

# Highly Specialised Drugs Program (Public Hospital and Community Access) - Clozapine

Community prescription may be handwritten or computer generated by the prescriber on authority prescription stationery.

Psychiatrists and prescribers working under their supervision can **initiate treatment**.

Community prescribers may prescribe for **maintenance treatment** only.

The prescription is written in triplicate: the original and duplicate are to be provided to the pharmacist for dispensing and the triplicate is retained by the MO for 12 months.

Add patient's Medicare number

Add patient's Concession details, if applicable

✓ Tick 'PBS' for PBS subsidy

✓ Tick 'Brand substitution not permitted'

Add **strength and quantity** of tablets required.

If the quantity required is >200 tablets, contact PBS to obtain approval (Ph: 1800 888 333).

## Community Pharmacists:

All clozapine prescriptions must be **PBS compliant**.

- Check patient details and authority details are complete.
- Endorse prescription with **actual quantity supplied**.
- Dispense as a PBS prescription, **charge the relevant PBS co-payment** and ensure prescription is receipted by the patient, their agent or pharmacist.
- Complete CPMS data entry.
- Claim reimbursement from Medicare as per other PBS prescriptions.

## Medical Officers (MO):

All clozapine prescriptions must be **PBS compliant**.

## ONE ITEM PER AUTHORITY PRESCRIPTION FORM

- Quote authority number to PBS phone authorities when requesting increased quantities or repeats.
- Add name, address, telephone number and prescriber number.
- Add public hospital provider number for **initiation treatment only**.
- Add drug name, form, strength and quantity. Clozaril® is the current SA Health contract brand for patients initiated on treatment in the public sector.
- Sign and date the prescription.

Add **CPN (Clozaril® Patient No.)** to assist pharmacy identification.

Record date of recent blood test and results.

Endorse with **Streamlined Authority Code:**

- **4998** for maintenance therapy
  - **5015** for initiation therapy
- OR**
- **Authority Approval number** for increased quantities or repeats.