Protocol for the Sale and Supply of Pharmacist Only Medicines

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

Role and responsibility of the pharmacist

A 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 technicians and pharmacy assistants always refer patients to the pharmacist when a Pharmacist Only Medicine (POM) is requested, or when a POM 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 POMs include: bacterial conjunctivitis, vaginal candidiasis, and nausea associated with migraine. If the pharmacist determines that the patient's complaint is acute and can be adequately treated with a POM, the protocol developed by the Pharmaceutical Society of NZ (section 3.2.15 of the Pharmacy Practice Handbook 2003) should 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 a POM is obesity. If the pharmacist determines that the complaint is one of a chronic nature, the additional Pharmacy Council protocol outlined below must be followed.

Pharmacy Council Protocol for the Sale and Supply of a Pharmacist Only Medicine (POM) for chronic conditions

1. To sell or supply POMs to treat or manage chronic conditions the pharmacist must conduct face-to-face consultations with the patient whenever possible as dictated by best practice, unless, due to acute infection (e.g., Covid-19 positive), disability or geographical isolation within New Zealand. 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. Where patient assessment is required, for example blood pressure measurements, a face-to-face consultation is necessary.

2. Pharmacists must not offer these medicines for sale to patients who live outside New Zealand, without meeting the requirement for face-to-face consultations as detailed elsewhere in this protocol.

3. A private area must be provided for consultations and the patient's personal information must be kept secure, either in a locked file or password protected on a computer.

4. Information must be recorded and assessed and stored in the patient's own file to allow ready access and updating when necessary**.** The following information, and any other details considered relevant by the pharmacist, must be recorded:
   - date
   - name of the patient[1], 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, including complementary medicines
   - relevant medical history e.g. diabetes
   - patient's known risk factors e.g. allergies.

5. 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.

6. As a result of the consultation, recommend the appropriate POM. Under this protocol, the pharmacist is expected to comply with Obligation 1G of the Code of Ethics 2018, which requires pharmacists to promote the safe, judicious and efficacious use of medicines, and prevent the supply of unnecessary and/or excessive quantities of medicines, or any product which may cause harm.

[1] Medicines Regulations 1984 Reg 54A(4)(b) stipulates that the buyer's name needs to be recorded. The intent is that the pharmacist should liaise directly with the patient, rather than a representative.

7. Advise the patient using verbal and appropriate written information of:
   - adverse effects
   - contraindications and precautions, including other medicines to be avoided during treatment
   - correct use, including dosage, frequency, and how to manage missed doses.
   - correct storage of the medicine
   - lifestyle and self-care advice to complement the medical treatment
   - expected outcomes of treatment
   - when to seek medical advice and the importance of follow-up.

8. 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[2]
   - the name of the pharmacist
   - the date of the transaction
   - name and quantity of the medicine sold
   - directions for use.

9. Pharmacist Only Medicines should be sold in approved packaging, which contains consumer medicine information.

10. To ensure safe and appropriate subsequent supply of the Pharmacist Only Medicine for chronic use 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 medicine. This requirement may necessitate the sharing of patient information between pharmacists and other healthcare providers (permitted by section 22F of the Health Act 1956).
    - 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.

11. 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[3] of the medicine? 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?

[2] Medicines Regulations 1984 Reg 54A(4)(b) stipulates that the buyer's name needs to be recorded. The intent is that the pharmacist should liaise directly with the patient, rather than a representative.
[3] Consider reporting of side effects to the Centre for Adverse Reactions Monitoring - CARM