

Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions

Code of Ethics: Obligation 1.12

Where the Pharmacy Council has prescribed a protocol for the sale or supply of a medicine or group of medicines, the pharmacist must comply with the protocol.

Role and responsibility of the pharmacist

The pharmacist must differentiate between medical complaints and conditions that are acute and/or self-limiting and those that are chronic, and follow the appropriate protocol for the sale of medicines to treat the conditions. Pharmacists must have a procedure in place to ensure that pharmacy assistants and pharmacy technicians always refer patients to the pharmacist when a Pharmacist Only Medicine (POM) or Pharmacist Only Medicine for Chronic Conditions (POMCC) is requested, or when a POM or POMCC could be a suitable treatment for symptoms described by the patient.

Acute conditions

- usually have a rapid onset
- often last less than three weeks
- may recur from time to time and
- may or may not resolve on their own and
- may or may not require referral to a doctor.

Examples of acute conditions treatable by pharmacist-only medicines include: bacterial conjunctivitis, vaginal candidiasis, haemorrhoids. If the pharmacist determines that the patient's complaint is acute and can be adequately treated with a Pharmacist Only Medicine (for acute conditions), the protocol developed by the Pharmaceutical Society of NZ (section 3.2.15 of the Pharmacy Practice Handbook 2003) must be followed.

Chronic conditions

- usually develop more slowly
- have been present over many weeks, months or years
- may remit and relapse, and worsen over time
- often cause acute exacerbations
- require a management approach by the pharmacist, with detailed documentation
- require follow-up by the pharmacist, the timing of which will vary from patient to patient according to the quantity of medicine sold and the needs of the individual.

An example of a chronic condition treatable by POMCC is obesity. If the pharmacist determines that the complaint is one of a chronic nature, the protocol developed by the Pharmacy Council of NZ (see below) must be followed.

Pharmacy Council Protocol for the Sale and Supply of POMCC

1. In order to sell or supply Pharmacist Only Medicines to treat Chronic Conditions (POMCC), the pharmacist must conduct face-to-face consultations with the patient whenever possible as dictated by best practice, unless, due to disability or geographical isolation within New Zealand as well as the inability to visit a pharmacy regularly, this is impractical. In this case the pharmacist must document the reason that a face-to-face interview did not take place and conduct the same detailed consultation with the patient by telephone or electronic means to ensure the safe and appropriate supply of the medicine to that person. Pharmacists must not offer these medicines for sale to patients who reside outside New Zealand, without fulfilling the requirement for face-to-face consultations as detailed elsewhere in this protocol.

2. A private area must be provided for consultations and the patient's personal information must be kept secure, either in a locked file or pass-word protected in a computer.

3. Information must be recorded and assessed and stored in the patient's own file (paper and/or electronic) allowing ready access and update when necessary. The following information, and any other details deemed relevant by the pharmacist, must be recorded:

- date, name of the patient, address and contact details e.g. phone number, email address
- condition to be treated
- that the medicine is intended only for the use of the patient
- history of the symptoms or disease process
- current medicines and any other treatments
- relevant medical history e.g. diabetes
- patient's known risk factors e.g. allergies.

4. The appropriateness of the medicine must be determined – consider age of the patient, concomitant medical conditions, pregnancy or breastfeeding, adverse reactions, interactions and side-effects. Also consider possible non-medicine therapy or referral for further medical attention and/or support and advice from other health practitioners.

5. As a result of the consultation, recommend the appropriate POMCC. Under this protocol, the pharmacist is expected to comply with Obligation 3.15 of the Code of Ethics, which requires the pharmacist to exercise professional judgement to prevent the supply of medicines (including sale and supply via the internet) that are unnecessary or in excess to the patient's needs.

6. Advise the patient using verbal and written information of:

- adverse effects
- contraindications and precautions, including other medicines to be avoided during treatment
- correct use, including dosage, frequency, how to manage missed doses
- correct storage of the medicine
- when the patient should seek medical advice
- lifestyle and self-care advice to complement the medical treatment
- expected outcomes of treatment
- the importance of follow-up and
- when follow-ups should occur

7. The sale of the medicine must be recorded electronically as for a prescription, as part of the patient's prescription history. The record must contain the following information:

- the name and address of the purchaser
- the name of the pharmacist
- the date of the transaction
- name and quantity of the medicine sold

8. POMCCs should be sold in manufacturer's original packs, which contain accompanying consumer medicine information leaflets.

9. To ensure safe and appropriate subsequent supply of the POMCC the pharmacist must follow the guidelines below on every occasion:

- face-to-face consultations will occur for repeat consultations, as dictated by best practice
- the pharmacist must determine whether the patient has had an initial face-to-face consultation, or in cases where the requirement has been waived, has been adequately assessed for the safety and appropriateness of the POMCC. This requirement may necessitate the sharing of patient information between pharmacists and other healthcare providers (permitted by section 22F of the Health Act)
- follow-up information is to be collected and added to the patient's own record
- other health practitioners caring for the patient are to be referred to or consulted with if necessary and with the patient's permission

10. Follow-up information must include the following:

- how the medicine has been taken by the patient
- changes/benefits in the patient's health status since starting the medicine
- symptoms experienced since last consultation: check to determine whether they could be possible side-effects of the medicine? (If so, consider reporting to the Centre for Adverse Reactions Monitoring - CARM). Are there any symptoms that could signify changes in the patient's condition that require referral to a medical practitioner or other health practitioner?
- Does the patient still require the medicine? Need further treatment with the same or other medicines? Have any questions or further need for clarification of any issue relating to the medicine or the condition being treated?