

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Medication discharge quantities for take-home use from SESLHD Pharmacy
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FORMER REFERENCE(S)	Outlined in SESLHDPR/743: Dispensing of Medications for Patient Take-Home use using Paper Prescription generated by eMeds (POV2) in SESLHD Hospitals.
EXECUTIVE SPONSOR	Director, Clinical Governance and Medical Services
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FUNCTIONAL GROUP(S)	Medicine Medicines and Therapeutics Related Policy Documents
KEY TERMS	Medications, Pharmacist, Pharmacy, Prescription
SUMMARY	This document outlines the approved quantities of medication that can be supplied by SESLHD Pharmacies for patient take-home use.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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SESLHD PROCEDURE

Medication discharge quantities for take-home use from SESLHD Pharmacy

SESLHDPR/786

1. POLICY STATEMENT

This document outlines the medication quantities that are approved for supply from SESLHD Pharmacy Departments for patient take-home use on discharge from SESLHD facilities. This document does not include pre-packs of medication in patient care areas (e.g. Emergency Department) where the medication may be supplied to a patient for take-home use after hours.

2. BACKGROUND

NSW Public Hospital prescribers must not supply patients with more than seven days' supply of medicines on discharge, unless prior authority has been obtained from either the Chief Executive, Medical Administrator or Medical Administrator's nominee¹. The Drug and Therapeutics Committee (DTC) is responsible for the governance of quality and safe medication procurement, storage, prescribing, supply, administration at the facilities assigned to the DTC².

3. RESPONSIBILITIES

3.1 Prescribers must:

- Generate prescriptions using the Paper Prescription generated by eMeds for medicines requiring supply from SESLHD Pharmacies.
- Not prescribe patients more than seven days' supply of medicines for take-home use on discharge unless it meets the approved criteria in [Section 4.1](#) and [Section 4.2](#) of this procedure.

3.2 Pharmacists must:

- Supply medicines limited to only those required by the patient (e.g., new, changed doses or if the patient's supply has run out).
- Not supply patients more than seven days' supply of medicines on discharge, unless it meets the approved criteria in [Section 4.1](#) or [Section 4.2](#) of this procedure.
- Supply a quantity of medicine lower than that specified on the prescription if deemed appropriate by the Pharmacist clinically reviewing the prescription.

3.3 Site/Service Director of Pharmacy/ Senior Pharmacist or delegate must:

- Approve supply of 14-28 days of non-pre-approved medications from SESLHD Pharmacies to facilitate continuity of care/ access to medicines.

3.4 SESLHD DTC will:

- Review and update the list of pre-approved scenarios and medicines, where more than seven days of medicines can be supplied by SESLHD Pharmacies for patient take-home use.

SESLHD PROCEDURE

Medication discharge quantities for take-home use from SESLHD Pharmacy

SESLHDPR/786

4. PROCEDURE

4.1 Medication Quantities that can be supplied from SESLHD Pharmacies for patient take-home use

The general principles for medication quantities for supply on discharge are outlined in the following table:

Medication Supply Quantity	General Principles	
Up to 7 days (or full packs for individual patient use items)	Default quantity to prescribe for all patients in SESLHD for discharge. Medicines for supply should be limited to only those required by the patient (e.g., new, changed doses or if the patient's supply has run out).	
7-21 days	To complete short course therapy / loading dose or to ensure continuity of care.	See table in Section 4.2 for the list of scenarios and medicines that are pre-approved for more than seven day's supply from the Hospital Pharmacy
14 – 28 days	To facilitate continuity of care / access to medicines at discretion of site.	For approval by site/service DOP/Senior Pharmacist or delegate
≥ 28 days	Listed on formulary as approved for outpatient dispensing. Individual Patient Use (IPU) approval required for discharge supply quantity ≥ 28 days. *If item is an ongoing hospital outpatient item - utilise handwritten outpatient prescriptions and charge co-payment rather than discharge process.	
S100 PBS Items	PBS Quantity on S100 prescriptions.	
Note: Prescriptions must contain a quantity that matches the intended supply requirement.		
• Dispensing quantities cannot be greater than the specified quantity on the prescription. • A quantity lower than that specified on the prescription may be supplied at the discretion of the pharmacist. • Co-payments may be charged for outpatient dispensing but not discharge dispensings.		

SESLHD PROCEDURE

Medication discharge quantities for take-home use from SESLHD Pharmacy

SESLHDPR/786

4.2 Pre-approved scenarios and medicines, where more than seven days of medicines can be supplied by SESLHD Pharmacies for patient take-home use

The pre-approved scenarios and medicines where supply of more than seven days of medicines can be dispensed by SESLHD Pharmacies for patient take-home use are outlined in the following table:

Medication/ Scenerio	Rationale	Limitations
Amiodarone Loading Dose (TDS for 1 week, BD for 1 week then daily thereafter)	To complete loading dose treatment and avoid confusion of dosing instructions with GP prescription	Up to 2 weeks supply until patient on maintenance once daily dosing
Antimicrobials (antibiotics, antivirals, antifungals)*	To complete short course treatment & avoidance of low quantity required via GP	Up to 2 weeks supply on discharge. If the treatment course is 4 weeks or more, this must be supplied as an outpatient dispensing with a co-payment
Medicines for the treatment of Mycobacterial infection*	In accordance with PD2022 007 TB services are free of charge to the patient. Liaise with facility Chest Clinic prior to supplying TB medicines on discharge	
Medicines for the treatment of <i>H. pylori</i> infection	To complete short course	Up to a maximum of 2 weeks to complete short course.
Aspirin	To complete short course VTE prophylaxis after orthopaedic surgery	Up to a maximum of 2 weeks to complete short course. If longer course required patient to obtain in the Community.
Clopidogrel antiplatelet to complete short course TIA/Minor Stroke treatment	To complete short course TIA/Minor Stroke treatment & Enable clarity of stop dates and avoidance of small quantity required via GP & PBS	To complete course (up to 30 days).
DAPT post stents	To complete short course	Up to 2 weeks supply on discharge, patient should be directed to their GP for ongoing supply.
Corticosteroid (prednisolone / dexamethasone/ hydrocortisone)	To complete tapering course	To a maximum of 1 full bottle of each strength Where a tapering course is > 4 weeks, they should be directed to their GP for ongoing supply.
Direct Oral Anticoagulants (DOAC)	To complete short course VTE prophylaxis or treatment	Up to a maximum of 2 weeks to complete short course. If > 14-day course, supply 7 days

SESLHD PROCEDURE

Medication discharge quantities for take-home use from SESLHD Pharmacy

SESLHDPR/786

Medication/ Scenerio	Rationale	Limitations
		and GP for balance with Rx.
Rivaroxaban 10mg tablets	To complete short course VTE prophylaxis	Up to 2 weeks supply on discharge, they should be directed to their GP for ongoing supply.
Rivaroxaban 15mg tablets (15mg BD for 21 days then 20mg once daily)	To complete acute VTE induction dose and avoid confusion with GP PBS supply quantities of high-risk medicine	To complete 21-day course
Enoxaparin	To complete short course VTE prophylaxis after orthopaedic surgery	Up to a maximum of 2 weeks to complete short course. If > 2 weeks duration, up to 10 days and ongoing with GP & PBS Rx
Metoclopramide *	For ongoing antiemetic therapy with oncology / palliative care	25 tablets (1 full bottle)
Nimodipine	Following subarachnoid haemorrhage	To complete 21-day course
Nimodipine *	For Reversible Cerebral Vasoconstriction Syndrome when verapamil inappropriate	Until repeat imaging
Prednisolone Immunosuppressant	To allow dose titration in high-risk period post-transplant	Up to 1 full bottle of 5mg and 25mg tablets
Prednisolone	In line with a chemotherapy protocol	Up to 1 full bottle of 5mg and 25mg tablets
Prednisolone Immunosuppressant	To allow dose titration in high-risk period post-transplant	Up to 1 full bottle of 5mg and 25mg tablets
Tolvaptan	If initiated as SESLHD inpatient for a non-pbs indication	To complete 21-day course
Warfarin	To allow dose titration with INR & accommodate doses requiring > 1 tablet	1mg = 1 full bottle 2mg = 1 full bottle 3mg = 1 full bottle 5mg = 1 full bottle
Continuity of Care	To enable supply until GP/Clinic appointment available	• Up to 2 weeks • 2-4 weeks requires site delegate approval • > 4 weeks requires IPU *
Eye drop preparations (multidose bottles)	Ongoing treatment post ophthalmic surgery (which specifies 4 weeks)	To supply up 4 weeks treatment per original packaging for multidose bottles For single dose unit (preservative free) eye drops, supply up to 7 days, then they should be

SESLHD PROCEDURE

Medication discharge quantities for take-home use from SESLHD Pharmacy

SESLHDPR/786

Medication/ Scenerio	Rationale	Limitations
		directed to their GP/specialist for ongoing supply.
Isolation requirements for patient	To enable continuity of supply whilst patient in isolation	Isolation period + 2 days
Medications that are unable to be split/decanted/cut due to stability reasons	Ensure stability and avoid wasted medicines (e.g., glyceryl trinitrate tablets, nicorandil strips)	Full strip, or pack
Ongoing Items through hospital pharmacy outpatients*	If > 7 days required utilise handwritten outpatient prescriptions with co-payment charged	

* For prolonged treatment if prescribed by a SESLHD Clinician in a SESLHD Clinic and dispensed in accordance with the SESLHD Outpatient Formulary.

5. DOCUMENTATION

- eMEDs
- iPharmacy

6. AUDIT

Each site to complete a biannual retrospective audit on a minimum of 10 prescriptions used for medication supply of more than seven days to ensure compliant with DTC pre-approved scenarios and medication list.

7. REFERENCES

1. [NSW Health Policy Directive PD2023_041 - Pharmaceutical and Safety Net Arrangements for Outpatients and Patients on Discharge](#)
2. [NSW Health Policy Directive PD2022_032 - Medication Handling](#)
3. [NSW Health Policy Directive PD2022_056 - Approval Process for Medicines and Their Use](#)

8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
29 October 2025	1.0	New procedure. Approved at SESLHD Drug and Therapeutics Committee and SESLHD Patient Safety and Quality Committee.