L.N. 67 of 2007

MEDICINES ACT
(CAP. 458)

Prescription Forms for Free Medicinals Rules, 2007

IN exercise of the powers conferred by article 82 of the Medicines Act, the Licensing Authority, with the concurrence of the Minister of Health, the Elderly and Community Care has made the following rules:–

Title and scope.

1. (1) The title of these rules is the Prescription Forms for Free Medicinals Rules, 2007.

(2) These rules shall apply to every form used in prescribing any medicinal which is supplied free as mentioned in the Medicines Act.

Forms.

2. (1) The form which shall be used by a practitioner when prescribing a medicinal, except a medicinal falling under the Dangerous Drugs Ordinance, or under the Drugs (Control) Regulations, 1985 to a patient entitled to a medicinal aids grant under the Social Security Act, when such a patient requires the medication for a period not exceeding one month, shall be the form set out in the First Schedule to these rules.

L.N. 22 of 1985.

Cap. 101.

(2) The form which shall be used by a practitioner when prescribing a medicinal, except a medicinal falling under the Dangerous Drugs Ordinance, or under the Drugs (Control) Regulations, 1985 to a patient entitled to a medicinal aids grant under the Social Security Act, when such a patient requires the medication for a period exceeding one month, shall be the form set out in the Second Schedule to these rules.

Cap. 318.

(3) The form which shall be used by a practitioner when prescribing a medicinal, except a medicinal falling under the Dangerous Drugs Ordinance, or under the Drugs (Control) Regulations, 1985 to a patient who is going to be discharged from a state hospital shall be the form set out in the Fifth Schedule to these rules.

(4) The form which shall be used by a practitioner when prescribing a medicinal falling under the Dangerous Drugs Ordinance, or under the Drugs (Control) Regulations, 1985 to a patient as is referred to in sub-rules (1) and (2) hereof, shall be the form set out in the Third Schedule to these rules.

(5) It shall be the duty of a practitioner to fill clearly and in a legible manner all details mentioned in the relevant parts of the forms referred to in the preceding sub-rules.

(6) In prescribing medicinals or other medical aid referred to in sub-rules (1) and (2) hereof, it shall not be lawful for a practitioner to prescribe more than an aggregate of three such medicinals or items on any single form and in the case of items or medicinals falling under sub-rule (2) hereof, the practitioner must indicate on the form the number of times, up to a maximum of three, such a prescription is to be considered valid.

(7) In prescribing any medicinal referred to in sub-rule (4), a practitioner shall use a separate form in respect of each and every medicinal.

Prescription booklets.

3. (1) Every practitioner shall in prescribing medicinals as referred to in these rules, make use only of the booklet of forms bearing serial numbers and issued to him by the Superintendent of Public Health, unless a computer generated prescription is used.

(2) Every practitioner, whether for the purpose of his private practice or for carrying out his duties in an official capacity as a result of his employment with Government, with a view to meeting the needs of his patients, is obliged to make any request for such prescription booklets on the appropriate form set out in the Fourth Schedule to these rules. Such request form shall be correctly filled in all respects and signed by the practitioner, and shall be either handed in by such practitioner personally to the Director of Pharmaceutical Services at the government medical stores or the officer acting in that capacity or sent by post to the Superintendent of Public Health at the Department of Health in Valletta.

(3) Any prescription to which these rules apply shall be deemed for all purposes of law to be made out by the practitioner to whom the booklet from which it was culled was issued.

(4) Every practitioner is obliged to report in writing forthwith to the Superintendent of Public Health any case of theft or loss of any prescription booklets issued under these rules.

Dispensing.

4. (1) A pharmacist dispensing a prescription to which rule 2 (1), (3) and (4) applies, shall retain the prescription form, and no medicinal shall be supplied more than once on the same prescription.

(2) A pharmacist dispensing a prescription to which rule 2 (2) applies, shall retain the prescription form or the appropriate portion thereof, and no medicinal shall be supplied more than the number of times indicated by the prescribing practitioner, as stipulated in rule 2 (6) hereof.

(3) The pharmacist dispensing such prescriptions is obliged to fill clearly and in a legible manner all details mentioned in the relevant parts of the prescription forms.

Revokes L.N. 19 of 1996.

5. The Free Medicinals (Prescription Forms) Regulations, 1996 are hereby revoked.

FIRST SCHEDULE
(Rule 2(1))

PRESCRIPTION FOR FREE MEDICINALS (OTHER THAN DRUGS UNDER THE DANGEROUS DRUGS ORDINANCE OR THE DRUGS (CONTROL) REGULATIONS, 1985)

For a period not longer than one month

A. TO BE FILLED BY PRESCRIBER

PATIENT
Name and Surname .....

Address .....

ITEM 1. (incl. Form & Dose)	Quantity
Directions for Use	
ITEM 2. (incl. Form & Dose)	Quantity
Directions for Use	
ITEM 3. (incl. Form & Dose)	Quantity
Directions for Use	

PRESCRIBER

Med. Council Reg. No. ☐☐☐☐☐☐

....
Signature Date

FIRM (Hospitals Only) .....
Consultant's Name in Block Letters

B. TO BE FILLED BY DISPENSER

DISPENSER

Signature .....

Pharmacy Board Reg. No. ☐☐☐

B. TO BE FILLED BY DISPENSER

PATIENT

Surname ☐☐☐☐ Name ☐☐☐☐

I.D. ☐☐☐☐☐☐☐☐☐☐

Male ☐ Female ☐

PRESCRIPTION ORIGIN

Hospitals ..... Name

Govt. Clinics ..... District

Private ☐

PRESCRIPTION TYPE

Pink Form ☐ Others ☐ Schedule III ☐

Direct ☐ Postal ☐

ITEM QUANTITY SUPPLIED

Item 1 ☐☐☐ Item 2 ☐☐☐

Item 3 ☐☐☐

LOCATION DISPENSED ☐☐☐☐

Date ☐☐☐☐☐☐

C. TO BE FILLED BY CODER

Item 1 ☐☐☐☐☐☐

Item 2 ☐☐☐☐☐☐

Item 3 ☐☐☐☐☐☐

PRESCRIPTION ORIGIN ☐☐

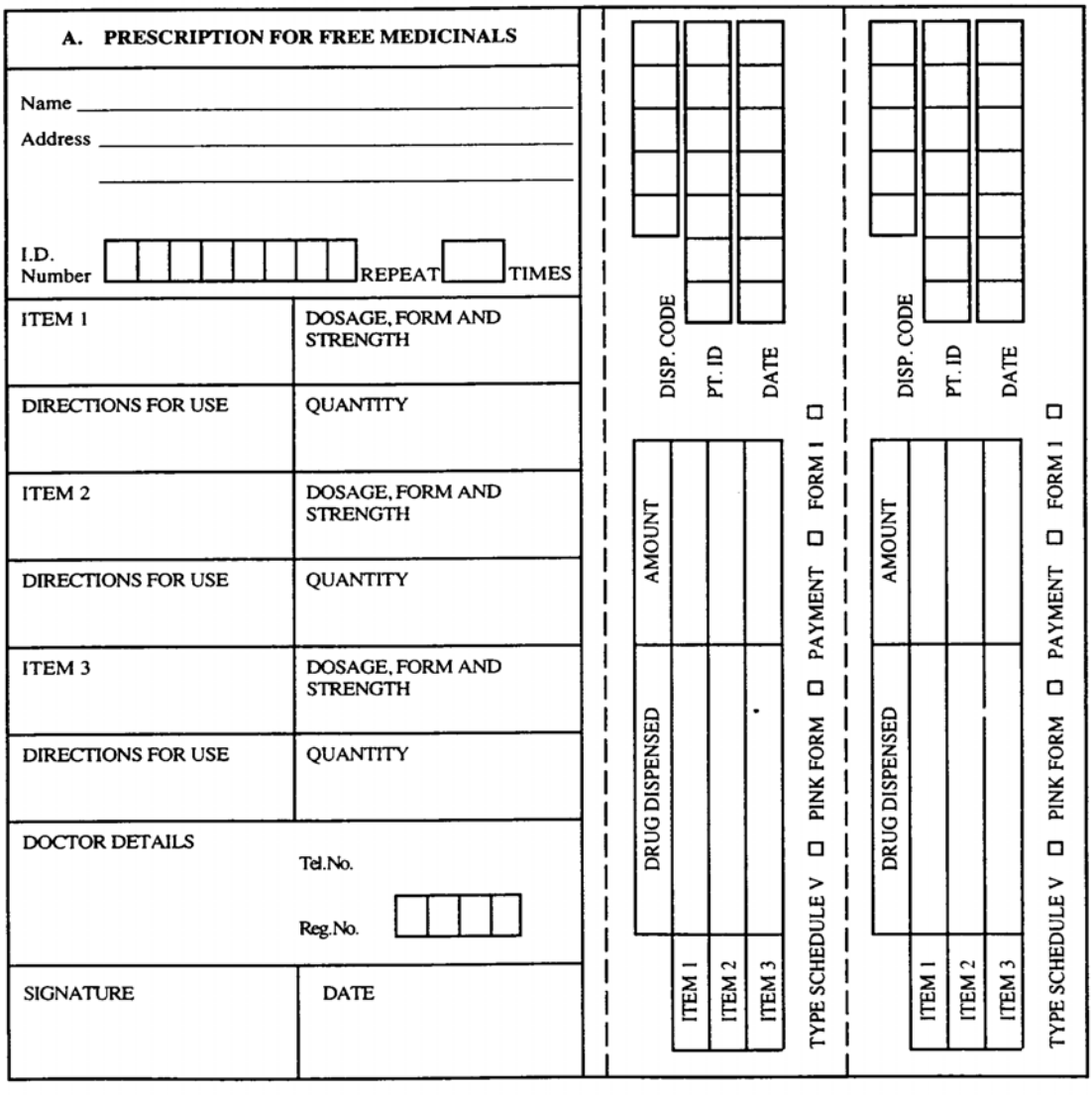
Firm ☐☐☐☐☐☐

Serial No.

SECOND SCHEDULE
(Rule 2(2))

PRESCRIPTION FOR FREE MEDICINALS
(OTHER THAN DRUGS UNDER THE DANGEROUS DRUGS ORDINANCE OR THE DRUGS (CONTROL) REGULATIONS, 1985)

For a period longer than one month



B. TO BE FILLED BY DISPENSING APOTHECARY

PRESCRIPTION TYPE

SCHEDULE V ☐ PINK FORM ☐ PAYMENT ☐ POSTAL ☐

PRESCRIPTION SOURCE

H.C. DOCTOR ☐ PRIVATE G.P. ☐
HOSPITAL DOCTOR ☐ PRIVATE SPECIALIST ☐
HOSPITAL SPECIALIST ☐

ITEMS SUPPLIED

		DATE		
ITEM	MEDICINAL	AMOUNT MONTH 1	AMOUNT MONTH 2	AMOUNT MONTH 3
1				
2				
3				
	SIGNATURE			

PATIENT DETAILS MALE ☐ FEMALE ☐

I.D. No. | | | | | | | |

DISPENSER DETAILS

ADDRESS _____

PHARMACY BOARD REG. No. | | | | | |

DISPENSARY D.H. LICENCE No. | | | | |

THIRD SCHEDULE
(Rule 2(4))

PRESCRIPTION FOR MEDICINALS UNDER THE DANGEROUS DRUGS ORDINANCE OR THE DRUGS (CONTROL) REGULATIONS, 1985

A. TO BE FILLED BY PRESCRIBER

PATIENT
Name and Surname .....

Address .....

ITEM (incl. Form & Dose)	Quantity

Directions for Use

Additional Information in respect of Prescriptions for METHADONE

Expected Duration of Treatment .....

Medical Indication .....

PRESCRIBER

Med. Council Reg. No. ☐☐☐☐☐☐

Name and Surname .....

Address .....

Signature ..... Date .....

B. FOR OFFICIAL USE ONLY

To be filled by Government Dispenser

PRESCRIPTION TYPE
Pink Form ☐ Schedule III ☐ Others ☐
Direct ☐ Postal ☐

LOCATION DISPENSED ☐☐☐☐

To be filled by Coder

Item No. ☐☐☐☐☐☐☐

Prescription Origin ☐☐

B. TO BE FILLED BY DISPENSING APOTHECARY

PATIENT
Surname ☐☐☐☐ Name ☐☐☐☐ (First three letters)

I.D. ☐☐☐☐☐☐☐☐☐

Male ☐ Female ☐

ITEM
Quantity supplied
Total Quantity in Units .....

Total Quantity in Weight/Measure .....

PRESCRIPTION ORIGIN

Hospitals ..... Name

Govt. Clinics ..... District

Private ☐

DISPENSER

Signature
.....

Pharmacy Board Reg. No. ☐☐☐☐

Dispensary Address
.....

DH Licence No. ☐☐☐☐

Date ☐☐☐☐☐☐

Serial No.

FOURTH SCHEDULE
(Rule 3(2))

REQUEST FOR PRESCRIPTION FORMS FOR FREE MEDICINALS

Longer than one month's supply

I request ..... booklet/s by ..... prescription forms

Name and Surname of Prescriber .....
(IN BLOCK LETTERS)

Private Address .....
(IN BLOCK LETTERS)

.....

.....

Signature ..... Med. Council Reg. No. |_|_|_|_|_|

FOR OFFICIAL USE

Supplied ..... booklet/s by ..... prescription forms

Serial No. ..... to .....

(a) If withdrawn personally by prescriber.

....
Signature of Prescriber Date

(b) If forwarded by mail.

Forwarded by ..... on .....

A.R. Card to be attached.

REQUEST FOR PRESCRIPTION FORMS FOR FREE MEDICINALS

Not longer than one month's supply

I request ..... booklet/s by ..... prescription forms

Name and Surname of Prescriber .....
(IN BLOCK LETTERS)

Private Address .....
(IN BLOCK LETTERS)

.....

.....

Signature ..... Med. Council Reg. No. |_|_|_|_|_|

FOR OFFICIAL USE

Supplied ..... booklet/s by ..... prescription forms

Serial No. ..... to .....

(a) If withdrawn personally by prescriber.

....
Signature of Prescriber Date

(b) If forwarded by mail.

Forwarded by ..... on .....

A.R. Card to be attached.

REQUEST FOR PRESCRIPTION FORMS FOR MEDICINALS
UNDER THE DANGEROUS DRUGS ORDINANCE
OR THE DRUGS (CONTROL) REGULATIONS, 1985

I request ..... booklet/s by ..... prescription forms

Name and Surname of Prescriber .....
(IN BLOCK LETTERS)

Private Address .....
(IN BLOCK LETTERS)

.....

.....

Signature ..... Med. Council Reg. No. |_|_|_|_|_|

FOR OFFICIAL USE

Supplied ..... booklet/s by ..... prescription forms

Serial No. ..... to .....

(a) If withdrawn personally by prescriber.

....
Signature of Prescriber Date

(b) If forwarded by mail.

Forwarded by ..... on .....

A.R. Card to be attached.

FIFTH SCHEDULE
(Rule 2(3)

PRESCRIPTION FOR FREE MEDICINALS

PATIENT DETAILS

Name & Surname | Id No.

Gender | Date of Birth | Age

Address

Item Prescribed	Dosage	Frequency	Route	Supply of Treatment	Instructions to Pharmacist/Patient	To Be Filled by Dispenser QTY

No further Items

PRESCRIBER DETAILS	TO BE FILLED BY DISPENSER
Prescriber Designation Consultant Ward/Unit Pager No. Med. Council Reg.	Dispenser Signature _____ Pharmacy Board Reg. No. _____ Date Dispensed _____ Location Dispensed _____
Prescriber Signature _____	Prescription Date Serial No.

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