

## No more Close Control from 1 July 2012

Changes to dispensing frequencies are occurring from 1 July 2012. The Close Control rule is being replaced with the Dispensing Frequency rule and pharmacists will gain more flexibility with dispensing frequencies for their patients. These are explained in more detail below.

### 'Close Control' becomes 'Dispensing Frequency'

The Dispensing Frequency rule replaces Close Control from 1 July 2012. This Dispensing Frequency rule is grouped into three sections:

- Frequency of dispensing for persons in residential care – no changes
- Flexible periods of supply for trial periods or safety – **changes explained below**
- Pharmaceutical supply management – no changes

#### Flexible periods of supply for trial periods or safety

The section “intellectually impaired, frail, infirm or unable to manage their medicine” has been removed; and is replaced by the Long-Term Condition (LTC) service in the Community Pharmacy Services Agreement.

Patients who are eligible for the LTC service can have more frequent dispensing. This is determined by the pharmacist. For patients not eligible under the LTC service (defined as ‘Core’ patients under the Pharmacy Services Agreement) who require more frequent than monthly dispensing, the pharmacist needs to get verbal confirmation from the prescriber.

Codeine and buprenorphine with naloxone (Suboxone) have been added to the list of safety medicines. Prescribers no longer need to endorse safety medicines. They do need to specify the maximum quantity or period of supply to be dispensed at any one time. Pharmacists are NOT eligible to initiate patients for more frequent dispensings for medicines on the safety list.

Medicines co-prescribed with medicines on the safety list, can be dispensed at the same frequency. This is determined by the pharmacist and annotated on the script accordingly.

Prescribers no longer have to initial each trial medicine, but need to endorse with ‘trial period’ or ‘trial’. Pharmacists cannot initial patients for trial periods.

#### Access Exemption changes

Pharmacists can now initiate ‘Certified Exemptions’ for medicines listed in the Pharmaceutical Schedule marked with an ▲, as well as prescribers.

#### Flexible Dispensing for pharmacists

A new rule has been added to give pharmacists more flexibility when dispensing some medicines – Section F: Part III (Flexible and Variable Dispensing Periods for Pharmacy). This allows pharmacists to use variable dispensing periods for non Stat medicines (those not identified with a \* in the following situations:

- Stock management where the original pack(s) result in dispensing greater than 30 days supply; or

- To Synchronise a patients medication where multiple medicines result in uneven supply periods.

Pharmacists must annotate the prescription with the reason for flexible dispensing. Pharmacists cannot dispense greater than the total period of supply.

These changes are not mandatory. If a pharmacist has concern about the clinical appropriateness of altering the dispensing frequency, they should check with the prescriber.

A specific reason why a prescriber has endorsed the prescription for more frequent dispensing than normal means it would not be good clinical judgement to change the dispensing frequency unless the pharmacist has good reason to believe the patient is stable and compliant.

If prescribers continue to write Close Control out of habit, the pharmacist should contact them in the first instance and ensure there is no clinical reason why the patient should receive more frequent dispensing. This need to be recorded in the first instance but not for future prescriptions for the same medicine / same patient.

Further information and resources can be found on our website [www.pharmac.govt.nz/ccc](http://www.pharmac.govt.nz/ccc)