat Authorisation forms](#).

To **reprint an altered repeat authorisation form**, follow the usual process for reprinting claim submissions.



Phone

1300 887 418

Customer Portal

symbion.service-now.com

Website

minfos.com.au