



Australian Government
Australian Digital Health Agency



Electronic Prescribing Solution Architecture

30 September 2026 v4.0

Approved

Document ID: DH-4416:2026

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Thank you to partners and contributors

The National Electronic Prescribing Technical Working Group (NEPTWG) was established by the Australian Digital Health Agency (the Agency) to co-develop the Solution Architecture and Conformance Framework for electronic prescribing. Members representing the medical software industry, medical practitioners, pharmacists, Department of Health, Disability and Ageing (the Department) and jurisdictional members made up the NEPTWG and provided their time and expertise to the successful delivery of this Solution Architecture document.

The Department has overall accountability for the Electronic Prescribing Project, and the Department's Electronic Prescribing Project Team provided valuable guidance and feedback on the draft versions of this Solution Architecture document.

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1. Introduction

This section describes the background to electronic prescribing, the purpose of this document, who should read it and why.

1.1. Background

More than 250,000 Australians are hospitalised each year because of medication-related problems (including inappropriate use and adverse interactions), costing Australia approximately \$1.4 billion per year. An additional 400,000 presentations annually to emergency departments are likely also due to medication-related problems.¹ At least half of these problems can be prevented.²

In November 2019, Commonwealth, state and territory health ministers declared medicine safety the 10th National Health Priority Area for Australia. This recognised the urgent need to ensure medicines improve the health of people in Australia, not put them at risk of harm. To deliver optimal health outcomes for the nation, a dynamic and supportive national health and medicines policy environment was formed, with the National Medicines Policy³ at its core.

Systems such as a national digital health record system, electronic medication management, electronic prescribing and Real Time Prescription Monitoring enhance the medication management ecosystem, provide a platform to reduce preventable harm, ensure consumers have a seamless experience as they transition between clinical settings, and improve the quality use of medicines.

This Solution Architecture aligns with and promotes the National Digital Health Strategy 2023-2028,⁴ Digital Health Blueprint and Action Plan 2023-2033,⁵ National Healthcare Interoperability Plan 2023-2028⁶ and the National Medicines Policy 2022.

National Medicines Policy

The National Medicines Policy aims to ensure all Australians have fair, timely, reliable and affordable access to high-quality medicines and medicines services. It advocates for the use of digital health; digital tools and technologies to help and empower people to manage their health and wellbeing, connect them in meaningful ways to their healthcare teams and offer them choices for how, when and where care is delivered. Electronic prescribing is one such digital health tool that is used to improve the tracking and management of medicines for prescribers, dispensers and consumers and help prevent medication-related problems.

Digital health in Australia has the potential to help people overcome healthcare challenges such as equitable access, chronic disease management and prevention, and managing the increasing costs of health care. When it comes to improving the health of people in Australia, digital innovation and connection is a vital part of a modern, accessible healthcare system. Better patient health care and

¹ Pharmaceutical Society of Australia (PSA), 2019. Medicine Safety: Take Care. Canberra: PSA

² Lim R, Ellett LMK, Semple S, Roughead EE, 'The extent of medication-related hospital admissions in Australia: a review from 1988 to 2021', Drug Safety, 2022, 45(3):249–257, DOI:10.1007/s40264-021-01144-1.

³ Department of Health, Disability and Ageing, [National Medicines Policy 2022](#), Department of Health, Disability and Ageing website, 2022, accessed 1 April 2026.

⁴ Australian Digital Health Agency, [National Digital Health Strategy 2023-2028](#), Australian Digital Health Agency website, 2023, accessed 1 April 2026.

⁵ Department of Health, Disability and Ageing, [Digital Health Blueprint and Action Plan 2023-2033](#), Department of Health, Disability and Ageing website, 2023, accessed 1 April 2026.

⁶ Australian Digital Health Agency, [National Healthcare Interoperability Plan 2023-2028](#), Australian Digital Health Agency website, 2023, accessed 1 April 2026.

health outcomes are possible when a health infrastructure can be safely accessed, easily used and responsibly shared.

National Digital Health Strategy 2023-2028

The National Digital Health Strategy 2023–2028 (NDHS) establishes the foundations for a sustainable health system that constantly improves. It underpins and coordinates work that is already happening between governments, healthcare providers, consumers, innovators and the technology industry.

The NDHS was developed in consultation with all Australian governments, consumers, healthcare providers and the software industry. It aims to deliver an inclusive, sustainable and healthier future for people in Australia through a connected and digitally enabled health system.

Electronic Prescribing

Electronic prescribing represents a cornerstone of Australia's digital health transformation, fundamentally reshaping how medicines are prescribed, dispensed, and managed across the healthcare continuum. As healthcare systems worldwide embrace digital innovation to improve patient outcomes, quality and safety of care delivery, and operational efficiency, Australia's electronic prescribing ecosystem has emerged as a critical infrastructure supporting safer, more connected care delivery.

Electronic prescribing is an integral component of the broader digital health and medicines safety policy framework. It supports the 4 pillars of the National Strategy for Quality Use of Medicines⁷ (appropriate, judicious, safe and effective use of medicines) and the broader objectives of the National Medicines Policy. The enhanced legitimacy and trackability of electronic prescriptions for monitored and controlled medicines supports the national drug policy approach to harm minimisation, as set out in the National Drug Strategy 2017–2026.⁸

Benefits of electronic prescribing include:

- improved access and convenience – electronic prescribing enables consumers to receive prescriptions in a timely manner, and access to medicines is no longer dependent on retaining or the availability of paper prescriptions. Electronic prescribing complements the continued use of telehealth and virtual care to improve access to timely services.
- optimised prescription management – electronic prescribing removes the need for handling and storing physical paper prescriptions and overcome the issue of lost paper prescriptions. Electronic prescribing empowers consumers in managing their medicines and to ensure consumer choice and a consistent experience in accessing medicines.
- reduced environmental impact – electronic prescribing reduces the use of paper and printers.
- improved prescribing workflow – electronic prescribing is convenient and efficient, allowing healthcare providers more time to deliver patient care, provide more-informed healthcare advice and build better relationships with consumers.

⁷ Department of Health, Disability and Ageing, [National Strategy for Quality Use of Medicines](#), Department of Health, Disability and Ageing website, 2002, accessed 1 April 2026.

⁸ Department of Health, Disability and Ageing, [National Drug Strategy 2017-2026](#), Department of Health, Disability and Ageing website, 2002, accessed 1 April 2026.

- enhanced medicines safety through potentially reduced prescribing and dispensing errors – electronic prescriptions improve consistency, standardisation and readability and make it easier to share accurate information between prescribers, consumers and pharmacies.
- reinforced privacy and security protections – electronic prescribing maintains patient privacy and the integrity of personal information using token encryptions and data protection measures.
- enhanced safeguards against prescription fraud – electronic prescribing reduces risks such as prescription forgery by making it significantly harder to forge or tamper with consumer or prescription information. Additionally, an electronic prescription is automatically extinguished once it has been dispensed, preventing it from being reused or fraudulently presented.

The first electronic prescription in Australia was sent on 6 May 2020. Since the nationwide implementation of electronic prescribing in 2021, there has been a significant uptake in its use in primary care, with more than 447 million electronic prescriptions generated as of 31 December 2025. This demonstrates both healthcare provider and consumer demand for digital technologies to support access to medicines.

The Australian Digital Health Agency (the Agency) oversees electronic prescribing through the Electronic Prescribing Conformance Assessment Scheme (CAS) framework, in accordance with the [Electronic Prescriptions Information Technology Requirements Instrument 2019⁹](#), which establishes and maintains technical and safety standards for all software used to create, transmit, and manage electronic prescriptions. This framework ensures interoperability, protects patient data, and maintains the integrity of medication management processes. The Agency's responsibilities include administering the CAS, certifying software products meet rigorous standards, and managing all aspects of technical conformance including development, publication and maintenance of supporting artefacts such as Conformance Profiles and this Solution Architecture.

The Agency will utilise this Solution Architecture to inform the development and implementation of appropriate Conformance Profiles, to ensure alignment with the future architecture for national services, infrastructures and broader digital health systems. This will provide a framework for continuous quality assurance and the agility to support new digital health policies and initiatives.

This Solution Architecture builds on previous releases of the document and leverages existing applications and national infrastructure. The document includes input from stakeholders representing the Commonwealth Department of Health, Disability and Ageing (the Department) and its agencies, jurisdictional health departments, clinical groups, consumers and the healthcare software industry. Medicines management is an evolving area and subject to government change over time. This document will be updated as required to ensure the document remains accurate and fit for purpose.

1.2. Overview of electronic prescribing

Electronic prescribing enables the prescribing and dispensing of medicines without the need for a paper prescription. While it introduces a digital alternative, the core clinical processes of prescribing and dispensing remain unchanged. A Consumer (referred to as Subject of Care (SoC)) still retains the right to choose whether their prescriber issues an electronic prescription, and which pharmacy dispenses their electronic prescription.

⁹ Department of Health, Disability and Ageing, [Electronic Prescriptions Information Technology Requirements Instrument 2019](#), Department of Health, Disability and Ageing website, 2026, accessed 30 June 2026.

Electronic prescribing operates within a broader digital health and medicines safety framework. [Figure 1. Stakeholders and their role in Electronic Prescribing](#) outlines the key stakeholders in the electronic prescribing ecosystem and their respective roles.

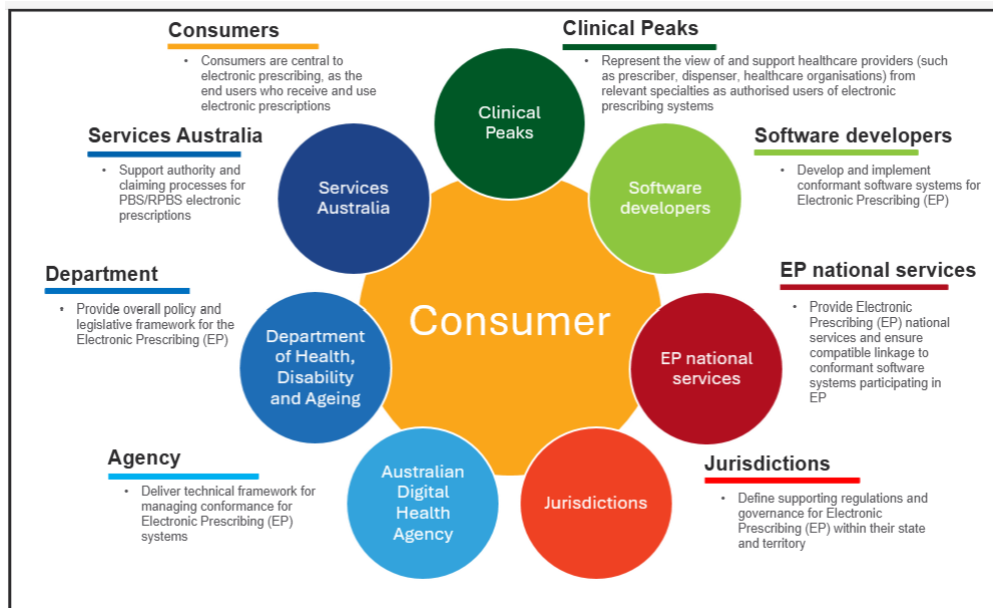


Figure 1. Stakeholders and their role in Electronic Prescribing

1.3. Purpose

The purpose of this Solution Architecture is to provide an overview of the end-to-end national electronic prescribing ecosystem, its core architectural components, and how they interact, in order to support nationally consistent implementation and enable implementers in the design, build and configure fit-for-purpose technical solutions aligned to the architecture.

This document describes the expected behaviours and interactions between system components in different care settings and operational contexts. It also considers the system behaviours required when key components are unavailable, so that implementers can design for continuity, resilience and safe operation.

It should be noted this document does not describe technical requirements or specifications, nor legislative or regulatory requirements across state, territory and Commonwealth jurisdictions relevant to applications or systems wishing to participate in electronic prescribing.

1.4. Intended audience

The primary audience of this Solution Architecture is **organisations who currently, or intend to, develop or implement software** for the prescribing, dispensing, transmission and management of electronic prescriptions and electronic prescription information.

In addition to this primary group of organisations, a broader audience exists, including the following government bodies: the Agency, the Department, Services Australia, Commonwealth, state and territory regulators, and the Digital Transformation Agency.

1.5. Industry collaboration

Collaboration with the software industry is essential in developing and implementing electronic prescribing solution components and national assets. Such partnerships enable the creation of solutions that are technically sound, safe and tailored to the needs of healthcare providers, regulators, dispensers and SoCs. To support these solutions the Agency established the National Electronic Prescribing Technical Working Group (NEPTWG) in 2023 to partner and collaborate with representatives from the healthcare software industry, alongside stakeholders from across the broader EP ecosystem.

The software industry offers cutting-edge technology and electronic prescribing innovation, which, when aligned with the desired end user experiences and electronic prescribing conformance profiles, results in solution components that are user-friendly, efficient and secure.

Engagement with software developers and implementers allows for the incorporation of feedback from system users, ensuring systems consider real-world challenges faced by healthcare workers and recognise the need for systems that are intuitive for healthcare workers, who are not necessarily IT specialists. This collaborative approach helps in designing interfaces that streamline the prescribing process, reduce the likelihood of errors, and improve overall patient care.

Collaboration helps with the alignment of electronic prescribing software with national health policies and standards. It supports awareness of regulatory obligations and helps ensure systems are developed with regard to regulatory and changes in legislation. This is important in the context of privacy laws and data protection, where software must be secure enough to safeguard sensitive patient information.

The importance of this collaboration is also evident in the pursuit of interoperability. By working together, the Agency, software industry and the healthcare sector can set common standards and protocols that let different systems communicate seamlessly. This is important for the exchange of prescription information between various healthcare providers and pharmacies, which is a cornerstone of effective electronic prescribing.

Collaboration with the software industry is a key driver in the advancement of electronic prescribing. It supports the development of systems that are technologically advanced, practical and compliant with healthcare standards, ultimately leading to better health outcomes and a more efficient healthcare system.

1.6. Related documents

This Solution Architecture should be read in conjunction with other Electronic Prescribing documents published by the Agency, and the relevant state, territory and Commonwealth legislation and regulations and the relevant standards and guidelines as shown in [Figure 2. Electronic prescribing document framework](#)

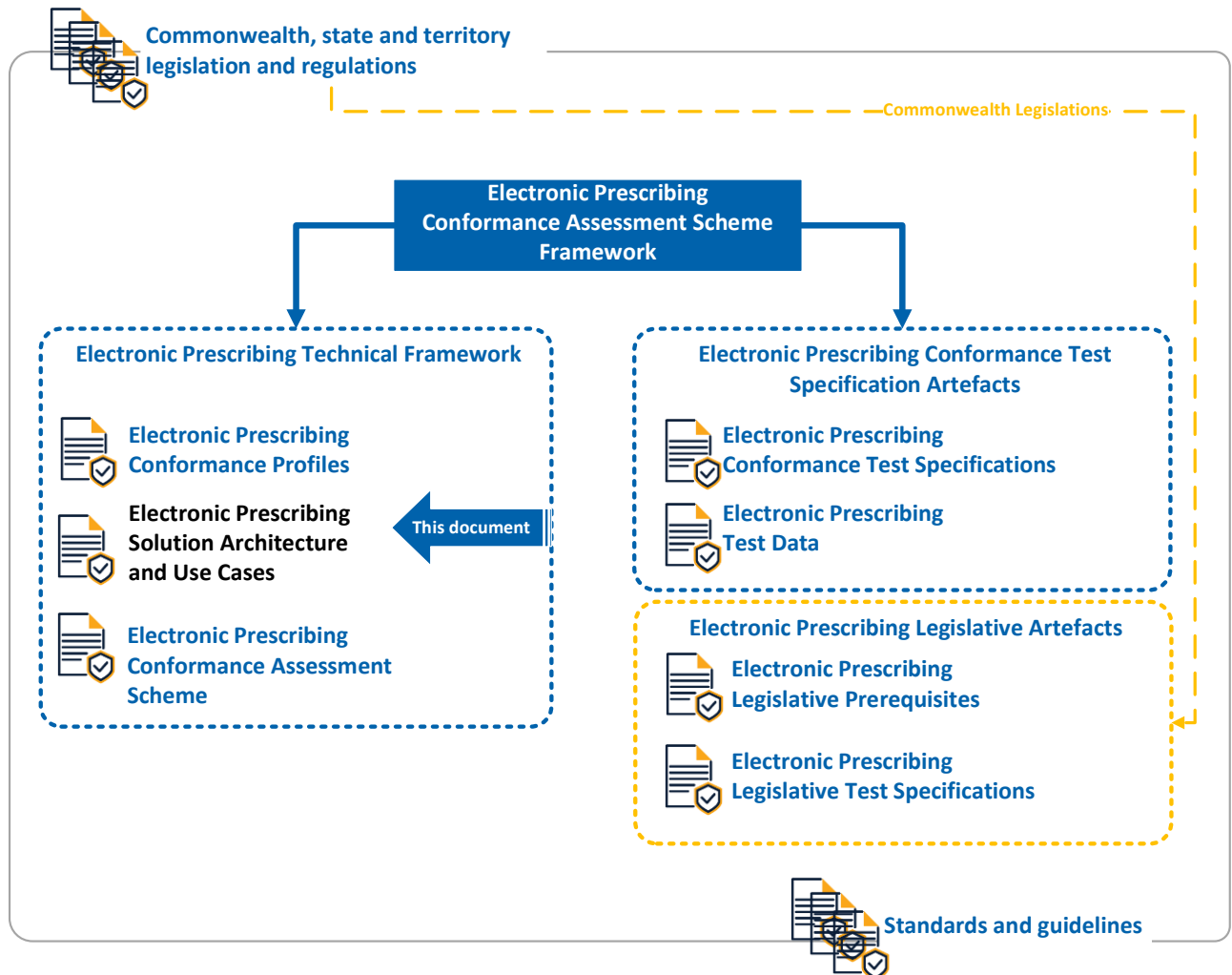


Figure 2. Electronic prescribing document framework

The below references and links contain additional related artefacts:

- Artefacts within the [Electronic Prescribing Conformance Framework](#)¹⁰
- Relevant state, territory and Commonwealth [legislative and policy instruments](#)¹¹
- Pharmaceutical Benefits Scheme (PBS) artefacts provided by [Services Australia](#)¹²

¹⁰ Australian Digital Health Agency, [Electronic Prescribing | Digital Health Implementer Hub](#), Australian Digital Health Agency website, 2026, accessed 1 April 2026.

¹¹ Department of Health, Disability and Ageing, [Electronic prescribing](#), Department of Health, Disability and Ageing website, 2026, accessed 1 April 2026.

¹² Services Australia, [Services Australia](#), Services Australia website, 2026, accessed 1 April 2026.

- [Medicine Safety Standard](#)¹³ provided by the Australian Commission on Safety and Quality in Health Care

¹³ Australian Commission on Safety and Quality in Health Care, [Medication Safety Standard](#), Australian Commission on Safety and Quality in Health Care website, accessed 1 April 2026.

1.7. How to read this document

This Solution Architecture is a technical document intended to support software developers, implementers and delivery partners in the design and delivery of conformant solutions and should be read together with the Agency's other Conformance Framework artefacts. It is not expected all sections of the document will be relevant to all readers or that the document must be read from start to finish.

To assist readers to quickly find relevant information, this document is structured into the following 3 parts:

-
- 1

Part 1: Business context and considerations

This section describes the electronic prescribing ecosystem, its relation to other components of the digital health ecosystem and the key business concepts encountered in this document.

[Section 2. Business context](#)
-
- 2

Part 2: Electronic Prescribing Systems

This section outlines the role of each system within the electronic prescribing ecosystem and explains how these systems collectively support electronic prescribing across all participants.

[Section 3. National Prescription Delivery Service](#)

[Section 4. Active Script List Registry Service](#)

[Section 5. Prescribing and dispensing systems](#)

[Section 6. Consumer-facing applications and intermediaries](#)[Error! Reference source not found.](#)
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- 3

High-level architecture

This section describes the architectural ideas an electronic prescribing system will need to consider and the principles under which it should be designed and operate.

[Section 7. High-level architecture](#)
-

Part 1: Business context and considerations

2. Business context

This section describes the electronic prescribing ecosystem, its relation to other components of the digital health ecosystem and the key business concepts encountered in this document. This includes the drivers and requirements that have been addressed by the design of electronic prescribing.

Electronic prescribing can be used in all clinical settings where paper prescriptions are permitted, including the prescribing, supply and claiming of PBS/RPBS medicines and prescribing and supply of non-private (non-PBS/RPBS) medicines. Electronic prescribing involves many actors including authorised prescribers, authorised dispensers/pharmacists, and the SoC, and in the context of the Active Script List (ASL), the SoC's Agents authorised to collect medicines and the SoC's Carers to manage their electronic prescriptions on their ASL.

Healthcare providers authorised under Commonwealth, and state or territory legislation may prescribe medicines electronically within their approved scope of practice. The prescribing and dispensing of medicines for animals are out of scope.

Requirements for electronic prescribing may change to reflect changes in government policy and updated clinical guidance.

2.1 National Health Services ecosystem overview

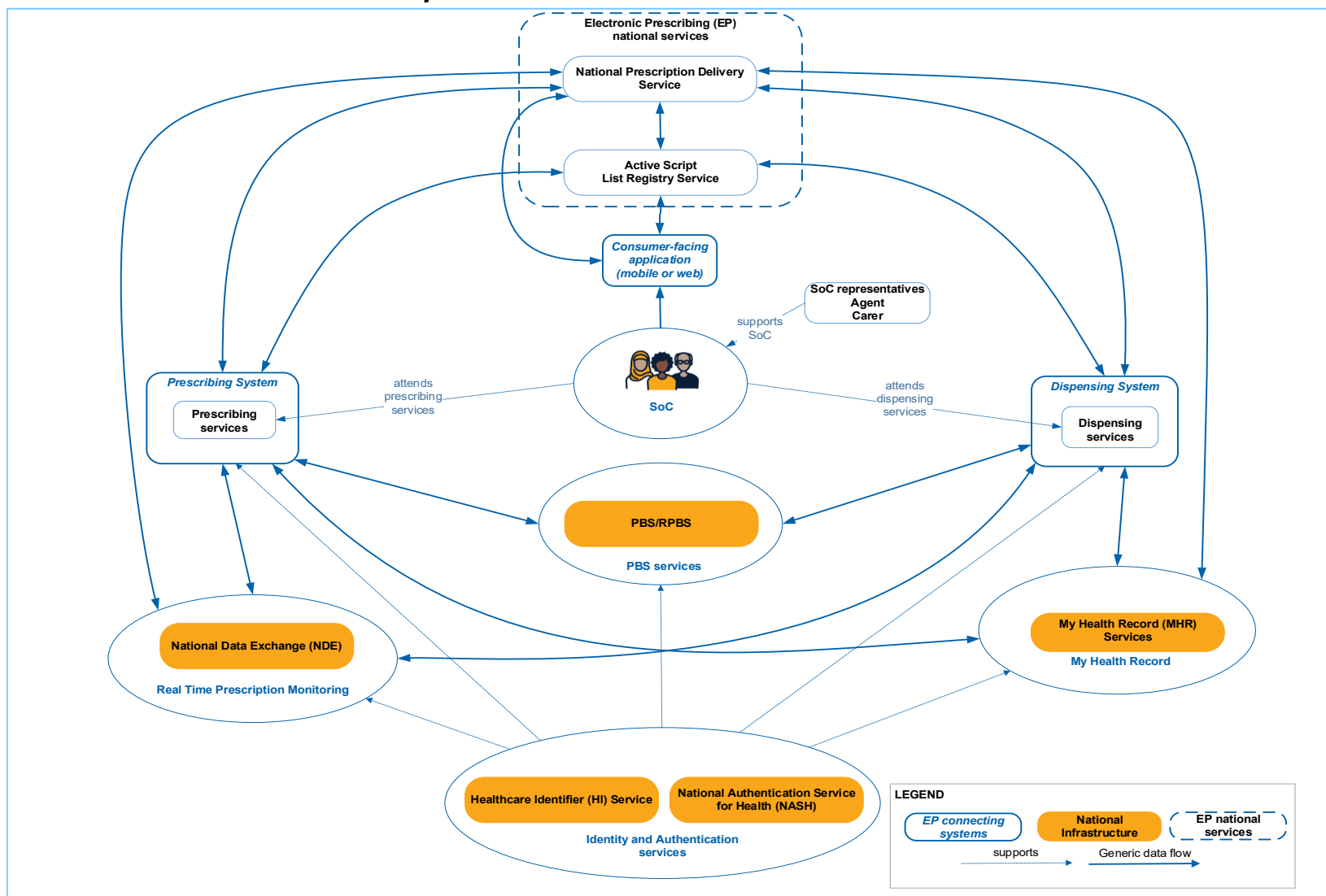


Figure 3. Illustrating how electronic prescribing forms part of a broader medicines landscape (high-level)

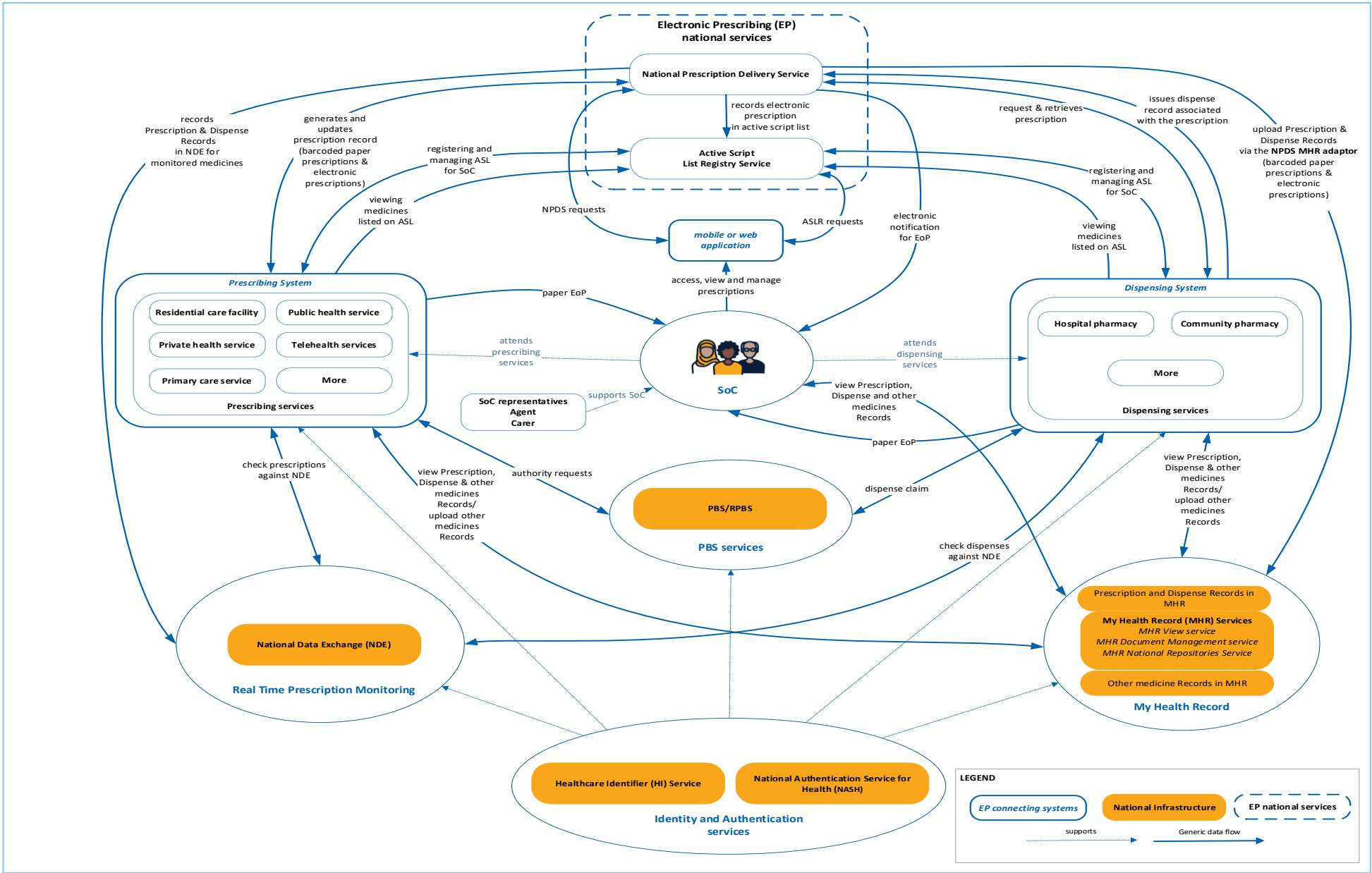


Figure 4. Illustrating how electronic prescribing forms part of a broader medicines landscape (detailed)

As illustrated in [Figure 3. Illustrating how electronic prescribing forms part of a broader medicines landscape \(high-level\)](#) and [Figure 4. Illustrating how electronic prescribing forms part of a broader medicines landscape \(detailed\)](#) the electronic prescribing ecosystem forms part of the national digital health infrastructure and services. These include:

- The **National Prescription Delivery Service (NPDS)**, a national service, creates and stores the legal electronic prescription. The NPDS also stores electronic copies of barcoded paper prescriptions (sometimes referred to as Electronic Transfer of Prescriptions (ETP)). For more information see [Section 3.2 Prescription Exchange Service \(PES\) for paper prescriptions](#).
- The **Active Script List Registry (ASLR)**, a national service, receives and stores a subset of active prescription information (including electronic prescriptions and barcoded paper prescriptions) from the NPDS made available to the SoC and healthcare providers in the form of a list.
- The **My Health Record (MHR) system** receives prescribe and dispense records from connected and conformant prescribing and dispensing systems, whether it is a paper prescription or an electronic prescription.
- The **Real Time Prescription Monitoring (RTPM) ecosystem** records the prescribing and dispensing of monitored medicines in each jurisdiction and includes the National Data Exchange (NDE). The NDE consists of shared infrastructure and dedicated components administered by each jurisdiction to accommodate their specific requirements.
- The **Health Identifiers Service (HI Service)** is a national system that assigns and uniquely identifies individuals, healthcare providers and organisations. The HI Service supports the validation of these identifiers. Use of the HI Service is a prerequisite for electronic prescribing.
- The **National Authentication Service for Health (NASH)** provides authentication services for access to national digital health infrastructure. Use of a trusted certificate authority, such as NASH, has been a prerequisite for the HI Service and consequently, has also been a prerequisite for electronic prescribing.
- The **Pharmaceutical Benefits Scheme (PBS)/ Repatriation Pharmaceutical Benefits Scheme (RPBS) ecosystem** includes the **PBS Online Claiming system** and **Online PBS Authorities (OPA) system** and are both managed by Services Australia. The OPA system provides a digital service that enables prescribers to apply for a PBS authority online and receive either an Immediate assessment (in real time) or a Delayed assessment. The PBS Online Claiming system allows pharmacies in Australia to submit claims electronically for PBS and RPBS medicines.
- While the **MHR and RTPM** system are part of the broader medicine management approach in Australia, they do not form part of the electronic prescribing process. However, electronic prescribing provides a capability that relates to and may support future capabilities within the MHR and other national systems or programs.

2.1.1 Healthcare Identifiers and the Healthcare Identifiers Service

Healthcare Identifiers (HI) are unique numbers used to accurately identify individuals, healthcare professionals, and healthcare organisations. The national HI Service is the system of record for all the national healthcare identifiers, providing an essential identity service for the whole medicines ecosystem.

Electronic prescribing requires that all parties involved have valid healthcare identifiers. It relies on:

- the **Individual Healthcare Identifier (IHI)** of the SoC
- the **Healthcare Provider Identifier - Individual (HPI-I)** of the authorised prescriber or the authorised dispenser/pharmacist
- the **Healthcare Provider Identifier - Organisation (HPI-O)** of the prescribing organisation or the dispensing organisation

IHI of the SoC: Before an electronic prescription is created in the NPDS for a SoC, the prescribing system is expected to validate a SoC's IHI with the HI service and confirm it has a record status of 'verified' and a status of 'active'. Electronic prescribing systems are expected to prevent the creation of an electronic prescription when it is unable to validate a SoC's IHI with the HI Service.

The following considerations apply:

- It is acknowledged that there is an existing gap in the availability and verification of IHIs for some First Nations peoples. This may affect the ability of prescribing systems to validate an IHI and, in turn, create an electronic prescription. This remains a known issue within the broader digital health ecosystem and does not diminish an individual's right to access healthcare services. Appropriate alternative mechanisms are available to ensure continued access to healthcare and prescribing services where IHI verification is not possible.
- While an IHI is automatically allocated to individuals with a Medicare card, visitors or other individuals who are not eligible for a Medicare card may be eligible for an IHI. Eligible individuals may apply for an IHI online via [myGov](#) or by submitting [Form MS003](#). Obtaining an IHI enables access to digital health services, including electronic prescribing, where appropriate.

When downloading an electronic prescription from the NPDS, the dispensing system is expected to validate a SoC's IHI with the HI service and confirm it has a record status of 'verified' and a status of 'active', before the IHI is included in an associated dispense record or the local record for a SoC. An exception applies where the dispensing system is unable to validate the IHI due to the unavailability of the HI service. In this exception, the IHI may be included in the associated dispense record and the local record. It is recommended the dispensing system retries the IHI validation when the HI service becomes available.

Both the prescribing and dispensing systems may store a SoC's IHI locally and use this stored value as the key parameter when submitting a validation request to the HI Service. If the prescribing system does not store IHIs locally, it may instead send alternative parameters to the HI Service to retrieve and validate the SoC's IHI and its associated status.

A validated IHI is critical for creating an ASL account for a SoC. For more information, refer to [Section 4. Active Script List Registry Service](#).

HPI-I of healthcare professionals: For electronic prescribing both prescribing and dispensing systems are expected to periodically validate the HPI-I of each healthcare professional user with electronic prescribing capability via the HI Service to confirm it has a record status of 'verified' and a status of 'active'. The systems are also expected to include the validated HPI-I in electronic prescriptions and the dispense records sent to the NPDS.

It is not expected that the HPI-Is are verified in real time at each prescribing or dispensing event, rather that the systems with periodic validation of the HPI-Is suspend electronic prescribing capability for users

when the validation fails. This helps ensure only authorised credentialed users have access to electronic prescribing capability and to prevent fraud.

An exception applies when a system is unable to validate an HPI-I due to the unavailability of the HI Service. In this exception, the user's privileges will continue, and the HPI-I will be validated when the HI Service becomes available again.

HPI-O of healthcare organisation: Currently electronic prescribing and dispensing systems require the inclusion of a valid HPI-O of the prescribing and dispensing organisations in electronic prescription and dispense records.

As part of the future strategy, the Agency will develop an implementation approach for adopting seed and network HPI-Os. This approach aims to improve the accuracy and detail of organisation information, including locations where healthcare services are delivered with use of network HPI-Os. This aims to provide a guidance framework, including criteria for creation and use of the HPI-O network structures to support health information exchange. These criteria are expected to be incorporated into future electronic prescribing conformance profiles and applied to all applicable systems.

2.2 Electronic Prescribing ecosystem views

While analysing interactions within individual care settings is valuable, an ecosystem-wide view is essential to understand how these interactions interconnect to form a cohesive perspective. The [Figure 6. Electronic Prescribing ecosystem view with General Electronic Prescription \(GEP\) focus](#) and [Figure 7. Electronic Prescribing ecosystem model with a Chart Based Electronic Prescription \(CBEP\) focus](#) show:

- which actors participate in the ecosystem (e.g. healthcare professionals)
- the roles that these actors play (e.g. a prescriber)
- the interactions between the roles (e.g. a prescriber uses a prescribing system).

Acknowledging the inherent complexity of electronic prescribing, this document has divided the ecosystem into distinct thematic diagrams, each focusing on specific elements and interactions.

2.2.1 Electronic Prescribing system components and roles

The electronic prescribing system involves a limited number of system components and associated roles. The system components can be seen in [Figure 5. Overview of the system components of the electronic prescribing ecosystem](#).

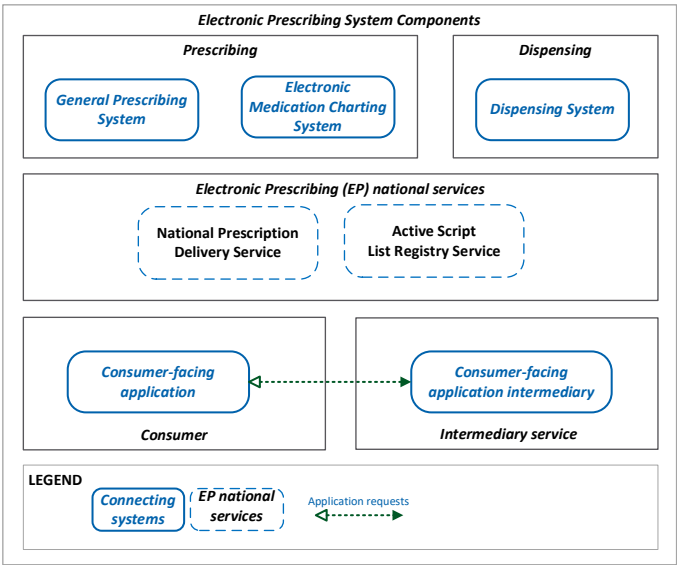


Figure 5. Overview of the system components of the electronic prescribing ecosystem

Flows between the various system components are described in [Figure 6. Electronic Prescribing ecosystem view with General Electronic Prescription \(GEP\) focus](#) and [Figure 7. Electronic Prescribing ecosystem model with a Chart Based Electronic Prescription \(CBEP\) focus](#).

System components: [Table 1. System components of the Electronic Prescribing ecosystem](#) describes list of system components and their description.

Table 1. System components of the Electronic Prescribing ecosystem

<i>System Component</i>	<i>Description</i>
ASLR	An ASLR supports ASL capability which provides SoCs and Carers with a single, consolidated way to view and manage their active prescription information in a single place. The ASL provides only a subset of prescription information, rather than the full details of each prescription. For more information refer to Section 4. Active Script List Registry Service.
Conformant prescribing system	A conformant prescribing system is a clinical prescribing software system that has been formally assessed for electronic prescribing conformance requirements, enabling it to be used by authorised prescribers to generate and transmit electronic prescription records to the NPDS. For more information refer to Section 5. Prescribing and dispensing systems.
Conformant dispensing system	A conformant dispensing system is a pharmacy dispensing software system that has been formally assessed for electronic prescribing conformance requirements, enabling it to be used by authorised dispensers to access and dispense electronic prescriptions from the NPDS. For more information refer to Section 5. Prescribing and dispensing systems.
Conformant consumer-facing application	Conformant consumer-facing applications are applications that have been formally assessed for electronic prescribing conformance requirements, enabling it to be used by consumers to engage with electronic prescriptions. For more information refer to Section 6. Consumer-facing applications and intermediaries
Conformant intermediary service for consumer-facing application	A conformant intermediary service for a consumer-facing application is an intermediary system that has been formally assessed for electronic prescribing conformance requirements, enabling it to be used by consumer-facing applications to access functionalities provided through/by the NPDS or ASLR. For more information refer to Section 6. Consumer-facing applications and intermediaries
NPDS	The NPDS is a service that enables the electronic transfer of prescription information from prescribing systems to dispensing systems. It provides the mechanism to ensure all prescriptions are communicated accurately and securely, supporting safe and efficient supply of medicines. The NPDS is also responsible for managing electronic prescription notifications. Its role ensures electronic prescription notifications are delivered to the appropriate recipient such as the SoC or their representatives. For more information refer to Section 3. National Prescription Delivery Service

User roles: [Table 2. Key roles in the electronic prescribing ecosystem](#) describes the key roles in the electronic prescribing ecosystem and their description.

Table 2. Key roles in the electronic prescribing ecosystem

Role	Description
ASLR Operator	The Operator of the ASLR is the party that provides managed services for the operations of the ASL.
Dispensing organisation	A healthcare organisation that supports dispensing of medicines under relevant regulations.
Prescribing organisation	A healthcare organisation that supports prescribing of medicines under relevant regulations.
NPDS Operator	The operator of the NPDS who provides managed services for the operations of electronic prescribing.
Jurisdictional Health Departments	The Jurisdictional Health Departments enable electronic prescribing through jurisdictional policy and legislative frameworks that support its implementation and ongoing operations.
The Agency	The Agency's role is to deliver the Electronic Prescribing Technical Framework to establish and maintain technical and safety standards for all software used to create, transmit, and manage electronic prescriptions.
The Department	The Department's role is to provide overall policy and legislative framework for electronic prescribing.

2.2.2 General Electronic Prescription ecosystem view

A General Electronic Prescription (GEP) can be generated by a conformant general electronic prescribing system for community, outpatient or discharge prescriptions and created in the NPDS. GEPs are subsequently dispensed by conformant dispensing systems.

SoCs receive an Evidence of Prescription (EoP) for a GEP by SMS, email or in a printed format. GEPs are also added to a SoC's Active Script List (ASL). GEPs are also known as non-chart-based electronic prescriptions and are not grouped by an Electronic Medication Chart identifier (chart identifier). GEPs will have multiple Delivery Service Prescription Identifiers (DSPIDs) throughout their lifecycle, with a unique DSPID generated for an original prescription and its subsequent repeat prescriptions. For further information regarding GEPs, including their lifecycle and associated workflows, refer to [Section 5. Prescribing and dispensing systems](#)

Figure 6. Electronic Prescribing ecosystem view with General Electronic Prescription (GEP) focus, shows an ecosystem diagram that illustrates the main elements for electronic prescribing, with a focus on exchange of GEPs using the NPDS and ASLR.

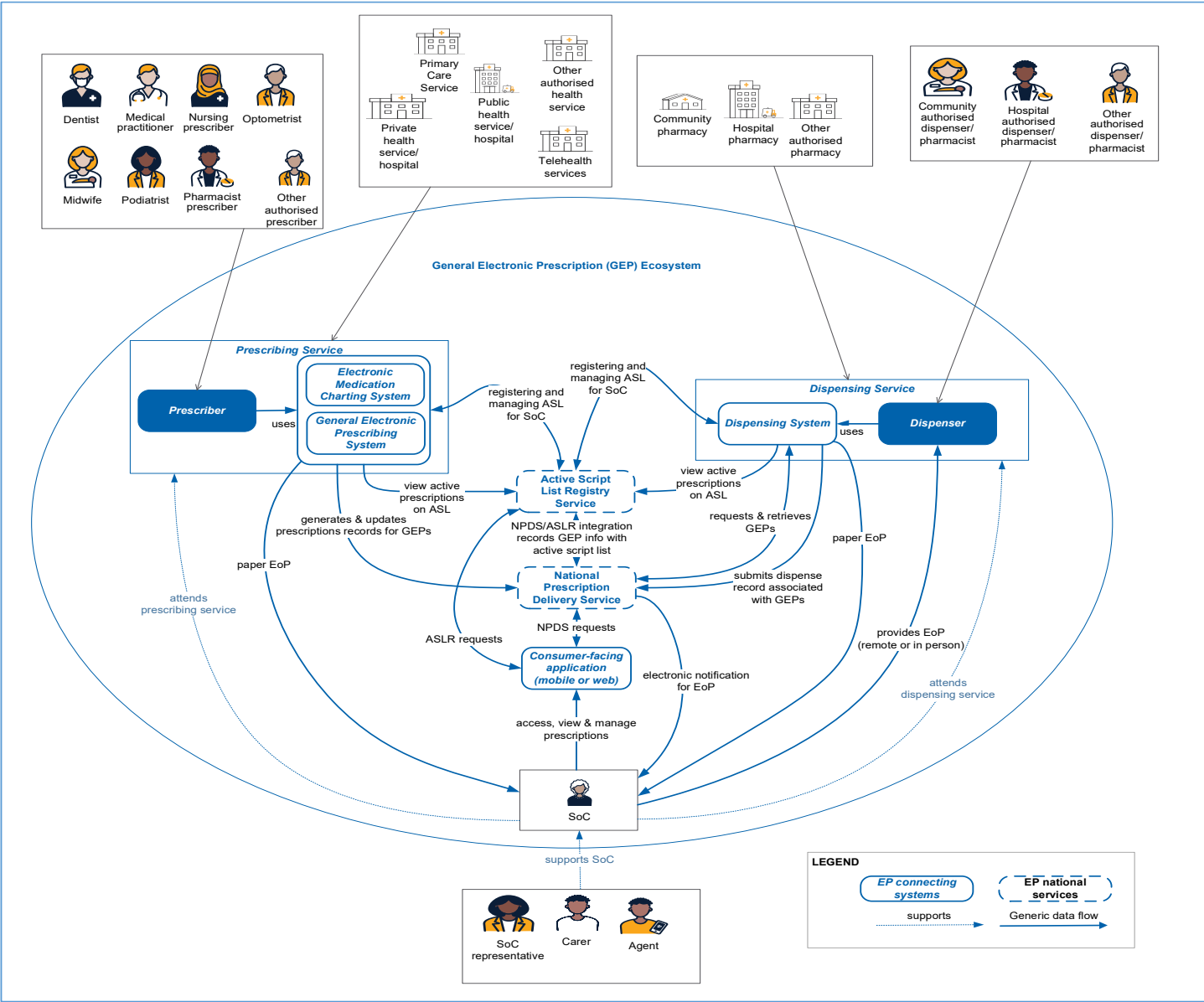


Figure 6. Electronic Prescribing ecosystem view with General Electronic Prescription (GEP) focus

With reference to [Figure 6. Electronic Prescribing ecosystem view with General Electronic Prescription \(GEP\) focus](#), the following should be noted to assist interpretation of the diagram:

- the diagram does not depict interactions with the MHR system or the RTPM ecosystem
- the diagram does not depict interactions with the HI Service
- the diagram does not depict the intermediaries which are used to connect conformant consumer-facing applications to the NPDS and the ASLR.

2.2.3 Chart Based Electronic Prescription ecosystem view

A Chart Based Electronic Prescription (CBEP) is generated on an Electronic Medication Chart (EMC) using a conformant EMCS.

CBEPs are shared directly with the nominated pharmacy and dispensed by conformant dispensing systems. CBEPs are grouped using a chart identifier and are used in facility-based care, such as hospitals or residential care facilities (RCFs). When dispensing a CBEP, the authorised dispenser/pharmacist will review the SoC's whole EMC as part of the clinical and dispensing workflow, refer to [Section 5. Prescribing and dispensing systems](#)

An EoP for a CBEP is not issued to the SoC or their representatives and is not added to a SoC's ASL. CBEPs will have a single DSPID for its entire lifecycle.

[Figure 7. Electronic Prescribing ecosystem model with a Chart Based Electronic Prescription \(CBEP\) focus](#), shows an ecosystem diagram that illustrates the main elements for electronic prescribing, with a focus on exchange of CBEPs using the NPDS.

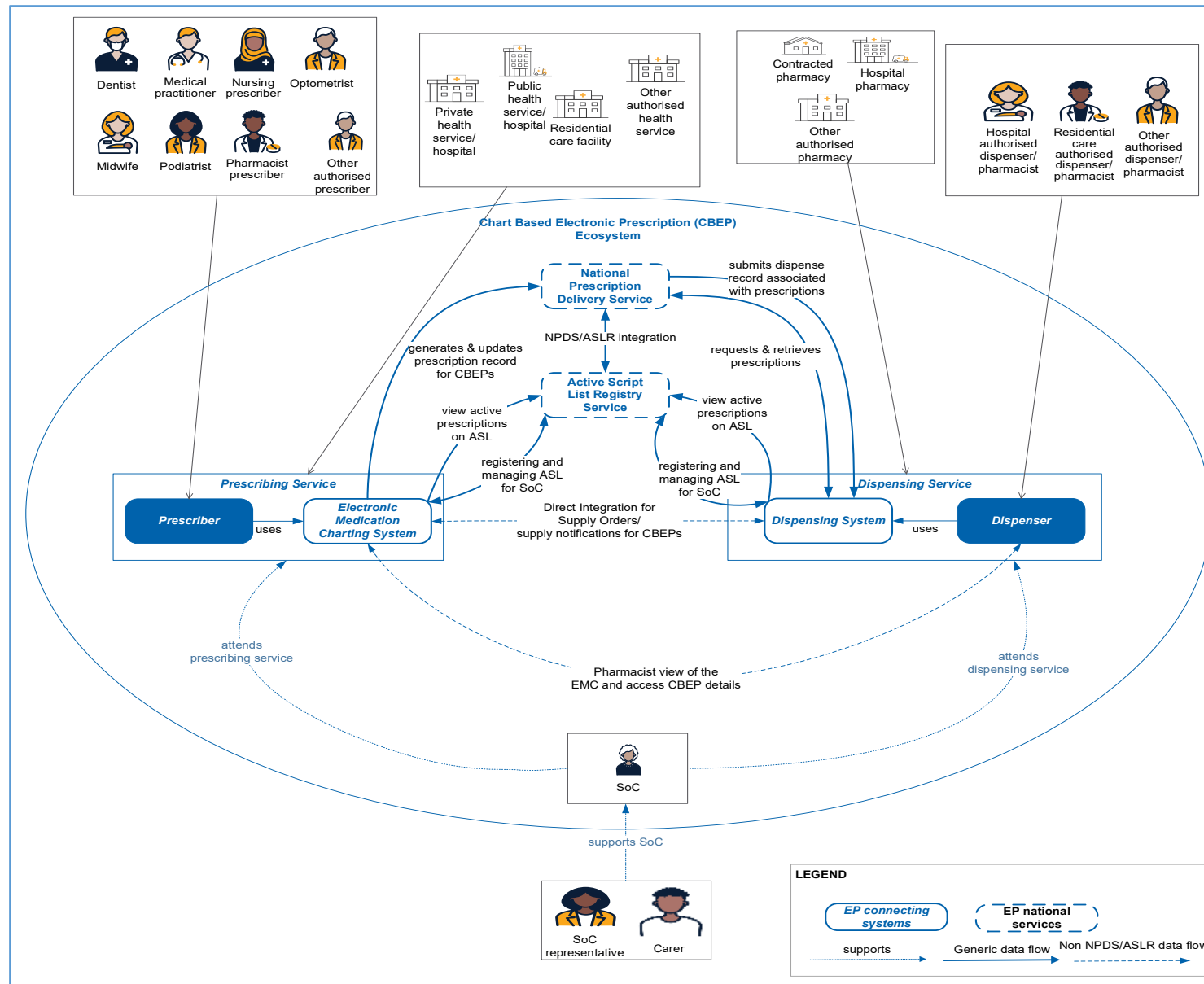


Figure 7. Electronic Prescribing ecosystem model with a Chart Based Electronic Prescription (CBEP) focus

With reference to [Figure 7. Electronic Prescribing ecosystem model with a Chart Based Electronic Prescription \(CBEP\) focus](#) the following should be noted to assist interpretation of the diagram:

- the diagram does not depict interactions with the MHR system or the RTPM ecosystem
- the diagram does not depict interactions with the HI Service

2.3 Legislation, regulative controls, standards and guidelines

The prescribing and dispensing of medicines under the PBS/RPBS are governed by a range of Commonwealth laws which define requirements for GEPs, EMCs and CBEPs. Additionally, the prescribing and dispensing of both PBS/RPBS and non-PBS medicines is also governed by individual state and territory drugs and poisons acts.

Specific rules may be in place depending on the state or territory in which electronic prescriptions are being used, the nature of the medicines involved, and evolving areas of policy. For full details on the relevant laws and regulations are available on the [Department's website](#).¹⁴

Further to the legislation and regulations that governs electronic prescribing systems and processes, the Australian Commission on Safety and Quality in Health Care define medicine safety and clinical safety standards for [Electronic medication management systems | Australian Commission on Safety and Quality in Health Care](#)¹⁵ are to be considered for electronic prescribing systems and processes.

Software developers and implementers must ensure they are abreast of changes in electronic prescribing regulatory and legislative changes to ensure their products solutions comply with all relevant requirements across state, territory, and Commonwealth jurisdictions.

2.3.1 Legislative and regulative control considerations

The following legislative and regulatory considerations should be considered when designing and implementing electronic prescribing:

- Requirement to operate data collection and storage mechanisms in a way consistent with privacy legislation as defined in the *Privacy Act 1988* and/or jurisdictional privacy legislation.
- Requirement to create, transmit, and manage electronic prescriptions in a way consistent with Health legislation as defined in the *National Health Act 1953*.
- Requirement to manage data and information and ensure availability for regulatory oversight in a way compliant with record keeping legislation as defined in relevant Commonwealth and jurisdictional legislations.
- Requirement to operate in a way consistent with the Healthcare Identifiers act as defined in the *Healthcare Identifiers Act 2010*.
- Policy positions that restrict channelling of electronic prescriptions must be considered to ensure consumer choice of pharmacy is maintained. As supported by [Pharmacy Board of](#)

¹⁴ Department of Health, Disability and Ageing, [Electronic prescribing](#)

¹⁵ Australian Commission on Safety and Quality in Health Care, [Electronic medication management systems | Australian Commission on Safety and Quality in Health Care](#), Australian Commission on Safety and Quality in Health Care website, 2026, accessed 7 July 2026.

[Australia - Joint statement on professional responsibilities for prescribing and dispensing medicines](#)¹⁶

2.3.2 Practice and operational considerations

Table 3. Practice and operational *considerations* lists practice and operational considerations for electronic prescribing. These points need to be considered when designing and implementing electronic prescribing.

Table 3. Practice and operational considerations

¹⁶ Pharmacy Board of Australia [Pharmacy Board of Australia - Joint statement on professional responsibilities for prescribing and dispensing medicines](#), Pharmacy Board of Australia website, 2026, accessed 7 July 2026.

Consideration	Implications
The NPDS may not be assumed to provide any functionality or capability that supports validation of the content of the electronic prescription.	The NPDS does not perform validation of the content of an electronic prescription. Content validation is performed by the connecting systems in accordance with relevant conformance requirements and applicable regulatory and legislative requirements.
Regulatory and legislative requirements for prescribing and dispensing electronic prescriptions are: - enforced by prescribing and dispensing systems controls; and - complied with by authorised healthcare professionals.	Prescribing and dispensing restrictions, including authorisations, repeats and quantity controls, are managed through knowledge of the authorised prescriber and authorised dispenser/pharmacist with support by their prescribing and dispensing software. Individuals who prepare and dispense electronic prescriptions are authorised to do so under relevant legislation and regulations.
Electronic prescribing is equitably available to all SoCs and does not depend on participation in national programs such as the PBS/RPBS.	Electronic prescribing can be accessed by any SoC who has a valid IHI, irrespective of their involvement in other national health programs.
Retention requirements of an electronic prescription and subsequent dispense records will be determined by state, territory or Commonwealth regulations and legislation.	While the system is in operation, an electronic prescription and its associated dispense records are required to be retained in accordance with relevant state, territory and Commonwealth regulations and legislation. As and where required by regulation, all participating software are required to maintain an audit log to support this requirement for dispensing against electronic prescriptions. Systems and services are required to retain audit records in accordance with relevant regulations and legislation even if service has been decommissioned.

2.3.3 Conformance Profiles

The Electronic Prescribing Conformance Profiles form part of the Electronic Prescribing CAS. The CAS is maintained by the Agency as approved in the Electronic Prescription Information Technology Requirements Instrument 2019, made under section 12 of the National Health (Pharmaceutical Benefits) Regulations 2017 (Cth) for electronic prescribing.

The Conformance Profiles summarises the functional and non-functional requirements that must or should be met to support participation in electronic prescribing.

Consumer safety is paramount. To address risks identified within the Electronic Prescribing ecosystem, the Agency collaborates with software developers, implementers and other stakeholders to develop appropriate mitigation strategies. These strategies are translated into conformance requirements that specify the behaviours software systems must or should demonstrate to support the safe, secure, and effective prescribing, dispensing, and use of electronic prescriptions.

2.4 Information privacy and consent for electronic prescribing

The electronic prescribing architecture is designed to safeguard SoC privacy by limiting information disclosure to no more than that required under paper-based prescribing.

When a SoC chooses to receive an electronic prescription, this constitutes consent for the prescription to be made available through the NPDS. A SoC's presentation of their EoP to their pharmacy of choice constitutes consent for the electronic prescription to be made available to that pharmacy through the NPDS. Registration of a SoC's ASL and access to a SoC's ASL requires separate explicit consent, however, is not mandatory for the core electronic prescribing process. For more information see [Section 4. Active Script List Registry Service](#).

In addition to providing consent for the prescription to be made available through the NPDS, the privacy notice currently provided by Services Australia on the reverse side of a paper prescription will also be made available to SoC or their representative when they receive an EoP for an electronic prescription or in the instances where SoC is receiving care in a facility-based setting, the privacy notice is provided through admission consent processes.

This privacy-by-design approach has two key implications:

- First, prescription data will never be exposed to a third party without consumer consent or legal authority. The NPDS will not expose a SoC's personal prescription information to any parties beyond those required to support electronic prescriptions.
- Second, the NPDS cannot be searched for prescriptions. A prescription can only be retrieved by a conformant dispensing system when presented with a valid Delivery Service Prescription Identifier (DSPID), chart identifier for an EMC, or through the SoC's consented Active Script List. Additionally, the NPDS Operator is prohibited from accessing electronic prescription information unless compelled by legal obligations, specific targeted clinical investigations or specific incident management investigations.

2.5 Paper-based prescription considerations

A prescription can only be created as either a paper (including both handwritten and barcoded paper prescriptions) or an electronic prescription. It is not permissible to convert a paper prescription into an electronic prescription at any stage in the prescription's lifecycle. A prescription originally issued as paper must remain in paper form and follow established paper-based workflows for its entire lifecycle.

The same applies to electronic prescriptions, which must remain as an electronic format throughout its entire lifecycle. This applies to the original prescription and all subsequent repeat prescriptions.

Currently, prescribers may choose to issue a SoC with either an electronic or paper prescription. In events where connection to the NPDS is disrupted or unavailable, paper prescriptions can be issued to maintain business continuity.

SoCs may currently choose to either receive an electronic or paper prescription. There are several reasons a SoCs may choose to receive a paper prescription: these may include limited digital literacy or capabilities, a lack of access to digital devices, or choice to not participate.

2.6 Usability considerations

To ensure the success and equitable adoption of electronic prescribing, developers should consider and implement person-centred design. This approach goes beyond technical function to address the diverse realities of its users; the following core principles should be considered:

- **Prioritise Person-Centricity:** Place the consumer at the core of the design process. The system should consider consumer needs, preferences, journey and experience to not only be efficient but empowering.
- **Design for Digital Inclusion:** Actively consider the wide spectrum of digital maturity, literacy, and access to technology across the entire healthcare ecosystem. Solutions should be intuitive for novice users while remaining powerful for experts, ensuring no one is left behind.
- **Embed Accessibility for Equity:** Integrate accessibility as a foundational feature. Embedding accessibility signals a commitment to equity of access for all individuals, regardless of ability, by proactively removing barriers and creating a universally usable platform.
- **Empower Through Education and Support:** Successful implementation benefits from comprehensive education, training and ongoing support. Developers should consider appropriate resources that can support all users – including consumers and healthcare providers – in building confidence and proficiency to use the system.

2.7 Business continuity considerations

A robust business continuity strategy is essential to ensure uninterrupted care delivery during system limitations or national service outages. This strategy is built on three core principles:

- **System Redundancy and Fallback:** electronic prescribing solutions must implement reliable fallback and continuity measures to maintain safe operation during disasters, service outages, material performance degradation, or failure to connect to the NPDS within an acceptable timeframe. These measures should support continued prescribing and dispensing workflows and may include resilient connectivity arrangements, such as devices or infrastructure capable of switching between multiple network types, including Wi-Fi, Ethernet, mobile hotspot and satellite.
- **National Services Performance and Reliability:** national services, including the NPDS and ASLR are expected to meet high performance and operational standards to minimise downtime and ensure system integrity and availability.
- **Implementer Responsibility:** implementers of connecting systems must understand and support these continuity measures by ensuring their solutions are resilient, highly available and capable of

executing fallback procedures effectively during service disruptions. This should be underpinned by appropriate business continuity strategies and procedures.

2.8 Future considerations

Electronic prescribing operates within a complex and evolving policy, regulatory and technology landscape. This section identifies key future considerations to inform interpretation of the Solution Architecture and support its ongoing relevance as the broader ecosystem continues to mature.

Strategy, interoperability and standards

As outlined in the National Healthcare Interoperability Plan 2023-2028¹⁷ and other strategies, roadmaps and action plans, Australia is moving to a standards-based approach to interoperability, based on FHIR, SNOMED CT-AU, AMT and other nationally agreed standards. Existing legacy solutions built prior to these changes, including elements of the electronic prescribing national infrastructure, are likely to move towards these standards to remain relevant and interoperable. This Solution Architecture does not mandate specific standards for specific solutions however developers should ensure their systems align to appropriate standards and changes in standards used by national infrastructure and national services.

Identity and authorisation

Australia has a robust approach to healthcare identity management through the national HI Service and the NASH. As identity management services evolve, they will influence options and requirements for use in electronic prescribing. This document describes generic solutions such as an 'Agency approved means' rather than defining specific solutions, technologies or nationally recognised solutions.

As newer authentication mechanisms such as Fast Identity Online (FIDO), Open Authorisation (OAuth) and blockchain-based solutions emerge, the Agency may require electronic prescribing authentication solutions to utilise revised Agency approved authentication methods, standards and connections.

Equity considerations

Electronic prescribing is an inherently digital approach to supporting access to medicines in Australia. Consumers who do not have access to, or choose not to use smart devices, are culturally and linguistically diverse or have accessibility requirements may also be affected by equity of access to electronic prescribing. In addition, successful adoption of electronic prescribing relies on access to reliable digital and telecommunications infrastructure. Stable internet and mobile network connectivity cannot be assumed across all regional, rural and remote areas of Australia. These challenges can impact both healthcare providers and consumers, creating barriers to access and continuity of care.

The Solution Architecture describes alternative options for individuals with limited or no access to smart devices, or who may have lower digital health literacy. It further envisages a target state in which consumer-facing electronic prescribing artefacts support emerging digital health standards (e.g. inclusion of gender identity and pronouns in an electronic prescription), can be interpreted into multiple languages and support people with specific accessibility, cultural and communication needs.

¹⁷ Australian Digital Health Agency, [National Healthcare Interoperability Plan 2023-2028](#)

Part 2: Electronic Prescribing Systems

3. National Prescription Delivery Service

The NPDS is a national service that enables the electronic transfer of prescription information from prescribing systems to dispensing systems. It provides the mechanism that ensures all prescriptions are communicated accurately and securely, supporting safe and efficient supply of medicines.

The location of an electronic prescription: In both general electronic prescribing and chart based electronic prescribing contexts, an electronic prescription is generated within the conformant prescribing system and then submitted to the NPDS. Once submitted, the electronic prescription is created and stored securely in the NPDS until it's no longer active (e.g. expired, cancelled, ceased, already dispensed or all supplies have been exhausted). An active electronic prescription can be accessed by any authorised dispenser/pharmacist using a conformant dispensing system, via either the DSPID or the QR code, supporting consumer choice of pharmacy.

Where applicable, a repeat authorisation is generated by a conformant dispensing system and submitted to the NPDS and can similarly be accessed by any authorised dispenser/pharmacist using a conformant dispensing system via the DSPID or QR code.

3.1 NPDS for electronic prescriptions

The NPDS supports electronic prescribing where the prescription and dispensing workflow is digital, and no paper script is required as shown in [Figure 8. NPDS for electronic prescriptions](#). Prescription information is sent electronically from the prescribing system to NPDS and then retrieved by the dispensing system to enable safe and efficient supply of medicines.

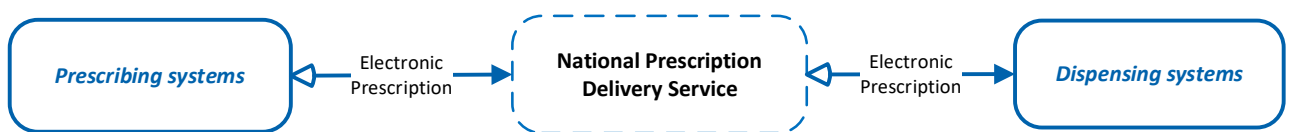


Figure 8. NPDS for electronic prescriptions

In addition to handling electronic prescriptions, the NPDS is responsible for managing electronic prescription notifications. Its role ensures that electronic prescription notifications are delivered to the appropriate recipient such as the SoC or their representatives as shown in [Figure 9. NPDS for electronic prescription notification](#).

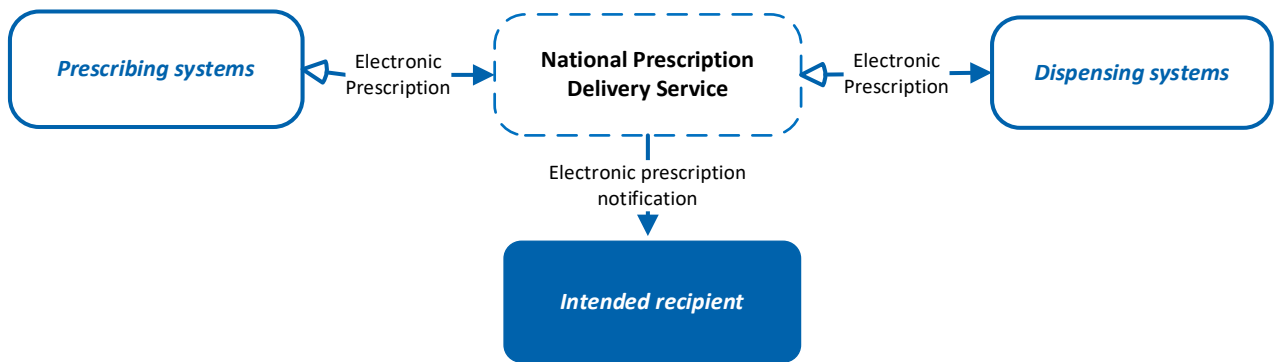


Figure 9. NPDS for electronic prescription notification

3.1.1 Electronic prescription notifications requested by SoC or their representatives

An authorised prescriber can use a conformant prescribing system to create a GEP in the NPDS, often during consultations with their SoC. Once the electronic prescription is created in the NPDS, the NPDS will facilitate the delivery of the electronic prescription and repeat authorisation notifications to the SoC or their representative via a nominated channel, such as an SMS or email. The SoC or their representative can then access the EoP and present it at any pharmacy of their choice for dispensing. For repeat authorisations, an authorised dispenser/pharmacist can use a conformant dispensing system to create repeat authorisations in the NPDS and request NPDS to facilitate the delivery of the electronic prescription notification to the SoC or their representative via a nominated channel, such as an SMS or email.

For more information, please refer to the following:

UC1A: GEP - prescribing & dispensing at Subject of Care's pharmacy of choice using an electronic EoP

There may be instances where the SoC or their representative chooses not to receive an electronic prescription notification via the designated channels. In these circumstances, an alternative method may be used to deliver the EoP. Examples include:

- **Paper EoP** – the SoC or their representative opts to receive a paper EoP instead of an electronic notification.

For more information, please refer to the following:

UC1B: GEP - prescribing and dispensing using paper EoP and dispensing in Subject of Care's pharmacy of choice

- **SoC or their representative elects to use the ASL** – the SoC or their representative prefers to access prescriptions via the ASL rather than receiving direct notifications. A prescription item being in the ASL does not prevent an EoP in any form (paper or electronic), from being issued to the SoC or their representative.

For more information, please refer to the following:

UC3C: ASL – adding prescription items to an ASL

3.1.2 Electronic prescription notifications directed to pharmacy

There may be circumstances where an authorised prescriber or authorised dispenser/pharmacist may send the electronic prescription notification directly to a specific pharmacy for legal, clinical, or safety related reasons. These situations can include:

- **Verbal authority for an urgent supply:** this applies when a SoC requires immediate access to a medicine, and the authorised prescriber provides a verbal instruction to the dispensing pharmacy so the medicine can be supplied without delay. Following the verbal authority, the authorised prescriber creates an electronic prescription retrospectively and send its notification directly to the dispensing pharmacy.
- **Dosing point or staged supply arrangements:** this applies where electronic prescriptions for a SoC are managed and dispensed in controlled intervals at a prearranged nominated dispensing pharmacy.
- **CBEPs or hospital only medicines:** this applies where medicines are supplied through specific pharmacies (e.g. hospital pharmacies, contracted pharmacies), requiring direct communication of the prescription information to a specific pharmacy to ensure safe and timely supply of medicines to the SoC.

Electronic Prescriptions sent directly to a specific pharmacy are not to be added to the SoC's ASL.

For more information, please refer to the following:

[UC1C: GEP - electronic prescription notifications directed to pharmacy](#)

3.2 Prescription Exchange Service (PES) for paper prescriptions

In addition to handling electronic prescriptions, the NPDS also provides PES capability for electronic transfer of data from a paper prescription as show in [Figure 10. NPDS PES for barcoded paper prescriptions](#). It stores the associated prescription data so that authorised dispensers can retrieve it by scanning the barcode or QR code printed on the paper prescription and reduces the need for manual dispensing. This is often referred to as Electronic Transfer of Prescription 1 (ETP1). For a barcoded paper prescription, the physical paper script remains the legal instrument required for dispensing.

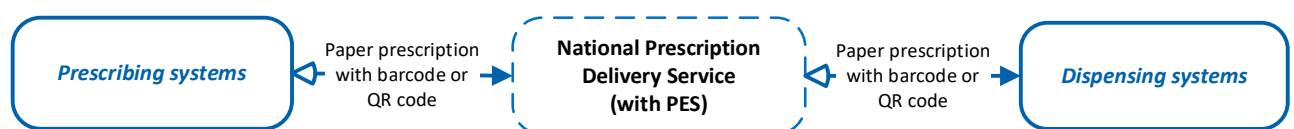


Figure 10. NPDS PES for barcoded paper prescriptions

4. Active Script List Registry Service

The ASLR is a national service that supports and assists the SoC or the Carer with managing their active prescription information through the ASL capability, also known as MySL.

ASLR currently supports the following:

- Assisted ASL registration and management for SoCs via electronic prescribing conformant prescribing and dispensing systems
- Delegated ASL access, allowing a SoC to add Carer or Agent as their delegates or allowing a Carer to register and interact with SoC's ASL
- One-off bulk upload of all active prescription items held in the NPDS when an SoC registers for an ASL
- Addition of prescription items to an ASL through electronic prescribing conformant prescribing and dispensing systems
- Keeping prescription items off an ASL through electronic prescribing conformant prescribing and dispensing systems
- ASL viewing and assisted ASL management for authorised users of electronic prescribing conformant prescribing and dispensing systems
- ASL viewing and management for SoCs and Carers through electronic prescribing conformant consumer-facing applications.

4.1 ASL overview

Currently, SoCs need to actively register to use an ASL. An ASL provides SoCs and Carers with a single, consolidated way to view and manage their active prescription information in a single place. The ASL provides a subset of prescription information, rather than the full details of each prescription.

ASL supports the listing of both GEPs and barcoded paper prescriptions that exist within the NPDS for a SoC, provided the prescription has not been flagged as excluded from the SoC's ASL (e.g. where access is restricted for staged supply or dosing point administration prescriptions or a prescription item the SoC had previously elected not to add to their ASL). For barcoded paper prescriptions listed on the ASL, the ASL indicates that the physical paper script is required for supply of medicine. CBEP items are never added to a SoC's ASL.

An ASL provides a list of active prescription information for an SoC, only when:

- a SoC has registered for an ASL
- the SoC or their representative has not refused consent to add prescription information to the ASL at the time of prescribing or dispensing
- the prescriptions are 'active' in the NPDS

The ASL provides a convenient way for SoCs or Carers to share active electronic prescription information with the pharmacy of their choice. By centralising active electronic prescription information, the ASL

reduces the burden on SoCs and Carers who would otherwise need to manage individual prescription EoP received via SMS or email on their devices.

The ASL also supports equitable access to electronic prescriptions, particularly for SoCs who do not prefer to receive prescription EoPs through SMS or email. This ensures a more inclusive and accessible approach to managing and obtaining medicines.

4.2 ASL assisted registration and management

The ASL assisted registration and management feature allows a SoC or their representative to register for an ASL with the support of an authorised user of an electronic prescribing conformant prescribing or dispensing system in accordance with ASL legislation. The process is initiated through electronic consent notifications sent to the primary electronic address (such as SoC's or representatives' mobile number) listed on the SoC's ASL account. Authorised users may assist with ASL registration and ongoing ASL management activities only when the SoC or their representative has provided relevant consent. The ongoing ASL management activities may include the following:

- add or update a SoC's details
- add or update a SoC's Carers details
- add or update a SoC's Agents details
- de-activate or delete SoC's ASL account

The ASL uses a SoC's IHI to uniquely identify and prevent duplicate ASL records for a SoC. The conformant system providing assisted registration capability is expected to provide a valid IHI and accurate demographic details to ensure accurate identification of the SoC during ASL registration.

The conformant system providing assisted registration capability records the SoCs and/or their representatives details, including primary contact details and an electronic address for delivery of ASL consent notifications to complete the ASL registration process. It also collects HPI-O and name of the healthcare organisation assisting with the registration. When the registration details are submitted to the ASLR, it will seek the SoC's or representative's consent to register an ASL by:

- agreeing to ASL terms and conditions; and
- agreeing to the bulk upload of existing active prescriptions held in the NPDS; and
- agreeing to provide ASL access to the organisation that assisted with the ASL registration.

For SoCs who do not have electronic devices or choose not to use them, an alternative approach for the consent notification required for ASL registration is necessary to ensure equity of access to ASL. This may include sending the notifications to other representatives who support the SoC. In some cases, it may be desirable for electronic prescribing systems to support an assisted consent mechanism.

[For further information, please refer to the following:](#)

[UC3A: ASL - assisted registration and management](#)

4.3 Delegated access for ASL

The delegated access feature allows an authorised representative to register for a SoC's ASL. The authorised representative can be registered as a Carer and interact with the SoC's ASL with the same level of permissions as the SoC. Any ASL related notifications or actions that would normally require the

SoC's involvement can instead be completed by the registered Carer. A typical example is a parent or legal guardian who registers and manages an ASL on behalf of their child.

Delegated access also enables the SoC or Carer to register an Agent who has been nominated to act as the SoC's representative for the purpose of collecting medicines dispensed via the ASL. An authorised user with ASL viewing access will be able to see a list of registered Agents and Carers associated with that SoC's ASL. This information supports the authorised user in verifying the identity of the Carer or Agent before dispensing medicines for the SoC.

Delegated access for ASL is currently supported by authorised users of conformant prescribing and dispensing systems. Future capabilities, such as self-managed ASL user account administration (For more information refer to [Section 4.8.1 Future ASL access and management capabilities for consumers](#)) may become available to consumers through conformant consumer-facing applications to support delegated access setup and ongoing management.

4.4 Bulk upload prescription items to ASL

The bulk upload is a one-off process which supports the loading of all active GEPs and barcoded paper prescription items that exist in the NPDS to the SoC's ASL. The bulk upload occurs during the ASL registration process.

The bulk upload will exclude:

- any prescription item that the SoC has elected not to add to their ASL, whether at the time of prescribing or when issuing a repeat authorisation
- where electronic prescriptions are sent directly to a pharmacy, for example staged supply or dosing point administration prescriptions
- CBEP items are never added to the SoC's ASL

4.5 Add prescription items to ASL

When a SoC has an active ASL, GEPs and barcoded paper prescriptions are automatically added to the ASL by default.

Some GEPs and barcoded paper prescriptions may need to be dispensed by a specific pharmacy (e.g. staged supply or dosing point administration) and therefore are not added to the SoC's ASL by default.

CBEP items are never added to the SoC's ASL.

For more information, please refer to the following:

[UC3C: ASL – adding prescription items to an ASL](#)

4.6 Keep prescription items off the ASL

At the time of prescribing or issuing a repeat authorisation, the SoC or their representative may request that a specific prescription item not be added to their ASL. Authorised users of electronic prescribing or dispensing systems will keep GEPs and barcoded paper prescriptions off the SoC's ASL.

4.7 ASL viewing for healthcare professionals

ASL viewing access for healthcare professionals is controlled by the SoC or Carer. The ASL viewing feature allows authorised users of electronic prescribing conformant prescribing or dispensing systems,

to request access and view a SoC's ASL through the SoC's assertion of identity and consent. The process is initiated through electronic consent notifications sent to the primary electronic address (such as SoC's or representatives' mobile number) and authorised users can only access and view the SoC's ASL once the consent has been granted.

When an authorised user of the conformant prescribing or dispensing systems attempts to access a SoC's ASL, a request is made to the ASLR with the SoC's IHI along with the HPI-O and name of the requesting organisation. A notification will be sent to the primary electronic address (such as SoC's or representatives' mobile number) informing them that a healthcare professional from the organisation is seeking their consent to access and view their ASL. The SoC or representative can choose to:

- approve access indefinitely for the requesting organisation
- approve access for pre-defined limited period for the requesting organisation
- deny the access request.

If the SoC or representative approves the request, the healthcare professional from the requesting organisation is permitted to view their ASL. It is important to note the healthcare professionals will be able to access only those active GEPs or barcoded paper prescription items the SoC (or Carer) has chosen to make available on their ASL. (For more information refer to [Section 4.8 ASL access and management for consumers](#))

For a SoC who does not have electronic devices or chooses not to use them, an alternative approach for the ASL viewing request notification process is required to ensure equity of access to ASL. This may include sending the notifications to other representatives who is supporting the SoC. In some cases, it may be desirable for electronic prescribing systems to support an assisted consent mechanism.

For more information, please refer to the following:

[UC3A: ASL - assisted registration and management](#)

[UC3B: ASL - appointing and registering an Agent](#)

4.8 ASL access and management for consumers

Conformant consumer-facing applications are available to support SoCs and Carers with ASL access and management activities. To access an ASL through a conformant consumer-facing application, the SoC or Carer will need to first link the consumer-facing application user account to their ASL using an 'ASL linking code'. This linking code can be issued by an authorised user of a conformant prescribing or dispensing system, after verifying the SoC's identity.

Conformant consumer-facing applications may support the following:

- **View and manage active prescription items** – allow SoCs and Carers to view information about active prescriptions and manage how these items are displayed or made available within the ASL.
- **Hide/unhide prescription item** – a prescription item that has been added to the ASL can be subsequently hidden or unhidden, with SoCs and Carers controlling whether prescriptions are displayed to healthcare professionals who have been granted viewing access to the SoC's ASL.
- **Organisation based access** – allowing SoCs and Carers to control ASL viewing access for healthcare professionals from a specific organisation, allowing them to control which organisations can access the SoC's ASL at any given time.

- **View audit trail** – allow SoCs and Carers to view an audit trail of previous access events, showing when and by which organisation their ASL was accessed.

4.8.1. Future ASL access and management capabilities for consumers

Future capabilities, such as ASL self-registration and ASL self-managed user account administration may also become available to consumers through conformant consumer-facing applications.

ASL self-registration: A SoC may choose to ‘self-register’ for an ASL through a conformant consumer-facing application. The process for self-registration may involve the following:

- Self-registration for the SoC to use an Agency approved identity management service and/or solution to verify the SoC’s identity using the conformant consumer-facing application.
- Validated identity and demographics of the SoC is shared with the ASLR.
- ASLR uses the validated identity and demographics of the SoC to obtain and verify an IHI for the consumer from the HI service.
- When the IHI record status is ‘verified’ and ‘active’ then the registration process can continue.
- The conformant consumer-facing application obtains the remaining information required to complete registration from the SoC and provide it to the ASLR

ASL self-managed user account administration - the conformant consumer-facing applications may support the following:

- Updating SoC contact details
- Adding or updating Carer or Agent details
- Deactivating or deleting an ASL account
- Controlling user access to an ASL

Developers and implementers of conformant consumer-facing applications that provide ASL access and management functionality should ensure these capabilities are designed with accessibility in mind. This might include specific modes for consumers with disability (e.g. voice-guided registration process for consumers who are visually impaired), simplified interface for consumers with low technology affinity, and display languages other than English for consumers speaking other languages to name a few.

4.9 ASL and prescribing

When a new prescription is prescribed for a SoC with an active ASL, the prescription can be added to the ASL in accordance with the process described in [Section 4.5 - Add prescription items to ASL](#).

For a SoC with an active ASL, an authorised prescriber using a conformant prescribing system that supports ASL viewing capability, may request access to view the SoC’s ASL as described in [Section 4.7 ASL viewing for healthcare professionals](#). When access to SoC’s ASL is granted, the prescriber can view the SoC’s ASL and use the information available in the ASL to inform clinical decision-making and reduce duplicate prescribing.

4.10 ASL and dispensing

When a SoC, Carer or Agent requests a medicine to be dispensed from the SoC's ASL, the authorised user of the electronic prescribing conformant dispensing system can request access to the SoC's ASL as described in [Section 4.7 ASL viewing for healthcare professionals](#). When access to a SoC's ASL is granted, the authorised user can access and view their ASL as described in [Section 4.7 ASL viewing for healthcare professionals](#), use the DSPID available in the SoC's ASL to download the electronic prescription from the NPDS.

For a barcoded paper prescription, the physical paper script remains the legal instrument required for dispensing. While the associated item may appear in the ASL for visibility, the authorised user will refer to and use the physical paper prescription to complete the dispensing process.

When a repeat authorisation is issued for a SoC with an active ASL, the decision to add the repeat authorisation to the ASL will follow the selection made for the original prescription or the most recent repeat authorisation. However, the SoC or their representative retains the ability to change this preference on a per-prescription basis, allowing the SoC to opt out of adding the repeat authorisation to their ASL.

In addition to the list of a prescription items on the SoC's ASL, the authorised user can view the details of any Carers/Agents associated with the SoC's ASL. This assures the dispenser that the Carers/Agents collecting prescription medicines on behalf of the SoC are doing so with the SoC's permission. (For more information refer to [Section 4.3 Delegated access for](#) ASL).

For more information, please refer to the following:

[UC3D: ASL – dispensing from an ASL](#)

5. Prescribing and dispensing systems

All electronic prescriptions submitted to the NPDS are generated by either a conformant general electronic prescribing system or an EMCS. A conformant dispensing system can then retrieve the electronic prescription from the NPDS for dispensing. Once the medicine has been successfully dispensed, a dispense record is uploaded to the NPDS and if applicable, a repeat authorisation is created in the NPDS.

5.1 Overarching common preconditions for GEP and CBEP

For an authorised prescriber to be able to generate a legal electronic prescription and for an authorised dispenser/pharmacist to dispense an electronic prescription, the following conditions are met:

- Only software systems or organisations listed on the [Electronic Prescribing – External Conformance Register](#)¹⁸ provided by the Agency are deemed to be conformant for use.
- The healthcare organisation has provisioned and installed clinical information systems which are listed on the [Electronic Prescribing – External Conformance Register](#)¹⁹ to prescribe or dispense GEPs and CBEPs.
- The healthcare organisation ensures the selected clinical information systems are compliant with any additional commonwealth and jurisdictional legislative requirements.
- The healthcare organisation complies with relevant commonwealth and jurisdictional regulations.
- The healthcare organisation has registered for an HPI-O.
- The healthcare organisation maintains the valid HPI-I of each authorised prescriber and authorised dispenser/pharmacist as required for prescribing and dispensing medicines.
- The healthcare organisation has established a connection via their conformant clinical information systems to the NPDS and has undertaken all necessary configuration and accreditation.
- The healthcare organisation has defined and implemented a security policy which governs the access to prescribing or dispensing capabilities and information in its clinical information systems.
- The healthcare organisation has verified employees as approved Australian Health Practitioner Regulation Agency (Ahpra) registered prescribers or pharmacists, provisioned them with access to conformant clinical information systems and authorised their electronic prescribing capability within those systems.
- The healthcare organisation has verified non-Ahpra employees and provisioned them with appropriate authorised user access to clinical information systems and electronic prescribing capability.
- The authorised prescribers, authorised dispensers/pharmacists and other authorised users with access to electronic prescribing capability comply with relevant commonwealth and jurisdictional legislations, regulations and professional standards.

¹⁸ Australian Digital Health Agency, [Registers](#), Australian Digital Health Agency website, 2026, accessed 1 April 2026.

¹⁹ Australian Digital Health Agency, [Registers](#)

5.2 Overarching common exception conditions for GEP and CBEP and their treatment

Table 4. Overarching common prescribing exception conditions and their treatments for GEP and CBEP

Prescribing exception condition	Treatment
Prescribing system is unable to verify SoC's IHI	During the prescribing process a prescriber is made aware the prescribing system is unable to verify a SoC's IHI. A prescriber may proceed with alternative arrangements (e.g. issuing a paper prescription).
Prescribing system is unable to confirm reachability and availability of the NPDS	During the prescribing process a prescriber is made aware the prescribing system is unable to connect to the NPDS. A prescriber may proceed with alternative arrangements (e.g. issuing a paper prescription).
Prescribing system has not received an electronic prescription acknowledgement receipt from the NPDS	During the prescribing process a prescriber is made aware when creating an electronic prescription, the electronic prescription has not been created in the NPDS. A prescriber may proceed with alternative arrangements in accordance with relevant legislation, regulations, and professional standards (e.g. cancel the electronic prescription request and issue a paper prescription or re-submit the electronic prescription to the NPDS).
Prescribing software system is experiencing a downtime	During the prescribing process a prescriber is made aware the prescribing system is experiencing a downtime and electronic prescribing is unavailable. A prescriber may proceed with alternative arrangements (e.g. issuing a paper prescription or follow other organisationally approved fallback processes).
Prescriber attempts to cancel or correct an electronic prescription that has been disabled by a pharmacist.	During the prescribing process, a prescriber who originally authorised an electronic prescription can re-enable, correct or cancel the electronic prescription using their prescribing system, in accordance with relevant legislation, regulations and professional standards. For more information, please refer to the following: UC8E: GEP - disabling and/or re-enabling an electronic prescription
Prescriber attempts to correct an electronic prescription that has been cancelled/ceased by a pharmacist.	During the prescribing process, a prescriber becomes aware an electronic prescription has been cancelled/ceased by a pharmacist. In most circumstances, this action should occur following discussion with the prescriber, who may then determine with the pharmacist whether alternative prescribing is appropriate, in accordance with relevant legislation, regulations and professional standards. For more information, please refer to the following: UC8D: GEP – cancelling or ceasing an electronic prescription in the dispensing system

Prescribing exception condition	Treatment
Prescriber identifies a prescribing error immediately after submitting the electronic prescription to the NPDS and the prescription has not yet been dispensed.	During the prescribing process a prescriber becomes aware when an electronic prescription submitted to the NPDS contains an error and the prescriber proceeds with prescription correction in accordance with relevant legislation, regulations and professional standards (e.g. correct and re-issue the EoP (for GEPs) for the electronic prescription or cancel and create a new prescription.) For more information, please refer to the following: UC8A: GEP - correcting an electronic prescription in the prescribing system UC8C: CBEP - correcting an electronic prescription from an EMC using EMCS
Prescriber identifies a reason to correct or cease an electronic prescription after it has been submitted to the NPDS, and the prescription has been dispensed.	During the prescribing process a prescriber who is involved in providing care to a SoC retains the right to cancel or cease the prescription when they deem it is clinically necessary. The prescriber can determine if the prescription has already been dispensed using their prescribing system and the prescriber will be able to cease any remaining repeats/supply should they choose. The prescriber ceases the prescription in accordance with relevant legislation, regulations and professional standards (e.g. cease and create a new prescription and provide the new EoP). For more information, please refer to the following: UC8B: GEP - cancelling or ceasing an electronic prescription in the prescribing system UC8F: CBEP - cancelling or ceasing an electronic prescription on an EMC using EMCS

Table 5. Overarching common dispensing exception conditions and their treatments for GEP and CBEP

Dispensing exception condition	Treatment
Dispensing system is unable to confirm reachability and availability of the HI service	During the dispensing process a dispenser/pharmacist is made aware the dispensing system is unable to verify a SoC's IHI. The dispenser/pharmacist may proceed with the dispense event and submit the dispense record to the NPDS with the unvalidated IHI. For more information, please refer to the following: 2.1.1 Healthcare Identifiers and the Healthcare Identifiers Service
Dispensing system is unable to confirm reachability and availability of the NPDS	During the dispensing process a dispenser/pharmacist is made aware the dispensing system is unable to confirm reachability and availability of the NPDS. The dispenser/pharmacist may proceed with alternative arrangements in accordance with the relevant legislations, regulations and professional standards (e.g. dispensing the medicine as an urgent supply following verbal confirmation from the prescriber).

Dispensing exception condition	Treatment
Dispensing software system is experiencing a downtime	During the dispensing process a dispenser/pharmacist is made aware the dispensing system is experiencing a downtime and electronic prescribing is unavailable. The dispenser/pharmacist may proceed with alternative arrangements (e.g. where regulations permit medicines may be dispensed following verbal confirmation from the prescriber or through other organisationally approved fallback processes).
Dispensing system may return electronic prescription as 'not found'	During the dispensing process when an electronic prescription retrieved is identified as 'not found', a dispenser/pharmacist is informed accordingly. The dispenser/pharmacist may proceed with alternative arrangements in accordance with relevant legislation, regulations and professional standards (e.g. dispensing the medicine as an urgent supply following verbal confirmation from the prescriber). For more information, please refer to the following: UC2B: GEP & CBEP - dispensing system returns a non-active electronic prescription message
Dispensing system may return electronic prescription as cancelled, ceased, disabled, already dispensed, expired, or exhausted.	During the dispensing process when an electronic prescription retrieved is identified as cancelled, ceased, disabled, already dispensed, expired, or exhausted, the dispenser/pharmacist is informed accordingly by the dispensing system. The dispenser/pharmacist advises the SoC or their representative the prescription is unable to be dispensed and may proceed with alternative arrangements in accordance with relevant legislation, regulations and professional standards (e.g. dispensing the medicine as an urgent supply following verbal confirmation from the prescriber). For more information, please refer to the following: UC2B: GEP & CBEP - dispensing system returns a non-active electronic prescription message
Dispenser identifies a dispensing error after an electronic prescription has been dispensed and a dispense record has been submitted to the NPDS.	During the dispensing process a dispenser/pharmacist becomes aware an electronic prescription dispense record submitted to the NPDS contains an error. The dispenser/pharmacist proceeds to correct the dispense record in accordance with relevant legislation, regulations and professional standards. (e.g. correct the dispense record and re-submit to the NPDS). For more information, please refer to the following: UC2D: GEP & CBEP - dispense correction for an electronic prescription
Dispenser identifies a reason not to supply after an electronic prescription has been dispensed and a dispense record has been submitted to the NPDS.	During the dispensing process a dispenser/pharmacist becomes aware of a reason not to supply medicines to the SoC. The dispenser/pharmacist proceeds with a dispense reversal in accordance with relevant legislation, regulations and professional standards. (e.g. send a dispense reversal to the NPDS).

Dispensing exception condition	Treatment
	An electronic prescription which would have been exhausted when dispensed, will be returned to an active state and be available for dispensing at another time. For more information, please refer to the following: UC2C: GEP & CBEP - dispense reversal (cancellation) for an electronic prescription
Dispenser identifies a reason not to dispense prior to an electronic prescription dispense record being submitted to the NPDS.	During the dispensing process, the electronic prescription previously locked to the pharmacy's dispensing system when retrieved from the NPDS, will be returned to an active state and be available for dispensing at another time.
Authorised dispenser/pharmacist decides to cancel or disable an electronic prescription in the dispensing system.	During the dispensing process a dispenser/pharmacist may choose to cancel or disable an electronic prescription in accordance with applicable legislations or regulations. E.g. Due to concerns of fraud, consumer safety or suspected oversupply of high-risk medicines. In all circumstances, it is recommended that the dispenser/pharmacist notify the prescriber of the cancellation or disablement of an electronic prescription. • A disabled electronic prescription is temporarily withheld from dispensing and can be re-enabled, which will return the electronic prescription to an active state, making it available for dispensing at another time. • A cancelled electronic prescription will no longer be available for dispense. A cancelled electronic prescription event cannot be reversed, and the electronic prescription cannot be re-enabled. For more information, please refer to the following: UC8D: GEP – cancelling or ceasing an electronic prescription in the dispensing system UC8E: GEP - disabling and/or re-enabling an electronic prescription
Provision for reconciling a dispense record with its corresponding electronic prescription	If and as permitted under regulation, during the dispensing process a dispenser/pharmacist may supply a medicine to the SoC based on a verbal authorisation and confirmation from the prescriber. When the prescriber subsequently creates and authorises the electronic prescription for that medicine, the dispenser/pharmacist can reconcile the local dispense record (owing prescription record) with the newly issued electronic prescription to ensure accurate and complete medication records. This reconciled dispense record is submitted to the NPDS. For more information, please refer to the following: UC2A: GEP - dispensing a verbal authorisation from a prescriber and subsequent reconciliation of an electronic prescription UC2F: CBEP – dispensing a verbal authorisation from a prescriber and subsequent reconciliation of an electronic prescription

5.3 Overarching common prescribing and dispensing processes for GEP and CBEP

Table 6. Overarching common prescribing processes for GEP and CBEP

Prescribing process	
Decision to create a 'draft' prescription record	During the prescribing process an authorised user of a prescribing system may choose to create a 'draft' prescription record for both GEP and CBEPs (e.g. for Authority Required Items (ARIs) or discharge prescriptions that require clinical pharmacist review as per local policy). The 'draft' prescription records remain within the prescribing system and are not submitted to the NPDS until the prescriber with electronic prescribing capability finalises the prescribe record and authorises the electronic prescription. For more information, please refer to: UC6A: GEP & CBEP – creating 'draft' prescription record in the prescribing systems (prescriber-initiated) UC6B: GEP & CBEP – creating 'draft' prescription record in the prescribing systems (dispenser/ pharmacist / another authorised user initiated)
Decision to view status and information about an electronic prescription	During the prescribing process, an authorised user of a prescribing system may choose to view the status and associated information of an electronic prescription as part of providing care to a SoC. This may be possible only when the prescriber has obtained a valid DSPID or QR code. For more information, please refer to: UC7: GEP & CBEP - requesting status update and prescription information for an electronic prescription

Table 7. Overarching common dispensing processes for GEP and CBEP

Dispensing Process	
Decision to create a 'draft' dispense record	During the dispensing process, an authorised user of a dispensing system may choose to create 'draft' dispense records for both GEP and CBEPs requiring a pharmacist review. The 'draft' dispense record remains within the dispensing system and is not submitted to the NPDS until it is finalised and authorised by an authorised dispenser/pharmacist. For more information, please refer to the following: UC2E: GEP & CBEP - draft dispense record
Annotating an electronic prescription	In some circumstances, if and as permitted under regulation, during the dispensing process a dispenser/pharmacist may need to annotate an electronic prescription (e.g. an unusual dosage confirmed with the prescriber). The annotation will be included in the dispense record sent to the NPDS and are intended to be viewable for subsequent dispensers.

For more information, please refer to the following:

[UC1A: GEP - prescribing & dispensing at Subject of Care's pharmacy of choice using an electronic EoP](#)

[UC5A: CBEP - electronic prescribing and dispensing from an EMC](#)

5.4 Context for GEP Prescribing and Dispensing

As described in [Section 2.2.2 General Electronic Prescription ecosystem view](#), general electronic prescribing applies in circumstances where a SoC is given access to an EoP to have an electronic prescription dispensed at a pharmacy of their choosing. This includes primary care prescribing, with community pharmacy dispensing and where medicines are prescribed in hospital outpatient settings or upon discharge from hospital where a SoC can have a prescription dispensed at a pharmacy of their choice.

Prescribers and authorised dispensers/pharmacists retain professional responsibility for exercising clinical judgement and complying with all applicable legislative, regulatory and professional obligations which may override consumer choice where necessary (e.g. staged supply of a medicine to ensure clinical safety of a SoC).

In the general electronic prescribing context, a GEP includes a Globally Unique Prescription Identifier (GUPI), which is a distinct non-repeating identifier assigned to a GEP when it is created and persists throughout a prescription's lifecycle. For a GEP, the GUPI will be the same as the DSPID of the original prescription. For any subsequent repeat authorisation, a new DSPID is created, and the GUPI continues to remain unchanged. The GUPI tracks a GEP through its entire lifecycle from creation by a prescriber to the final dispensing, including any repeats. By ensuring every transaction links back to the original prescription, the GUPI helps prevent clinical safety events such as double dispensing and supports clear communication to the SoC about a prescription's status.

In the general electronic prescribing context, a DSPID for a GEP is a distinct non-repeating identifier that is assigned to an original prescription, with new DSPIDs created for any subsequent repeat authorisations. DSPIDs are included in EoPs as an alpha-numeric code or QR code, which can be manually entered or scanned into dispensing systems to retrieve that specific original GEP or repeat authorisation from the NPDS. DSPIDs are used to track a specific original electronic prescription or repeat authorisation within the electronic prescribing ecosystem. This is illustrated in [Figure 11. GEP identifiers](#).

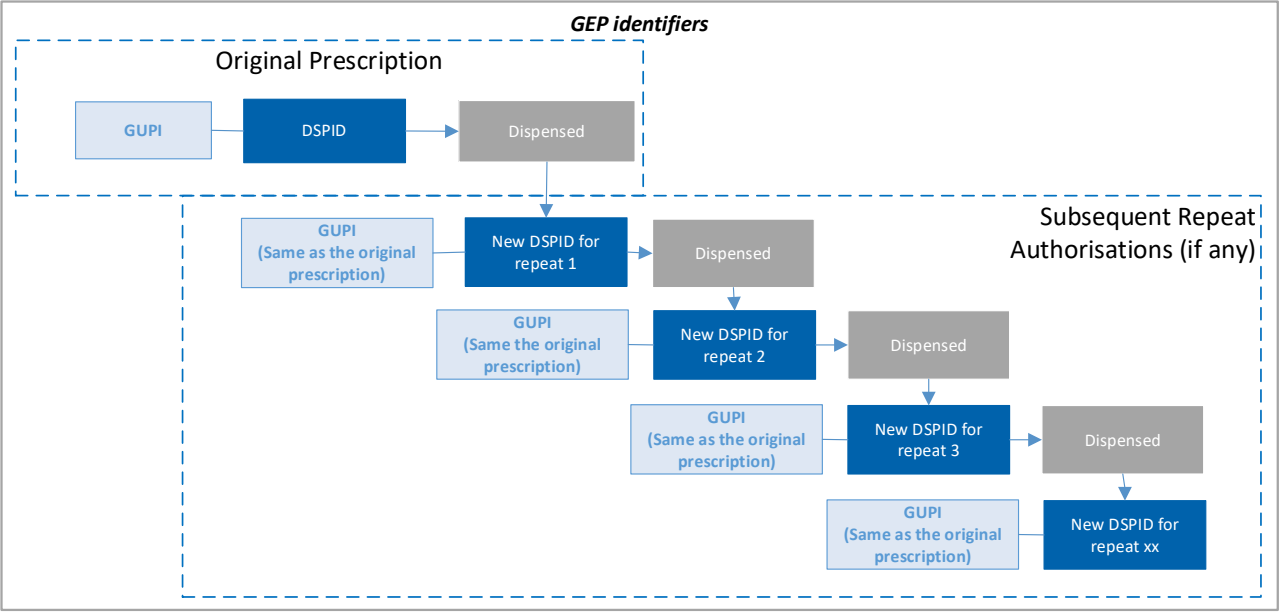


Figure 11. GEP identifiers

Understanding the status and lifecycle of GEP:

Table 8. GEP status

Status value	Meaning
Active	An electronic prescription is created in the NPDS, is active and can be dispensed.
Cancelled	An electronic prescription is cancelled by an authorised prescriber or authorised dispenser/pharmacist (where legally permitted and in consultation with the prescriber) who is directly involved in care delivery for a SoC, for a valid reason in accordance with professional standards, legislations and regulations. <i>Cancellation is an action performed by an authorised healthcare provider when no dispense events have occurred against the electronic prescription.</i> A cancelled electronic prescription is no longer valid and can no longer be dispensed. A cancelled electronic prescription cannot be re-activated. A new electronic prescription can be created if that is clinically appropriate.
Ceased	An electronic prescription is ceased by an authorised prescriber or authorised dispenser/pharmacist (where legally permitted and in consultation with the prescriber) who is directly involved in care delivery for a SoC, for a valid reason in accordance with professional standards, legislations and regulations. <i>Ceasing is an action that may be taken at any time during the prescription lifecycle when an authorised healthcare professional intends to cease a medicine.</i> A ceased electronic prescription is no longer valid and can no longer be dispensed. A ceased electronic prescription cannot be re-activated. A new electronic prescription can be created if that is clinically appropriate.
Disabled	A temporary hold has been placed on the electronic prescription by an authorised dispenser/pharmacist for a valid reason under legislations and professional practices (such as when there is a risk to the SoC's health) until the authorised dispenser/pharmacist's concerns are addressed (usually by contacting the authorised prescriber). Disabled electronic prescriptions cannot be accessed and dispensed by other dispensing systems until the electronic prescription is re-enabled by the pharmacy who disabled it, or a prescriber using the same prescribing system that created the prescription. When a 'disabled' electronic prescription is re-enabled, it will have a status value of 'Active'.
Dispensed	An electronic prescription or repeat authorisation has been dispensed successfully and is no longer available for dispensing.
Expired	An electronic prescription (including any repeat authorisations) has reached its expiration date as per the relevant legislation, with or without being dispensed, and is no longer valid and cannot be dispensed.

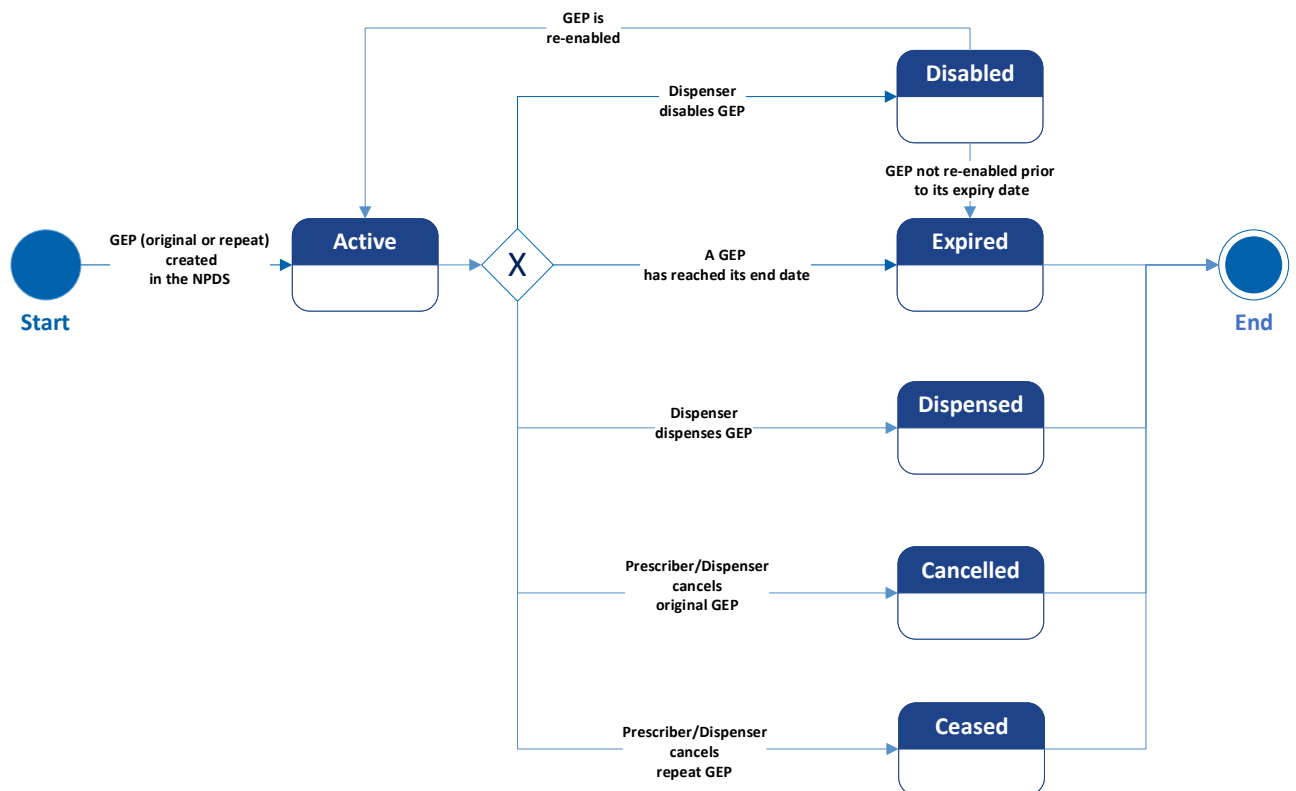


Figure 12. GEP status

5.4.1. GEP Prescribing and Dispensing care settings

Authorised prescribers and authorised dispensers across a wide range of care settings must be able to support electronic prescription processes when prescribing and dispensing medicines. These care settings include, but are not limited to:

- Primary care setting (e.g. GP clinics, Specialist clinics, Community pharmacies)
- Telehealth services
- Online prescribing and dispensing services
- In-home primary care services
- Hospital outpatient clinics
- Hospital discharges from inpatient or emergency departments
- First Nations health services

Refer to GEP ecosystem diagram [Figure 6. Electronic Prescribing ecosystem view with General Electronic Prescription \(GEP\) focus](#) for further information.

5.4.2. Specific preconditions for GEP Prescribing and Dispensing

Prescribing: An authorised prescriber can issue a GEP using a conformant prescribing system provided the following preconditions are met:

- a) The SoC has expressed desire to receive an electronic prescription
- b) The prescribing software system used by the prescriber supports general electronic prescribing
- c) The use of general electronic prescribing for the medicine is not precluded by specific legislative or regulatory requirements
- d) The prescriber chooses to issue a GEP and in accordance with all relevant legislation, regulations and professional standards.

Dispensing: An authorised dispenser/pharmacist can use a conformant dispensing system to access and dispense a GEP for a SoC provided the following preconditions are met:

- a) The SoC or their representative have provided the required consent for dispensing.
- b) The dispenser/pharmacist has obtained a valid EoP for a SoC containing a DSPID or QR code.
- c) The dispensing software system used by the dispenser supports general electronic prescription dispensing. Pharmacies may need to consider the physical placement of scanning equipment and display screens to ensure they can accommodate the various ways (e.g. mobile device, paper EoP, ASL) in which an EoP may be presented at their pharmacy.

5.4.3. Specific exception conditions and their treatment for GEP Prescribing and Dispensing

In addition to the overarching common exception conditions outlined in [Section 5.2 Overarching common exception conditions for GEP and CBEP and their treatment](#) the following specific exception conditions and their treatment in GEP prescribing and dispensing context are to be considered.

Table 9. Specific exception condition for GEP prescribing and dispensing

Exception condition	Treatment
A SoC or their representative has lost or misplaced an EoP (paper or electronic) of an original electronic prescription that has not been dispensed.	If a SoC or their representative loses or misplaces the EoP for an original electronic prescription, the prescriber who is involved in providing care to a SoC may on request re-issue the EoP using the same conformant prescribing system used to create the original prescription. Alternatively, a prescriber who is involved in providing care to a SoC may issue a new prescription where it is clinically appropriate. Alternatively, if the SoC has an ASL, the prescriber or dispenser/pharmacist can advise the SoC to access the electronic prescription information from their ASL. For more information, please refer to the following:

Exception condition	Treatment
	<u>UC1A: GEP - prescribing & dispensing at Subject of Care's pharmacy of choice using an electronic EoP</u> <u>UC3C: ASL – adding prescription items to an ASL</u>
A SoC or their representative has lost or misplaced the EoP of a repeat authorisation that has not been dispensed.	If a SoC or their representatives loses or misplaces the EoP for a repeat authorisation, the dispensing organisation who issued the EoP for repeat authorisation may on request re-issue the EoP using the same conformant dispensing system that was used to create the repeat authorisation. Alternatively, if the SoC has an ASL, the prescriber or dispenser/pharmacist can advise the SoC to access the electronic prescription information from their ASL. For more information, please refer to the following: <u>UC1A: GEP - prescribing & dispensing at Subject of Care's pharmacy of choice using an electronic EoP</u> <u>UC3C: ASL – adding prescription items to an ASL</u>
An electronically sent EoP was not received by the intended SoC or their representative for an original electronic prescription that has not been dispensed.	If a SoC or their representative reports they have not received a prescription notification for the EoP, the prescriber who issued the prescription, needs to confirm the electronic address used for the prescription notification. • If the electronic address is correct, the EoP notification can be resent to the SoC or their representative, using the same conformant prescribing system that was used to create the prescription. • If the electronic address is incorrect, the electronic prescription should be cancelled, using the same conformant prescribing system. Once the incorrect electronic address has been corrected, a new electronic prescription can be reissued, with a new notification sent to the SoC's or their representative's correct electronic address. Note: The prescription is cancelled to ensure that an incorrect recipient is not able to get the prescription dispensed. If failure to receive an electronic prescription notification is due to network issues (e.g. the device used by the SoC or their representative is experiencing connectivity problems), the prescriber or dispenser/pharmacist may, on request, print a paper EoP. Alternatively, if the SoC has an ASL they may use it to access the token for their electronic prescription.

Exception condition	Treatment
	For more information, please refer to the following: UC1A: GEP - prescribing & dispensing at Subject of Care's pharmacy of choice using an electronic EoP UC3C: ASL – adding prescription items to an ASL
An electronically sent EoP of a repeat authorisation was not received by the intended SoC or their representative.	If a SoC or their representative reports they have not received a prescription notification for the EoP of a repeat authorisation, the authorised dispenser/pharmacist who issued the repeat authorisation, needs to confirm the electronic address used for the prescription notification. • If the electronic address is correct, the EoP notification can be resent to the SoC or their representative, using the same conformant dispensing system that was used to create the repeat authorisation. • If the electronic address is incorrect, the repeat authorisation should be cancelled, using the same conformant dispensing system. Once the incorrect electronic address has been corrected, a new repeat authorisation can be reissued, with a new notification sent to the SoC's or their representative's correct electronic address. If failure to receive an electronic prescription notification is due to network issues (e.g. the device used by the SoC or their representative is experiencing connectivity problems), the prescriber or dispenser/pharmacist may, on request, print a paper EoP. Alternatively, if the SoC has an ASL they may use it to access the token for their electronic prescription. For more information, please refer to the following: UC1A: GEP - prescribing & dispensing at Subject of Care's pharmacy of choice using an electronic EoP UC3C: ASL – adding prescription items to an ASL

5.4.4. Specific GEP Prescribing and Dispensing Processes

In addition to the overarching common electronic prescribing processes outlined in [Section 5.3 Overarching common prescribing and dispensing processes for GEP and CBEP](#), the following specific prescribing and dispensing processes are to be considered for GEP.

Table 10. Specific prescribing and dispensing processes for GEP

Prescribing process	
Generating discharge GEPs	GEPs generated as part of a hospital inpatient discharge or emergency department discharge process must be issued directly to the SoC or their representatives, except in defined circumstances such as where the prescribed items include hospital-only medicines that cannot be dispensed by a community pharmacy. Sending an electronic notification for each individual discharge medicine may create challenges for SoC or their representatives in managing their electronic prescription notifications. This differs from paper-based prescribing, where multiple medicine items can be prescribed on a single paper prescription. As a result, prescribing systems and healthcare organisations may consider alternative approaches to support more effective management of electronic prescription EoPs. The use of an ASL may mitigate this issue, provided the SoC has an ASL in place and has consented to its use. For more information, please refer to the following: UC1A: GEP - prescribing & dispensing at Subject of Care's pharmacy of choice using an electronic EoP UC3C: ASL – adding prescription items to an ASL
Dispensing process	
Provision of new EoPs for repeat authorisations	If a repeat authorisation is generated after submitting the dispense record to the NPDS, the pharmacy will ensure the SoC or their representative receives either an electronic EoP notification or a paper EoP for the repeat authorisation. This can then be used by dispensers to retrieve the electronic prescription for dispensing. For more information, please refer to the following: UC1A: GEP - prescribing & dispensing at Subject of Care's pharmacy of choice using an electronic EoP

5.5 Context for CBEP Prescribing and Dispensing

As described in the [Section 2.2.3 Chart Based Electronic Prescription ecosystem view](#), chart based electronic prescribing applies in circumstances where a SoC is prescribed electronic prescriptions for dispensing of medicines which are administered within a facility-based care setting such as hospitals and RCFs. A CBEP is sent directly to a nominated pharmacy ensuring timely and safe supply of medicines for a SoC in a facility-based care setting.

National Electronic Medication Chart Framework

The National Electronic Medication Chart Framework (NEMCF) has introduced the concept of a conformant EMCS to ensure CBEPs originated from an EMC using a conformant EMCS flows seamlessly from the prescriber to dispenser/pharmacist, and where applicable, through to Services Australia for

PBS claiming. This removes the need for separate paper prescriptions as the legal instrument for prescribing and dispensing and removes the need for manual transcribing of prescription information between clinical systems, while supporting safer prescribing, supply and administration of medicines for SoCs.

The NEMCF outlines the following details for EMCs;

- a standard EMC that can be used across a broad range of clinical settings, such as acute care or residential care; and
- specialised EMCs designed for clinical areas with unique needs, such as oncology and haematology.

In the chart based electronic prescribing context, CBEPs are linked to a chart identifier, which groups one or more CBEP from the same EMC. The chart identifier is a unique identifier assigned to an EMC when created and persists throughout the chart's lifecycle. Chart identifiers can be displayed as an alpha-numeric code or QR code which can be scanned or manually entered into dispensing systems to retrieve all associated CBEPs from the NPDS associated with an EMC.

Each CBEP includes a DSPID and a GUPI, which are unique identifiers assigned to the CBEP when it is created and persist throughout that prescription's lifecycle. Therefore, the GUPI is the same as the DSPID for a CBEP and will be included in EMCs as an alpha-numeric code or QR code, which can be scanned or manually entered into dispensing systems to retrieve the CBEP from the NPDS for medicine supply.

The same GUPI/DSPID can be used multiple times to dispense the medicine for ongoing supply until the end date of the prescription or until the number of supplies defined by the prescriber have been fulfilled. Once all authorised supplies have been dispensed, the GUPI/DSPID will no longer be available for dispensing. This is illustrated in [Figure 13. CBEP identifiers](#).

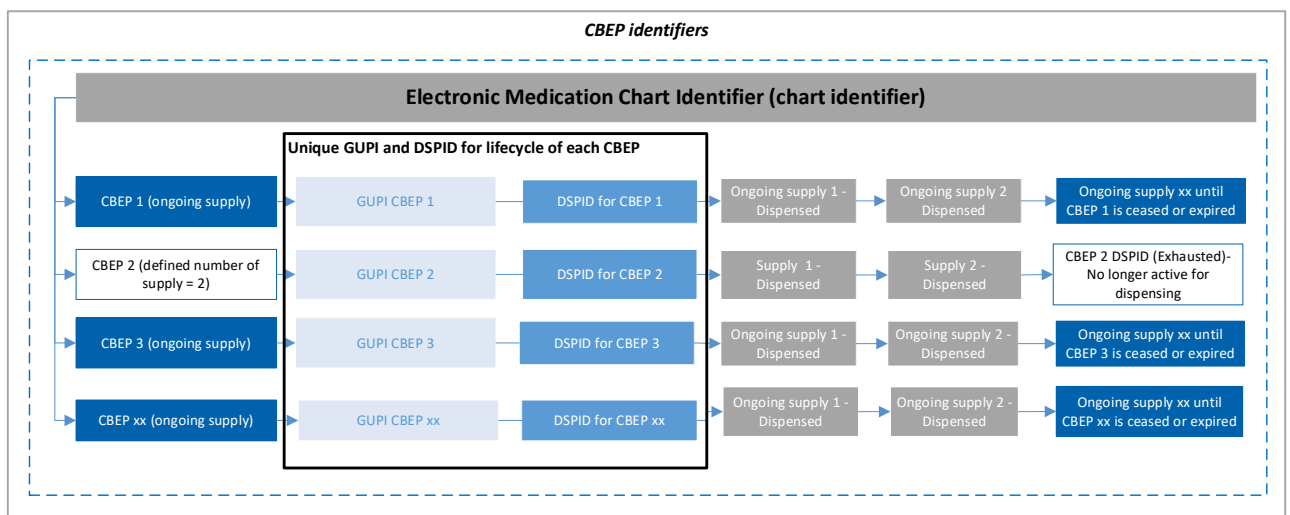


Figure 13. CBEP identifiers

Understanding the status and lifecycle of CBEPs:

Table 11. CBEP status

Status value	Meaning
Active	An electronic prescription is created in the NPDS, it is active and can be dispensed.
Cancelled	An electronic prescription may be cancelled by an authorised prescriber or an authorised dispenser/pharmacist who is directly involved in the care delivery for a SoC, for a valid reason and in accordance with applicable professional standards, legislation, and regulations. <i>Cancellation is an action performed by an authorised healthcare provider when no dispense events have occurred against the electronic prescription.</i> A cancelled electronic prescription is no longer valid and can no longer be dispensed. A cancelled electronic prescription cannot be re-activated. A new electronic prescription can be created if that is clinically appropriate.
Ceased	An electronic prescription may be ceased by an authorised prescriber or authorised dispenser/ pharmacist who is directly involved in care delivery for a SoC, for a valid reason in accordance with professional standards, legislations and regulations. <i>Ceasing is an action that may be taken at any time during the prescription lifecycle when an authorised healthcare professional intends to cease a medicine.</i> A ceased electronic prescription is no longer valid and can no longer be dispensed. A ceased electronic prescription cannot be re-activated. A new electronic prescription can be created if that is clinically appropriate.
Exhausted	An electronic prescription has not reached its expiration date, however, has exhausted the authorised number of supplies and is no longer available for dispensing.
Expired	An electronic prescription has reached its expiration date as per the relevant legislation, with or without being dispensed, and are no longer valid and cannot be dispensed.
Suspended	An electronic prescription is placed in a suspended status when a required EMC review has not been completed on time. A Suspended electronic prescription cannot be accessed and dispensed. It will only be reactivated once an authorised prescriber completes the outstanding EMC review.

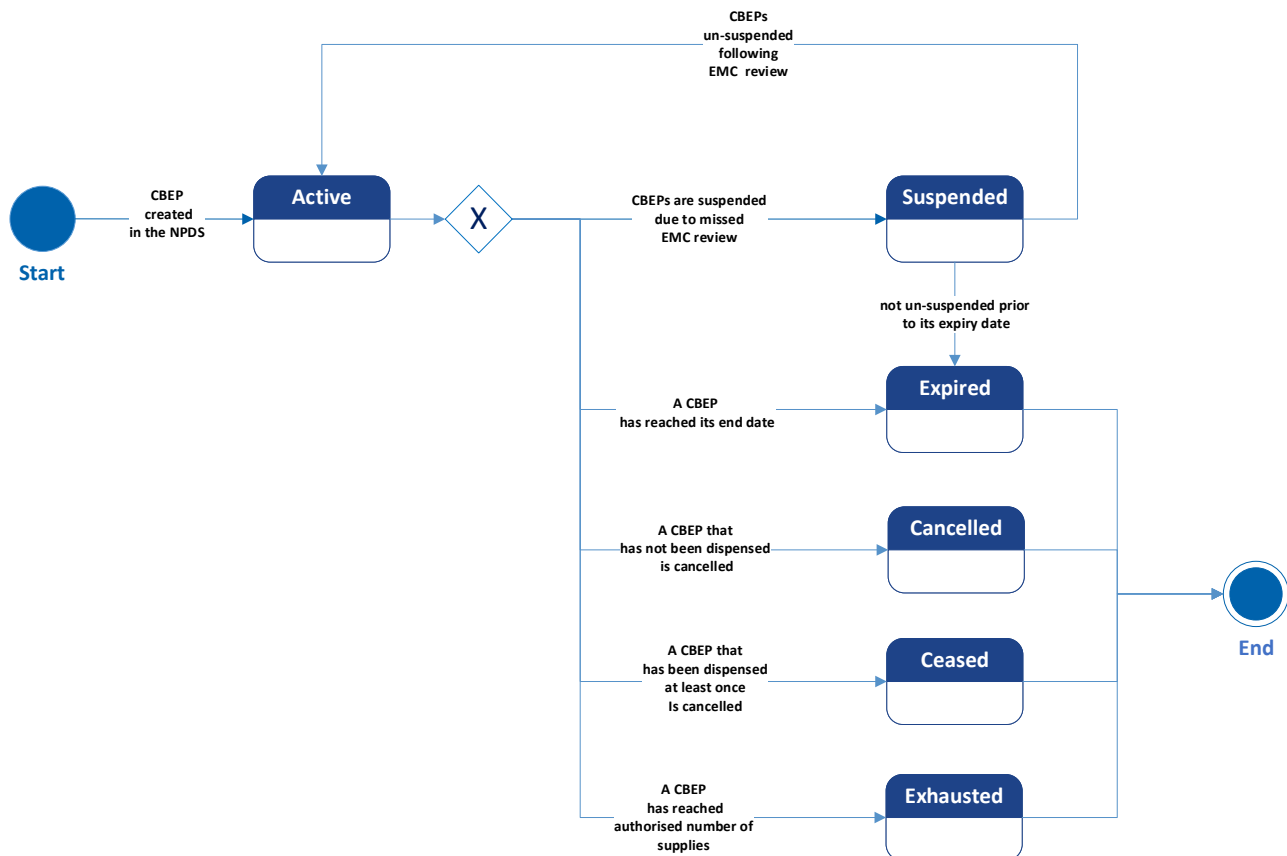


Figure 14. CBEP status

5.5.1 CBEP Prescribing and Dispensing care settings

Authorised prescribers and authorised dispensers must be able to support electronic prescribing processes across a range of care settings. These care settings include, but are not limited to:

- Public health services
- Private health services
- Residential care facilities
- First Nations health services
- Virtual care settings

In addition to the CBEP prescribing and dispensing processes described in [Section 5.5.4 Specific CBEP Prescribing processes](#) and [5.5.5 Specific CBEP dispensing processes](#) the following setting specific points should be noted:

Public hospital CBEP Prescribing and Dispensing - inpatients of public health facilities, such as hospitals are usually prescribed fewer CBEPs, with more supply orders/supply requests generated for the pharmacy to supply imprest stock and inpatient medicines supplies.

Private hospital CBEP Prescribing and Dispensing- inpatients of private hospitals are usually supplied fewer medicines from imprest stock with more medicines dispensed as CBEPs and claimed as PBS/RPBS prescription items for the SoC.

Emergency departments CBEP Prescribing and Dispensing - SoCs can be prescribed CBEPs in both public and private hospital emergency departments. The key difference is emergency department visits typically involve short-stay services, where the duration of care is brief.

Home based inpatient care CBEP Prescribing and Dispensing - SoCs can be prescribed CBEPs in both public and private virtual care settings. Clinical treatment is provided to a SoC as an admitted patient to a health facility, but their physical location remains their place of residence. Examples of virtual inpatient services include home-based renal treatments, chemotherapy medicines administered in the home and other hospital in the home care services.

Residential care facility CBEP Prescribing and Dispensing - SoCs residing in RCFs such as a residential aged care facility (RACF), can be prescribed CBEPs. In this setting, most medicines will be prescribed as CBEPs and usually dispensed and claimed under the PBS/RPBS prescription items for the SoC.

It is acknowledged that residents of the RCFs may attend or be attended by other prescribers (such as specialists or locum GPs) on an adhoc basis. The following considerations may apply:

- If a prescriber is provisioned with access to the RCF's EMCS (e.g. eNRMC used in aged care setting) and electronic prescribing capability, they may prescribe directly onto the EMC and create CBEPs. Further information can be found on the Australian Commission on Safety and Quality in Health Care's [software vendor resource](#),²⁰ and the Department's [eNRMC user resource](#)²¹.
- If a prescriber does not have access to the RCF's EMCS, the facility should provision access for the prescriber in accordance with applicable legislative and regulatory requirements and professional standards.
- If a prescriber is unable to obtain access to the RCF's EMCS, medicines may need to be prescribed outside of the EMCS to ensure safety and timely supply of medicines for the SoC. These medicines may be recorded on SoC's EMC as an 'administration only' order by an authorised user of the EMCS in accordance with the RCF's clinical governance and policies.

First Nations health services CBEP Prescribing and Dispensing - SoCs admitted to a First Nations health service receiving clinical care as an inpatient can be prescribed CBEPs. During their admission, any required medicines are prescribed, supplied, and administered directly by authorised healthcare professionals within the service using the chart based electronic prescribing processes.

5.5.2 Specific preconditions for CBEP Prescribing and Dispensing

In addition to the common preconditions outlined in [Section 5.1 Overarching common preconditions for GEP and CBEP](#), to participate in chart based electronic prescribing, EMCS products will need to comply with the requirements outlined in the relevant legislation under the National Health Act and the EMCS conformance requirements.

Prescribing: A prescriber may issue a CBEP for a SoC when the following preconditions are met:

- a) The SoC is receiving medicine treatments in a facility-based setting

²⁰ Australian Commission on Safety and Quality in Health Care, [Electronic National Residential Medication Chart Medication Management Systems - Software vendor information resource](#), Australian Commission on Safety and Quality in Health Care website, 2021, accessed 1 April 2026.

²¹ Department of Health, Disability and Ageing (2025), [eNRMC User Resource](#), Department of Health, Disability and Ageing, accessed 1 April 2026.

- b) The EMCS used by the prescriber supports chart based electronic prescribing
- c) the particular medicine is able to be prescribed as a CBEP and is not prohibited under any applicable legislation or regulation (e.g. eNRM legislative instrument, NEMCF legislative instrument)
- d) The prescriber issues the CBEPs in accordance with all relevant legislation, regulations, and professional standards.

Dispensing: An authorised dispenser/pharmacist may access and dispense an EMC's CBEP generated from an EMCS for a SoC when the following preconditions are met:

- a) The SoC or their representative have provided the required consent for dispensing
- b) The authorised dispenser/pharmacist has obtained a valid chart identifier, DSPID or QR code for a CBEP and access to the EMC.
- c) The dispensing software system used by the dispenser supports CBEP dispensing. Pharmacies may need to consider the physical placement of scanning equipment and display screens to ensure they can accommodate the scanning of QR coded chart identifiers and DSPIDs.

Each organisation may use different mechanisms for requesting the dispensing of a CBEP (e.g. a phone call to the pharmacy, electronic dispensing request delivered to the dispensing system).

5.5.3 Specific exception conditions and their treatment for CBEP Prescribing and Dispensing

In addition to the overarching common exception conditions outlined in [Section 5.2 Overarching common exception conditions for GEP and CBEP and their treatment](#), the below specific exception conditions and their treatment in the chart based electronic prescribing context are to be considered.

Table 12. Specific exception condition and their treatment for CBEP prescribing and dispensing

Chart management exception condition	Treatment
SoC is being transferred from one care facility to another care facility	In the event a SoC is required to be transferred from one healthcare facility to another for continuation of care, healthcare organisations are encouraged to have defined processes to manage these transitions of care. To ensure medication continuity, organisations may consider mechanisms to share a copy of the EMC. The copy of the EMC will need to comply with the requirements outlined in the relevant legislation under the National Health Act.
SoC or their representatives exercise their choice to receive supply for CBEPs from a pharmacy of their choice	Where a SoC or their representatives chooses to have a CBEP dispensed from a pharmacy of their choice, the EMC (containing the chart identifier, each CBEP's GUPI/DSPID or QR codes), in either paper or electronic form will be provided to the chosen pharmacy to obtain the medicine supply. It is acknowledged that healthcare organisations may use the following mechanisms to support the SoC's choice:

- Sending a copy of the EMC to the pharmacy selected by the SoC or their representatives.
- Providing the chosen pharmacy with direct access to the EMCS for the SoC.

The copy of the medication chart will need to comply with the requirements outlined in the relevant EMC legislation (e.g. NEMCF legislative instrument, eNRMC legislative instrument).

For more information, please refer to the following:
[UC5A: CBEP - electronic prescribing and dispensing from an EMC](#)

An electronic prescription for a SoC exists outside of an active EMC

If clinically appropriate and consistent with local policies, an authorised user of the EMCS may update the EMC to include the medicine as an administration only order and provide reference to the electronic prescription's DSPID.

For more information, please refer to the following:
[UC5A: CBEP - electronic prescribing and dispensing from an EMC](#)

Dispensing exception condition

Treatment

Dispenser is unable to obtain access to SoC's EMC

If there is a request to dispense a CBEP for an item on the EMC and a dispenser/pharmacist cannot access and view the EMC due to technical or operational issues, the dispenser/pharmacist may access the downtime copy of the EMC and contact the prescriber to confirm the medicine details required for supply. Where permitted under relevant legislation or regulations, the dispenser/pharmacist may supply the medicine under a verbal order from the prescriber.

For more information, please refer to the following:
[UC5A: CBEP - electronic prescribing and dispensing from an EMC](#)

Dispensers decides to annotate the EMC

When reviewing/dispensing a CBEP from an EMC, the dispenser/pharmacist may annotate the EMC as per local policy and legislative requirements. While systems may differ in how they provide the supply pharmacy with viewing and annotation access to the EMC, any EMC information shared with the supply pharmacy must comply with all relevant legislative requirements.

Note: This is separate from the annotations a dispenser/pharmacist adds to CBEPs stored in the NPDS as part of a dispense activity and made available only to subsequent dispensers.

For more information, please refer to the following:

UC5A: CBEP - electronic prescribing and dispensing from an EMC

5.5.4 Specific CBEP Prescribing processes

The ecosystem diagram [Figure 7. Electronic Prescribing ecosystem model with a Chart Based Electronic Prescription \(CBEP\) focus](#) in [Section 2.2.3 Chart Based Electronic Prescription ecosystem view](#), provides a high-level illustration of the systems and actors within chart based electronic prescribing care facilities. The diagrams provide context for medicine supply by pharmacies for administration within facility-based care settings;

- Via the NPDS for legal CBEPs. This supports the prescribing, dispensing and claiming of PBS/RPBS prescriptions without the need for separate paper prescriptions under the EMC framework. This mechanism can also be used for legal private prescriptions.
- Direct integration where inpatient supply order/supply requests (for imprest stock and inpatient medicines supplies that do not require legal prescriptions) are transmitted directly between the EMCS and dispensing systems. This supports seamless communication of inpatient medication supply needs and is reliant on local infrastructure, processes and clinical workflows.

Prescribers are provisioned with access to the facility's EMCS and electronic prescribing capability to support the delivery of medical care to admitted SoCs. These prescribers use the EMCS to:

- Create the EMC and prescribe CBEPs in accordance with relevant regulations, legislation and professional standards.
- Review the EMC in accordance with policy and regulatory requirements
- Update the EMC at any time as required. e.g. cancel/ceasing CBEPs

For more information, please refer to the following:

[UC5A: CBEP - electronic prescribing and dispensing from an EMC](#)

5.5.5 Specific CBEP dispensing processes

Facility-based medicine supply arrangements are generally established through the admission consent process. SoC's typically consent for medicines supply to be provided through an in-house or contracted pharmacy. Alternatively, the SoC may choose to have their medication supplied by a pharmacy of their choice.

If required, the SoC's selected pharmacy requests access to the facility's EMCS and the SoC's EMC containing the chart identifier and all the CBEP's DSPIDs or QR codes. These codes can be scanned by the dispensing system for dispensing and supply. It is the responsibility of the health organisations to ensure authorised dispensers/pharmacists have appropriate access to the full EMC to fulfil medicine supply requests for the SoC. It is acknowledged that healthcare organisations may use the following mechanisms to support this:

- Sending a copy of the EMC to the supplying pharmacy; or
- Providing the supplying pharmacy with direct access to the EMC for the SoC via the EMCS

For more information, please refer to the following:

[UC5A: CBEP - electronic prescribing and dispensing from an EMC](#)

6. Consumer-facing applications and intermediaries

Conformant consumer-facing applications are key components of the electronic prescribing ecosystem enabling consumers to engage with electronic prescriptions via consumer-facing applications (such as mobile and web applications). These applications enable SoCs and their representatives to view and manage a SoC's electronic prescription, including ability for a SoC or their Carer to access and manage ASL capabilities as described in [Section 4.8 ASL access and management for consumers](#).

For consumer-facing applications, access to all functionalities provided through the NPDS or ASLR will be provided through their respective conformant intermediary.

The intermediaries may be delivered as stand-alone software solutions, servicing one or more consumer-facing applications, or as an embedded part of a consumer-facing application. The intermediary manages communication between the national Electronic Prescribing services (i.e. NPDS and ASLR services) and the consumer-facing applications, as shown in [Figure 15. Communication between conformant consumer-facing applications/intermediaries and EP national services](#).

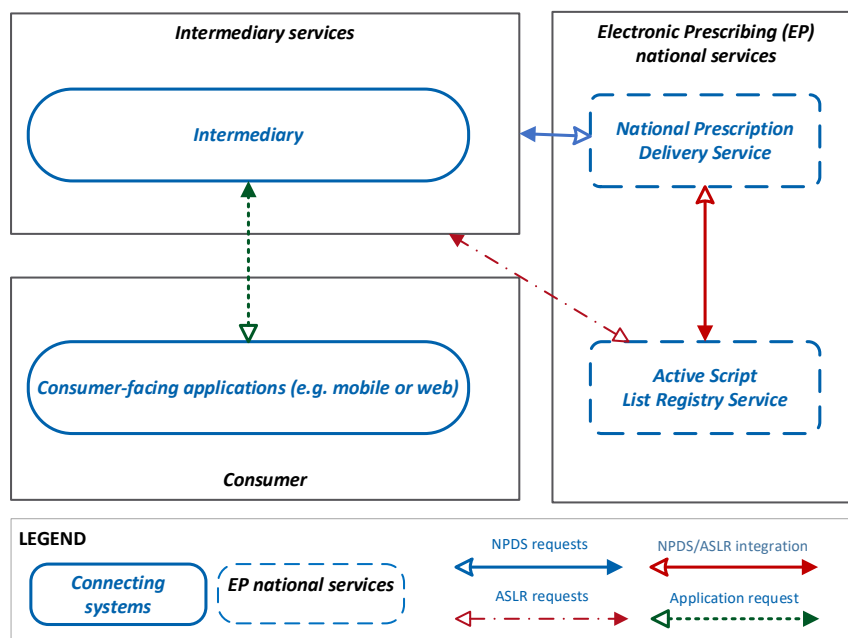


Figure 15. Communication between conformant consumer-facing applications/intermediaries and EP national services

6.1.1 Intermediary for a specific consumer-facing app or as a service

An organisation may choose to develop an intermediary only to meet the needs of a specific consumer-facing application. Its functionality, development lifecycle and compliance obligations would be coupled with its associated consumer-facing application.

An organisation may choose to develop intermediaries providing a range of functionalities via connection to the NPDS and ASLR and offer that capability to range of consumer-facing application developers. In this scenario, the intermediary is classed as a service. It enables range of consumer-facing app developers to develop a consumer-facing application without the need to also develop an intermediary.

For organisations who develop an intermediary as a service, additional functionality and considerations apply beyond those required for a single use intermediary. These may include:

- Exposure of an application interface for connecting consumer-facing applications
- Provision of a specification for interfacing with the intermediary
- Provision of a developers guide for building consumer-facing applications
- NPDS and ASLR Connection testing for consumer-facing applications
- Conformance testing of consumer-facing applications utilising the intermediary

Part 3: High-level architecture

7. High-level architecture

This section describes the architectural ideas an electronic prescribing system will need to consider and the principles under which it should be designed to operate.

Details regarding the Electronic Prescribing systems and interactions within the Electronic Prescribing ecosystem is provided in [Section 2.1 National Health Services ecosystem overview](#) and [Section 2.2 Electronic Prescribing ecosystem views](#)

7.1 Design principles

The following principles guide development of electronic prescribing systems:

1. **Security of SoC information:** Electronic prescribing systems must maintain the safety and privacy of current and historical SoC information.
2. **Integrity of prescription data:** Electronic prescribing systems must maintain the integrity of SoC prescription data.
3. **SoC choice of pharmacy:** Electronic prescribing systems will support a SoC's right to choose the pharmacy to supply their medicines.
4. **SoC choice of electronic vs paper prescriptions:** Current electronic prescribing design supports SoC's right to choose to receive an electronic prescription or a paper prescription. While electronic prescribing may become the default prescribing method as legislation, regulation and safety requirements evolve. Maintaining a paper prescribing option ensures continuity of care during system outages, technology failures, or periods of unreliable service.
5. **Electronic prescribing legislative and policy framework:** Electronic prescribing in Australia is backed by strong laws and policies to keep it safe, protect privacy, and make sure it meets national health standards.

Please refer to the Department's [policy and legislative framework](#)²² for more information.
<https://www.health.gov.au/our-work/electronic-prescribing>

6. **Leveraging existing assets and capabilities:** Electronic prescribing supports the National Digital Health Strategy 2023-2028²³ principle of leveraging existing assets and capabilities to fast-track the realisation of benefits for patients and the community.
7. **Leveraging emerging data sources and technology:** Electronic prescribing will actively prepare for emerging technologies to support greater system efficiencies, interoperability and quality improvement.
8. **New models of care:** Electronic prescribing will support the National Healthcare Interoperability Plan 2023-2028's²⁴ vision of a more interoperable Australian health system that supports the implementation of new digitally enabled models of care.

²² Department of Health, Disability and Ageing, [Electronic prescribing](#)

²³ Australian Digital Health Agency, [National Digital Health Strategy 2023-2028](#)

²⁴ Australian Digital Health Agency, [National Healthcare Interoperability Plan 2023-2028](#)

7.2 Expected characteristics

Based on the above principles, an electronic prescribing system is expected to support the characteristics listed in [Table 13. Expected characteristics of electronic prescribing systems](#)

Table 13. Expected characteristics of electronic prescribing systems

Design attribute	Characteristics
 Safe	The system will make sure medicine information is captured, transmitted and rendered as the prescriber intended and, in a manner legible to the dispenser/pharmacist.
 Secure	The system will make sure the potential for fraudulent activity is minimised, to a greater extent than afforded in current paper prescription practice.
 Private	The system will make sure the medicine information is accessible only to people who need to know and to benefit the SoC in a way which is equal to or better than that afforded in current practice in paper prescriptions.
 Acceptable and sustainable	The system will make sure the clinical workflows and processes for prescribers, dispensers and SoCs are no more onerous than those afforded in current paper prescription practice.
 Accessible	The system will make sure electronic prescribing artefacts provided to SoCs or their representatives and healthcare providers, are easily understandable, functional, and useable. This must be achieved irrespective of the mode of prescription (paper or electronic), and irrespective of the digital literacy, age, Indigenous status or cultural background, special circumstances (e.g. domestic violence), rurality or abilities of users (e.g. visual impairment).
 Flexible	The system will support multiple technical implementations, architectures, and operational models. Existing modes of prescribing, including paper prescriptions, will continue alongside electronic prescribing methods. The system will not mandate a single approach and must be capable of adapting to diverse clinical settings, workflows, and future developments.
 Supports innovation	The system will afford industry the latitude to innovate the architectures, methods and technologies by which electronic prescribing is delivered and by which systems interoperate, to ensure electronic prescribing continues to support Prescribers, Dispensers and SoCs.

7.3 Information architecture

This section describes the information architecture and data principles for national service infrastructure. It outlines key logical data elements required for conformant implementation and refers to use cases and standards.

In leveraging existing systems and permitting further industry innovation, this Solution Architecture does not define or declare a complete normative data model for the storage, transmission or exchange of prescription or dispense information. It does, however, describe certain data elements which are accommodated for NPDS implementation. These are detailed in the relevant national legislation and state and territory regulations, Conformance Profiles, and NPDS specifications.

7.3.1. Data principles

These key principles will form the foundation of a robust, secure and interoperable data for electronic prescribing. These principles act as a strategic framework, essential for building an accurate and reliable system. They ensure the integrity of sensitive information throughout the system, from data handling to storage, and enable the exchange of information among all the system components, while maintaining core design principles and expected characteristics as detailed in [7.1 Design principles](#) and [7.2 Expected characteristics](#).

These principles provide guidance but do not mandate an implementation approach. Implementation of these principles is determined by the relevant software design.

Table 14. INF001 – Interoperability as a premise

INF001 – Interoperability as a premise

Statement: Interoperability is desired not only for systems taking part in electronic prescribing, but for any systems which might handle relevant consumer and electronic prescription data.

Rationale: Integrating interoperability from the initial design phase ensures a more robust system, as it is easier and more effective than addressing compatibility issues as an afterthought.

Implications: Each stage of developing the electronic prescribing system must account for connected systems and data exchange. Design an integration mechanism for accurate, fast, and reliable information transfer. Ensure all participating systems support medical terminology and information standards as per the latest Conformance Profiles.

Table 15. INF002 – Prioritise open standards and frameworks

INF002 – Prioritise open standards and frameworks

Statement: Open standards, frameworks, solutions, methods and technologies take priority when selecting, recommending, or adopting components for electronic prescribing.

Rationale: Open standards and frameworks promote interoperability, accessibility, and widespread adoption of electronic prescribing. They reduce implementation barriers, minimise vendor lock-in, and support cost-effective end-to-end solutions across diverse healthcare settings.

Implications: Any system taking part in electronic prescribing should endeavor to align with and update its capabilities to support relevant and current open standards and frameworks. This may be driven by legislation, government policy, or emerging industry practice and will require ongoing investment in standards adoption, workforce training, and technology upgrades.

7.3.2. Data compatibility considerations

Ensuring that an electronic prescribing system aligns with established industry standards is essential for safety, interoperability, and long-term sustainability. This includes structuring data such as medicine names, clinical concepts, and electronic prescription details according to recognised terminology standards such as SNOMED CT-AU, Australian Medicines Terminology (AMT), and FHIR framework.

Aligning with these standards from the outset significantly enhances data quality, ensuring that medicine information is captured in a consistent, structured, and clinically accurate way. High-quality, standards aligned data enables seamless exchange of information with other healthcare systems. It also ensures that data models and schemas remain robust and future-proof as standards evolve.

Adherence to these standard frameworks minimises the need for custom interfaces, which are costly and time consuming to develop and maintain. However, it requires a strong understanding of these complex terminologies and an ongoing commitment to keeping systems up to date as the standards change. Alignment with the National Health Interoperability Plan 2023-2028²⁵ is therefore a key step and is strongly recommended for all software developers and implementers across the electronic prescribing ecosystem.

7.3.3. Data classification of electronic prescriptions

Under the [Australian Government Protective Security Policy Framework \(PSPF\)](#), electronic prescription data is OFFICIAL: Sensitive information and carries the Dissemination Limiting Marker “Sensitive: Personal”

7.3.4. Common information exchange mechanisms between electronic prescribing system components

While there is no single best way to implement information exchange between the different systems and services taking part in electronic prescribing, here we outline, at a high level, typical mechanisms for data exchange between systems.

²⁵ Australian Digital Health Agency, [National Healthcare Interoperability Plan 2023-2028](#)

API-based integration: Modern, service-oriented integrations commonly use **HL7® FHIR® RESTful APIs**. These provide a standardised, web-based approach for exchanging structured healthcare information using well-defined resources. FHIR APIs are well suited to real-time or near-real-time interactions and enable fine-grained access to prescription, medication, and related clinical data. Some services continue to expose **SOAP-based APIs**, which use rigid XML schemas and strongly typed message contracts. SOAP interfaces are typically employed where legacy systems, formal service contracts, or highly controlled transactional behaviour are required.

Messaging-based exchange: **Secure messaging** supports point-to-point exchange of clinical information between systems, ensuring confidentiality and integrity through encryption and secure transport protocols such as HTTPS. This mechanism is commonly used where asynchronous delivery is acceptable and where systems are not tightly coupled.

File-based transfer: For scenarios involving scheduled, bulk, or reconciliation-based data exchange, **Secure File Transfer Protocol (SFTP)** may be used. SFTP enables encrypted transfer of files between organisations and is typically applied where near-real-time exchange is not required.

Legacy and document-based standards: Many healthcare systems continue to rely on established interoperability standards. **HL7 v2.x** messaging remains widely used for transactional healthcare data exchange, particularly in hospital and pharmacy environments. While mature and broadly supported, it is less flexible than newer API-based approaches. For document-level exchange, **HL7 Clinical Document Architecture (CDA)** is used to share structured clinical documents that combine a human-readable narrative with coded data. CDA supports interoperability where complete clinical documents, rather than discrete data elements, are the unit of exchange.

7.3.5. High-level logical data concepts

Key data concepts for electronic prescribing are:

- Decrypted dataset (metadata) – dataset that is decrypted within the NPDS and ASLR to support the technical operations of the system.
- Encrypted dataset - the dataset containing personal and sensitive information, which must remain encrypted within the NPDS and ASLR at rest and during transmission.

Key NPDS and ASLR data concepts: This section will outline the high-level logical data concepts that need to exist to support electronic prescribing with a focus on NPDS and ASLR. This is illustrated in [Figure 16. Logical data concepts for NPDS and ASLR.](#)

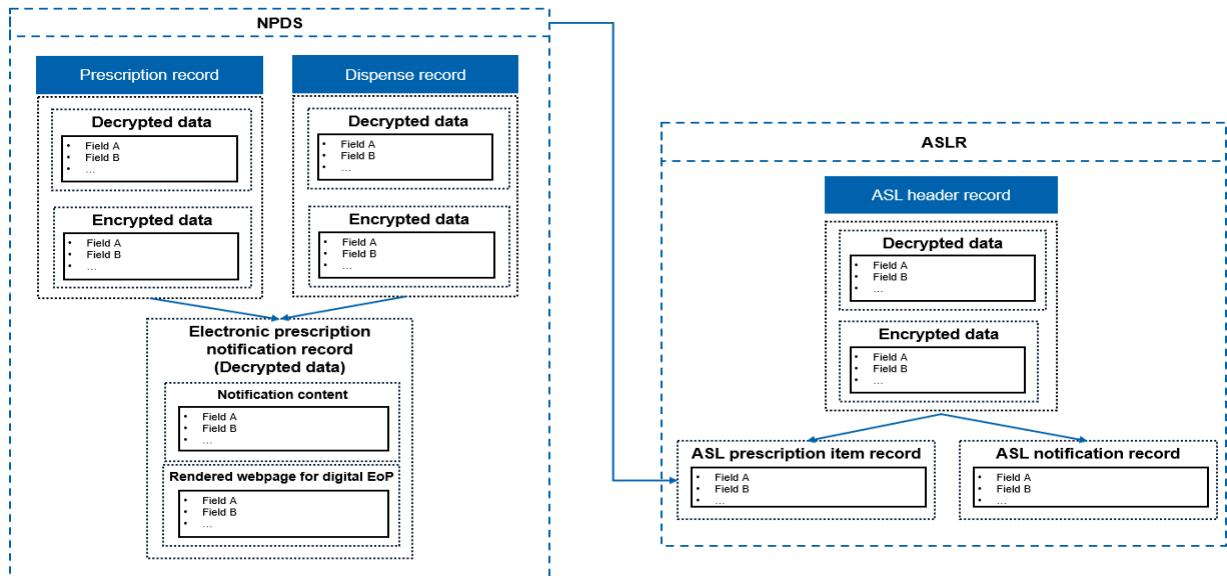


Figure 16. Logical data concepts for NPDS and ASLR

Table 16. Data requirements for NPDS data concepts outlines the key data concepts in the electronic prescribing ecosystem based on the NPDS. While some of these concepts were introduced earlier in the document, **Table 16. Data requirements for NPDS data concepts** outlines their data implications at a high level. These concepts must be supported by all systems taking part in electronic prescribing.

Table 16. Data requirements for NPDS data concepts

Data concept	Description relevant to the high-level logical data requirements
Prescription record	The required data elements are stored electronically in the NPDS in accordance with relevant legislation, regulations, and Conformance Profiles. For electronic prescriptions, together, these data elements constitute a legal prescription and serve as the instrument for the supply of medicines, as well as for supporting clinical safety and operational processes. For barcoded paper prescriptions the physical paper artefact is the legal prescription.
Dispense record	The required data elements are stored electronically in the NPDS in accordance with relevant legislation, regulations, and Conformance Profiles. These data elements constitute a legal dispense record for traceability, auditing and operational processes.
ASL header record	The required data elements stored electronically in the ASLR for a SoC, in accordance with relevant legislation, regulations, and Conformance Profiles. These fields include key demographic data of the SoC/their representative, carers / agents (if any) alongside permissions, consents, preferences and authorisations.
ASL prescription record item	The required data elements of the prescription shared by the NPDS that is stored electronically in the ASLR in accordance with relevant legislation, regulations, and Conformance Profiles and linked to an ASL header record. These data elements support the SoC/their representative or carer (if any), in the management of their active prescriptions.
ASL notification record	The required data elements stored electronically in the ASLR for a SoC, to facilitate ASL notifications.
Electronic prescription notification record	The required data elements of the prescription shared by the NPDS that is stored electronically in the NPDS in accordance with Conformance Profiles to facilitate electronic prescription notifications. These notifications inform the SoC/their representative of the presence of an electronic prescription.

Notable data fields: Conformance Profiles include only the subset of data fields necessary to mitigate identified risks. The full list of data fields for each data concept defined in the table is available in the NPDS specification.

7.3.6. Data reporting considerations

It is expected that electronic prescribing system operators adhere to regulations and guidelines that dictate the capture, storage and sharing of electronic prescription data. This ensures that all electronic prescriptions are generated, transmitted, and dispensed in accordance with relevant standards, regulatory requirements, and controlled processes designed to protect data integrity, privacy, and clinical safety.

The Agency's Electronic Prescribing Conformance Technical Framework (Conformance Profiles) specifies requirements for event-based audit logging within electronic prescribing systems. Audit logs and activity histories are critical components of electronic prescribing in Australia. They provide a record of transactions and interactions with the system, ensuring a traceable path for accountability, security, and quality control. These logs help maintain the integrity of the electronic prescribing process, helping with the monitoring of medicine use, and ensuring compliance with legal and regulatory requirements. They also serve as a valuable tool for identifying and addressing potential issues, such as prescription errors or misuse of the system. They can also aid in certain administrative processes such as enabling manual PBS claiming for electronic prescriptions.

Electronic prescribing system operators may also be required to meet specific data reporting obligations in accordance with applicable regulations. This includes providing clear, accurate, and timely reports to regulatory bodies to support audits, compliance assessments, and investigations. Such reports are made available to the authorised parties promptly, while maintaining the confidentiality of SoC's information is preserved in accordance with legal and privacy requirements.

7.4 Security architecture

This section explains the importance and challenges of security architecture for electronic prescribing. It also outlines the guardrails that must be followed by all systems involved in the electronic prescribing workflow or ecosystem. A set of remediation strategies for common security risks is provided.

Security architecture plays a pivotal role in safeguarding the electronic prescribing ecosystem. Protecting sensitive health information starts with embedding security by-design to make sure the production, consumption, storage and transmission of sensitive health information is compliant and conformant to the different legislations, regulations, policies and standards. The security architecture tries to maintain the integrity and confidentiality of sensitive health data while providing a seamless and secure experience for all users.

This document, in leveraging existing solutions and permitting further industry innovation, does not define or declare one model, architectural pattern or approach to putting security requirements into practice for the different solution parts.

It does, however, require the inclusion of certain guardrails which must be accommodated for by-design when developing any system taking part in the electronic prescribing workflow or forming part of the electronic prescribing ecosystem.

This section will provide these guardrails:

- as security principles that must be applied to all participating systems, services and components
- by referencing standards, regulations and frameworks that software developers and implementers should align to and keep front-of-mind during each design decision

For more detailed security requirements and implementation guides, please refer to the most recent version of the Conformance Profiles.

7.4.1. Security principles

These key principles will form the foundation of a strong defence system for electronic prescribing. These principles act as a strategic framework, essential for building a secure and reliable system. They ensure the protection of sensitive information throughout the solution, from data handling to storage,

and enable the defence against ongoing cyber threats, all while maintaining patient privacy and trust in the healthcare system.

These principles drawn from [7.4.2 Security standards, strategies and frameworks](#), provide guidance but do not mandate an implementation approach. Implementation of these principles is determined by the relevant software design.

SEC001 - Security by-design

Security and privacy are to be embedded by-design, during development and as part of continuous improvement and continuous development, supporting data security throughout its lifecycle.

Rationale: Building security controls in from the beginning produces more robust systems and prevents vulnerabilities, reducing costly rework or breaches later.

Implications: All phases of the system lifecycle must include security tasks. For example, conduct security risk assessments and architecture reviews early.

SEC002 - Right of access

Every consumer has the right to securely view and share their electronic prescribing data by commonly available means without compromising data accuracy and integrity; they can also elect to remove their data if not required for legal recordkeeping purposes.

Rationale: Consumers have a legal and ethical right to access their health data. Secure access empowers consumers and fosters transparency and trust.

Implications: Electronic prescribing solutions must implement secure user authentication (see SEC009) and user-friendly interfaces for consumers to access their prescription information. Role-based access controls (see SEC008) should enforce that consumers can only access their own data, and that only authorised providers (with appropriate consent) can retrieve consumers prescriptions (reflecting the need-to-know principle in Protective Security Policy Framework (PSPF) and Information Security Manual (ISM)). Systems must log consumer access and consent for auditing and accountability. Data removals or corrections requested by consumers should be honoured in a way that complies with legal requirements.

SEC003 - Security first

Prioritise security in every change or new feature, no exceptions. All updates, new integrations, or changes to electronic prescribing systems must maintain or strengthen the existing security posture. Security considerations cannot be sacrificed for functionality or speed of delivery. In practice, any design or code change should undergo a security impact assessment, and necessary controls must be in place before deployment.

Rationale: A “security-first” mindset ensures ongoing development does not introduce vulnerabilities. By treating security as non-negotiable and embedding it into governance processes, organisations reduce the risk of inadvertent weaknesses.

Implications: Every code change, system configuration update, or third-party component addition must be vetted for security impact. This may involve more rigorous change management, including threat modelling and code review for security issues, and formal risk sign-off by security advisors. This approach may slow down the deployment of new features should the organisation development pipeline be immature but ensures safety.

SEC004 - Security continuous improvement

Continuously adapt and strengthen security measures as threats evolve. Electronic prescribing systems must adopt a proactive stance of ongoing improvement, updating security controls and practices in response to new vulnerabilities, threat intelligence, and technological advances. Regular security assessments (e.g. penetration tests aligned to a vulnerability disclose program, code audits) and reviews of security logs and processes are required to identify weaknesses and drive enhancements.

Rationale: The cyber landscape is dynamic: new exploits (such as 2023 OpenSSL “ALPACA” vulnerability or the Log4Shell-type events) can emerge with little warning. Systems that remain static will become increasingly prone to attacks. A cycle of continuous improvement ensures that defences remain effective over time.

Implications: The electronic prescribing system must regularly update its security measures, which requires ongoing investment in security training and technology updates. System operators should assess their ability to deploy security changes quickly and reliably by using DevOps Research and Assessment (DORA) metrics, such as deployment frequency and mean time to restore service.

High-performing teams can implement critical patches or security improvements quickly, minimizing exposure.

SEC005 – Healthcare industry involvement

Collaborate with healthcare industry stakeholders to ensure end-to-end security. The design, implementation, and ongoing improvement of electronic prescribing security should involve continuous input and feedback from the broader healthcare community, including clinical software developers, healthcare providers, pharmacies, government agencies and other experts. Security measures must be realistic, informed by industry threats and best practices, and support clinical workflows.

Rationale: Cybersecurity is a shared responsibility. Engaging with industry groups and professional bodies helps to identify emerging threats (e.g. new fraud schemes or vulnerabilities in widely used systems) and to share effective defensive techniques.

Implications: electronic prescribing systems should facilitate and participate in regular security working groups or forums with the industry such as sharing threat intelligence about attacks on clinical software system or discussing implementation challenges of new security standards (e.g. use of Health Cyber Sharing Network Pilot funded by Australian Department of Home Affairs). The electronic prescribing system's security planning must include engagement with industry experts, which can lead to more comprehensive security strategies but also requires active collaboration and communication.

SEC006 - Data minimisation

Collect and retain only the minimum necessary amount of personal health information required for a specific purpose and effectively destroy any records right after the legally needed period of retention is expired. Any personal health information that is not necessary for clinical care, regulatory compliance, or other justified purposes should not be collected; if collected, it should be promptly sanitised or de-identified when permissible.

Rationale: Limiting the amount of personal health information collected and retained reduces the exposure and impact of potential breaches and follows privacy regulations.

Implications: Solution designers must carefully determine which data fields are essential, e.g. A prescription record needs SoC identifiers and medicine information, but it may not need unrelated personal data like full medical history or billing information. Data flow diagrams should identify points

where data can be truncated or not stored at all. Retention policies should ensure old prescription data is sanitised or archived (with appropriate approvals) once it has past retention periods. Adoption of strict data classification aids this.

SEC007 - Encryption

Use strong encryption to safeguard sensitive data, both when stored and when transmitted. All prescription and patient data must be protected with encryption algorithms and protocols approved by the Australian Government specifically the Australian Signals Directorate (ASD).

Rationale: Encryption is a foundational control to ensure that even if data is intercepted or stolen, it remains unintelligible. Mandatory encryption of health information is a de-facto requirement under many frameworks due to protection of data confidentiality and integrity.

Implications: Electronic prescribing products must implement current, trusted cryptographic standards. Developers should use well-vetted libraries (e.g. Microsoft's cryptography APIs, OpenSSL with secure settings) rather than custom cryptography. All network calls (between prescribing systems, dispensing systems and NPDS/ASLR) should enforce Transport Layer Security (TLS) with valid certificates and strong cipher suites; older protocols -such as plain Hypertext Transfer Protocol (HTTP) or outdated Secure Sockets Layer (SSL) versions- should be disallowed. Database encryption or file-level encryption should be applied to personal health information with keys stored in secure vaults or Hardware Security Modules (HSMs). Access to encryption keys must be tightly controlled with access given to only the minimum personnel or service accounts, with audit logs. Encryption may introduce overhead and complexity in areas like key rotation or disaster recovery, so those processes need careful planning so as not to cause an availability issue.

SEC008 - Access control

Apply strict access controls so that users and systems only access what they need. Enforce the principle of least privilege via granular access control mechanisms (e.g. role-based access control, RBAC). Each user, system component, or process in the electronic prescribing ecosystem should have permissions limited to its required functions. Administrative or high-privilege access must be tightly restricted and regularly reviewed.

Rationale: Limiting access reduces the potential damage from compromised accounts or human error. If an attacker gains control of a user account, least privilege ensures they cannot pivot to sensitive data or critical functions beyond that account's minimal access.

Implications: The electronic prescribing system must enforce strict access policies, which requires a well-defined access control framework and user types and may affect user convenience.

SEC009 - Authentication and authorisation

Make sure only authenticated and authorised users can access the system and that they are verified through secure methods. The electronic and physical addresses and details associated with the authentication and authorisation mechanisms must be regularly verified and confirmed before sending any sensitive information to any electronic/physical address.

Identity Access Management (IAM) plays a pivotal role in controlling access to electronic prescription data across the different systems taking part in electronic prescribing. IAM systems are designed to make sure only authorised individuals, such as prescribers and dispensers, can access and manage electronic prescriptions. The advantages of a centralised IAM include a unified point of control over user access, especially for jurisdictional enterprise prescribe and dispense systems, which simplifies the management of user permissions and improves security tracking.

The data implications of implementing a centralised IAM include the need for robust encryption and secure data storage to prevent unauthorised access, as well as ensuring compliance with privacy regulations and maintaining the integrity of sensitive health information. Also, the data model must account for scalability to handle a growing number of access requests without degradation in performance. The centralised IAM must also be designed to integrate seamlessly with other systems, requiring a flexible schema that can adapt to various authentication methods and user roles.

Rationale: Verifying user identities and permissions makes sure only legitimate users can access the system. Compromised credentials and identity spoofing are major sources of breaches (phishing accounted for ~60% of incidents in 2024–25).²⁶

Implications: The electronic prescribing system must use secure authentication methods, which could include means such as Multi-Factor Authentication and Single Sign On and may require user education to ensure compliance. Depending on the setting of a system a relative risk assessment may need to be performed comparing the risks necessitating Multi-Factor Authentication verses those related to clinical usability and workflow.

SEC010 - Auditability and regular assessment

Activities should be systematically logged, and security tests conducted regularly. All critical actions and access events within electronic prescribing systems must be documented in tamper-resistant and reviewable audit logs. Organisations are required to perform routine security assessments, audits, and drills to evaluate the effectiveness of controls and incident preparedness. Ideally, this process encompasses ongoing security testing with a vulnerability disclosure programme, as well as penetration tests, vulnerability scans, and compliance audits.

Rationale: Regular assessments help identify security gaps, and audit logs are invaluable for detecting breaches and conducting forensic investigations.

Implications: Systems must generate audit logs for key events: user logins (e.g. successful and failed), access or query of prescription records, changes to user permissions, system configuration changes, and data transfers. These logs should include relevant details (timestamps, user IDs, event descriptions) and be aggregated in a secure log management system. Access to logs should be limited (to prevent tampering) and logs should be retained for a period consistent with policy or healthcare regulations may represent costs for storage/licensing that needs to be anticipated for. Conducting security assessments may involve hiring independent testers or use internal teams to simulate attacks on the system (penetration testing) and fix any discovered vulnerabilities. The electronic prescribing system must conduct frequent security checks and maintain detailed logs, which requires resources for continuous monitoring and analysis. Conduct regular security risk assessments and penetration testing to identify and mitigate potential vulnerabilities and maintain comprehensive audit logs that record all access and actions taken on personal health information to enable tracking and forensic analysis.

7.4.2. Security standards, strategies and frameworks

Established security standards, strategies and frameworks play an important role in shaping a secure electronic prescribing ecosystem. These guidelines serve as key inputs and reference points for the development process, providing clear directions for creating a system that is both safe and effective. They offer a set of rules and best practices that help in making informed decisions to protect sensitive health information against digital threats, ensuring the system remains trustworthy and resilient.

²⁶ Australian Signals Directorate, [Annual Cyber Threat Report 2024-2025](#), Cyber website, 2025, accessed 2 April 2026.

Key Agency strategies and frameworks

The following Agency strategies and frameworks have been identified that relate to electronic prescribing:

Cyber Security Strategy 2022-2025²⁷

This strategy outlines the approach to protecting digital health systems against cyber threats. For electronic prescribing, it ensures the integrity and confidentiality of prescriptions, safeguards patient data and maintains the trust of healthcare providers and patients.

By providing a strategic framework for cybersecurity, this document helps electronic prescribing systems to expect, prevent and respond to cyber threats effectively, thus enhancing the overall security and privacy of the prescribing process.

Key topics covered:

- risk management
- threat intelligence
- incident response
- security culture and awareness
- partnership and collaboration.

Conformance Profiles

Conformance Profiles provide detailed requirements for systems to ensure they work effectively within the electronic prescribing ecosystem. They make sure electronic prescription information is generated, transmitted, and processed securely and accurately across different systems and platforms.

Conformance Profiles make sure all systems involved in electronic prescribing adhere to strict security and privacy standards, which reduces the risk of data breaches and unauthorised access to sensitive health information.

Key topics covered:

- interoperability standards
- data quality and consistency
- technical specifications
- conformance and compliance requirements.

²⁷ Australian Digital Health Agency, [Cyber Security Strategy](#), Australian Digital Health Agency website, 2026, accessed 1 April 2026.

Key government strategies, standards and frameworks

The following Australian Government strategies and frameworks have been identified that relate to electronic prescribing:

2023-2030 Australian Cyber Security Strategy - Department of Home Affairs²⁸

This strategy sets the national direction for cyber security across all sectors, including healthcare. It impacts electronic prescribing by promoting a secure digital environment for health data.

By aligning with national priorities and initiatives, electronic prescribing systems can leverage resources and guidance to enhance their cyber resilience and protect patient privacy. Developers will have better understanding of where their product fits in the wider system landscape.

Key topics covered:

- national cyber security priorities
- public-private partnerships
- innovation and workforce development
- incident response and resilience.

Information Security Manual (ISM)²⁹

The ISM provides specific technical guidance for securing government information systems, which can be applied to electronic prescribing systems to ensure they are robust against cyber threats.

The ISM's detailed controls help electronic prescribing systems to implement best practices in securing sensitive health information, thus improving data security and patient privacy.

Key topics covered:

- control guidelines
- system hardening
- data protection
- incident management.

Australian Signals Directorate's Essential Eight³⁰

The Essential Eight provides a prioritised list of mitigation strategies to protect systems, including those used for electronic prescribing, from a range of cyber-attacks.

²⁸ Department of Home Affairs, [2023-2030 Australian Cyber Security Strategy](#), Department of Home Affairs website, 2026, accessed 1 April 2026.

²⁹ Australian Signals Directorate, [Information security manual](#), Cyber website, 2026, accessed 1 April 2026.

³⁰ Australian Signals Directorate, [Essential Eight](#), Cyber website, 2026, accessed 1 April 2026.

The Essential Eight can significantly reduce the risk of cyber incidents in electronic prescribing systems by aligning design efforts to known national priority areas for cyber security, thus enhancing the security and privacy of patient data.

Key topics covered:

- application control
- patch applications
- configure MS Office Macro Settings
- user application hardening
- restrict administrative privileges
- patch operating systems
- Multi-Factor Authentication
- daily backup of important data.

Protective Security Policy Framework (PSPF)³¹

The PSPF outlines how government entities should protect their people, information and assets. It relates to electronic prescribing as a significant part of electronic prescribing processes, systems and users operate in a government environment.

The PSPF makes sure electronic prescribing systems within government agencies maintain a high standard of security, helping to protect against unauthorised access and data breaches.

Key topics covered:

- governance
- Information security
- personnel security
- physical security.

Jurisdictional cybersecurity plans and strategies

Jurisdictional strategies provide a localised approach to cyber security, addressing specific risks and requirements relevant to electronic prescribing systems operating in a particular jurisdiction.

These plans enhance security and privacy by making sure jurisdiction-level electronic prescribing systems are tailored to address local cyber threats and follow jurisdictional regulations.

Key topics covered:

³¹ Department of Home Affairs, [Protective Security Policy Framework](#), 2025, accessed 1 April 2026.

- local cyber security initiatives
- jurisdiction-specific risk management
- collaboration with jurisdictional health departments
- training and awareness programs.

Digital Identity Legislation

Strong identity assurance is fundamental to the security of electronic prescribing. The Digital Identity Act 2024, which underpins Australia's secure, voluntary, and nationally recognized identity verification framework, defines requirements for identity proofing and authentication within federated identity systems such as myID (formerly myGovID). Electronic prescribing solutions should consider alignment with these requirements by supporting identity federation or equivalent authentication mechanisms that deliver appropriate levels of identity assurance.

Key industry standards and frameworks

These international standards, strategies and frameworks have been identified that may provide guidance relevant to electronic prescribing:

Open Worldwide Application Security Project (OWASP)

- application security best practices, risk assessment, vulnerability management
- provides guidelines for secure application development, including electronic prescribing systems
- offers comprehensive lists of vulnerabilities and mitigations to secure web applications against threats.

NIST SP 800-53 – National Institute of Standards and Technology

- security and privacy controls for federal information systems and organisations
- provides a catalogue of security controls for all US federal information systems, including those used for electronic prescribing
- helps to select appropriate security controls for information systems to protect against diverse threats.

NIST SP 800-66 – National Institute of Standards and Technology

- introductory resource guide for implementing the Health Insurance Portability and Accountability Act (HIPAA)
- offers guidance on how to implement the security standards in HIPAA, which is relevant for electronic prescribing systems
- provides a bridge between the general security controls in NIST SP 800-53 and the specific requirements of HIPAA.

Electronic Prescriptions for Controlled Substances

- specific to the electronic prescribing of controlled substances
- sets requirements for identity proofing, authentication, and recordkeeping to prevent diversion and abuse of controlled substances in electronic prescribing.

Software Supply Chain Security

- **SBOM and VEX** Modern cyber-attacks often target third-party components, as highlighted by ACSC's alert on supply chain attacks in health. The use of Software Bill of Materials (SBOM) and Vulnerability Exploitability eXchange (VEX) is encouraged.
- Open-Source Cybercrime & Threat Reference (OSC&R) provides a structured, open reference of software supply-chain attack techniques and mitigations, supporting developers and security teams in understanding and addressing supply-chain risks.

Development, Security and Operations (DevSecOps) and DevOps Research and Assessment (DORA) Metrics

- Fostering a DevSecOps culture is crucial for keeping security effective without slowing down innovation. Teams should integrate automated security tests into continuous integration and continuous deployment (static code analysis, dependency scanning, container security checks), ensuring that each software release is checked for vulnerabilities

8. Acronyms and Abbreviations

Acronym/Abbreviation	Description
ACSC	Australian Cyber Security Centre
The Department	The Department of Health, Disability and Ageing
The Agency	Australian Digital Health Agency
ALPACA	Application Layer Protocol Content Confusion Attack
Ahpra	Australian Health Practitioner Regulation Agency
AMT	Australian Medicines Terminology
API	Application Programming Interface
ARI	Authority Required Items
ASD	Australian Signals Directorate
ASL	Active Script List
ASLR	Active Script List Registry
CAS	Electronic Prescribing Conformance Assessment Scheme
CBEP	Chart Based Electronic Prescription
CDA	Clinical Document Architecture
DORA	DevOps Research and Assessment
DSPID	Delivery Service Prescription Identifier
EP	Electronic Prescribing
EMC	Electronic Medication Chart
EMCS	Electronic Medication Chart System
eNRMC	Electronic National Residential Medication Chart
EoP	Evidence of Prescription

ETP1	Electronic Transfer of Prescription 1
ETP2	Electronic Transfer of Prescription 2
FHIR	Fast Healthcare Interoperability Resources
FIDO	Fast Identity Online
GEP	General Electronic Prescription
GP	General Practitioner
GUPI	Globally Unique Prescription Identifier
HI Service	Healthcare Identifiers Service
HIPAA	Health Insurance Portability and Accountability Act
HPI-I	Healthcare Provider Identifier - Individual
HPI-O	Healthcare Provider Identifier - Organisation
HSM	Hardware Security Modules
HTTP	Hypertext Transfer Protocol
IAM	Identity Access Management
IHI	Individual Healthcare Identifier
ISM	Information Security Manual
MHR	My Health Record
MySL	My Script List
NASH	National Authentication Service for Health
NDE	National Data Exchange
NDHS	National Digital Health Strategy
NEMCF	National Electronic Medication Chart Framework
NEPTWG	National Electronic Prescribing Technical Working Group

NPDS	National Prescription Delivery Service
OAuth	Open Authorisation
OPA	Online PBS Authorities system
PBS	Pharmaceutical Benefits Scheme
PES	Prescription Exchange Service
PSPF	Protective Security Policy Framework
QR code	Quick Response Code
RACF	Residential Aged Care Facility
RCF	Residential Care Facility
RPBS	Repatriation Pharmaceutical Benefits Scheme
RTPM	Real Time Prescription Monitoring
SNOMED CT-AU	Systemized Nomenclature of Medicine – Clinical Terms (Australian version)
SoC	Subject of Care
SSL	Secure Sockets Layer
URI	Uniform Resource Identifier
VDP	Vulnerability Disclosure Programme
XML	Extensible Markup Language

9. Glossary

Term	Meaning
Active electronic prescription	An electronic prescription is created in the NPDS and can be dispensed.
Active Script List (ASL)	The ASL is a prescription management system that provides the consumer with a way to view and manage their active electronic prescriptions and barcoded paper prescriptions. The ASL provides only a subset of prescription information, rather than the full details of each prescription.
Active Script List (ASL) Linking Code	An ASL Linking Code is a unique code generated for a Subject of Care (SoC) that enables the linking of their ASL to a consumer-facing application user account.
Active Script List Registry (ASLR)	The ASLR is a national service that provides ASL capability.
Agent (in ASL context)	An individual authorised by the Subject of Care or the Carer to collect medicines on their behalf.
Australian Medicines Terminology (AMT)	The reference set within SNOMED CT-AU that is the national, standards-based approach to the identification and naming of medicines in clinical systems for Australia.
Authorised prescriber or prescriber	A healthcare provider who is permitted under Commonwealth and jurisdictional regulations to prescribe medicines within their scope of practice and has been granted access to the electronic prescribing capability within the prescribing system that enables them to: • create a prescription record and submit it to the NPDS • update an electronic prescription (including cancelling/correcting) in the NPDS
Authorised dispenser/pharmacist or dispenser/pharmacist	A healthcare provider who is permitted under Commonwealth and jurisdictional regulations to dispense medicines and has been granted access to the electronic prescribing capability within the dispensing system that enables them to: • create a dispense record and submit it to the NPDS • update electronic prescriptions (including cancelling/adding annotations) in the NPDS • update dispense record (including reversal/cancellation) in the NPDS
Authorised user	An authorised user is an individual whose access to system functions and operations is governed by role-based permissions and privileges within the system. Access is limited to activities appropriate to the user's professional role and scope of practice.

	Examples of authorised user groups include but are not limited to: • dispense technicians who may retrieve an electronic prescription from the NPDS for viewing only; or to create a 'draft' dispense record for the pharmacist to finalise and authorise; or view ASL or support ASL registrations. • nurses (or other healthcare professionals) who may retrieve an electronic prescription from the NPDS for viewing only; or create 'prescription records' under prescriber instructions for subsequent review, authorisation, and signing by the prescriber. • pharmacists who may create 'draft' prescription records for review, finalisation, and authorisation by an authorised prescriber. • system administrators who manage system user accounts (i.e., create/delete user accounts).
Cancelled electronic prescription	An electronic prescription may be cancelled by an authorised prescriber or an authorised dispenser/pharmacist who is directly involved in the care delivery for a SoC, for a valid reason and in accordance with applicable professional standards, legislation, and regulations. Cancellation is an action performed by an authorised healthcare provider when no dispense events have occurred against the electronic prescription. A cancelled electronic prescription is no longer valid and can no longer be dispensed. A cancelled electronic prescription cannot be re-activated.
Carer (in ASL context)	An authorised individual who can register for and interact with the SoC's ASL as if they were the SoC (e.g., a parent registering and managing ASL for their children).
Ceased electronic prescription	An electronic prescription may be ceased by an authorised prescriber or authorised dispenser/ pharmacist who is directly involved in care delivery for a SoC, for a valid reason in accordance with professional standards, legislation and regulations. Ceasing is an action that may be taken at any time during the prescription lifecycle when an authorised healthcare professional intends to cease a medicine. A ceased electronic prescription is no longer valid and can no longer be dispensed. A ceased electronic prescription cannot be re-activated.
Chart-based electronic prescriptions (CBEP)	Electronic prescription that is generated on an EMC using a conformant EMCS and submitted to the NPDS. A CBEP is a legal instrument that includes all medicine details the pharmacy needs to supply the medicine. When dispensing a CBEP, the authorised dispenser/pharmacist will review the SoC's whole EMC as part of the clinical and dispensing workflow.

Conformance	A measurement (by testing) of the adherence of an implementation to a specification or standard.
Conformance Identifier (ID)	A unique text string of up to 36 printable characters. Conformance IDs are approved by the Agency and remain confidential.
Conformant consumer-facing application	A conformant consumer-facing application is an application that has been formally assessed for electronic prescribing conformance requirements, enabling it to be used by consumers to engage with electronic prescriptions. Consumer-facing applications provide users with the ability to manage electronic prescriptions via personal devices. This may be a mobile or web application.
Conformant dispensing system	A conformant dispensing system is a pharmacy dispensing software system that has been formally assessed for electronic prescribing conformance requirements, enabling it to be used by authorised dispensers/pharmacists to access electronic prescriptions from the NPDS.
Conformant intermediary	A conformant intermediary is an intermediary that has been formally assessed for electronic prescribing conformance requirements, enabling it to be used by consumer-facing applications to access all functionalities provided through/by the NPDS or ASLR. This may also be known as a 'conformant consumer-facing application intermediary'.
Conformant general prescribing system	A conformant general prescribing system is a clinical prescribing software system that has been formally assessed for general electronic prescribing conformance requirements, enabling it to be used by authorised prescribers to generate and transmit general electronic prescriptions to the NPDS.
Conformant electronic medication charting system	A conformant electronic medication charting system is a clinical prescribing software system that has been formally assessed for electronic medication charting system conformance and legislative requirements, enabling it to be used by authorised prescribers to generate and transmit chart-based electronic prescriptions to the NPDS.
Consumer	A Subject of Care or Subject of Care's Representative.
Delivery Service Prescription Identifier (DSPID)	Identifies the particular electronic prescription within the NPDS. If applicable, this identifier may change through the prescription lifecycle (e.g. one that points to original, one that points to repeat authorisation).
Disabled electronic prescription	Electronic prescription that has been temporarily placed on hold by a pharmacist, which cannot be accessed and dispensed by other dispensing systems until re-enabled.
Dispense record	The required data elements are stored electronically in the NPDS in accordance with relevant legislation, regulations, and Conformance Profiles. These data elements constitute a legal dispense record for traceability, auditing and operational processes.

Dispense Reversal (or Reverse)	An operation performed to undo a previously completed dispense transaction within the electronic prescribing workflow. A dispense reversal effectively cancels the dispense record (including cancellation of active repeat authorisations generated at the point of dispense, if applicable) and reactivates the EoP associated with the dispense record for future dispensing. It is not the same as prescription cancellation; it applies to dispense records and typically involves sending a dispense reversal message to the NPDS and updating the prescription status to allow future dispensing. Notes: 1. if an active repeat authorisation generated at the point of dispense is cancelled as part of the dispense reversal, the number of remaining repeat authorisations prior to the dispense will be reinstated. 2. if the dispense reversal is for a CBEP with multiple supplies, the number of remaining supplies prior to the dispense will be reinstated.
Dispensed (in GEP context)	An electronic prescription has been dispensed successfully and is no longer available for dispensing.
Dispensing Organisation	A healthcare organisation that supports dispensing of medicines under relevant regulations.
Draft prescription record	Draft prescription record remains within the prescribing system and are not submitted to the NPDS until the authorised prescriber with electronic prescribing capability finalises and authorises the prescription record.
Draft dispense record	Draft dispense record remains within the dispensing system and is not submitted to the NPDS until the authorised dispenser/pharmacist with electronic prescribing capability finalises and authorises the dispense record.
Electronic Medication Chart	Used for charting CBEPs, medication orders, supply orders/supply requests.
Electronic Medication Chart review	A periodic review process that enables authorised prescribers to review the EMC for a SoC ensuring SoC receives medicines in line with their treatment plan and goals.
Electronic Medication Chart Identifier (chart identifier)	Unique identifier which groups one or more CBEPs from the same EMC for the same SoC.

Electronic Prescribing (EP)	The process by which a prescription is electronically generated by an authorised prescriber, authenticated with an electronic signature, securely transmitted to the NPDS for dispensing and supply, downloaded by a dispenser/pharmacist, seamlessly integrated into the dispensing software and, in the case of Australian Government subsidised prescriptions, available to be electronically sent to the Services Australia for claiming purposes under the PBS/RPBS regulations. Notes: 1. This definition does not preclude the use of paper processes to support electronic prescribing activity. 2. Repeat authorisation records uploaded to the NPDS by a dispenser/pharmacist are not electronic repeat authorisations unless the original prescription was generated by an authorised prescriber as an electronic prescription.
Electronic Prescribing capability	Electronic Prescribing capability enables the prescribing and dispensing of medicines without the need for a paper prescription. It supports the creation, transmission, and dispensing of electronic prescriptions using conformant prescribing and dispensing systems, facilitated through the National Prescription Delivery Service (NPDS).
Electronic prescribing ecosystem	The electronic prescribing ecosystem is the integrated network of digital health systems, and national services that enable the secure creation, authentication, exchange, storage, and management of electronic prescriptions. It includes core components such as NPDS, ASLR, HI Service, and NASH, as well as related systems like PBS/RPBS, with links to broader medicines management systems such as MHR and RTPM.
Electronic prescription	An electronic clinical document that has all information relating to an order to supply medicine to an individual and is legally dispensable instruction, held in the National Prescription Delivery Service (NPDS). An electronic prescription (GEP or CBEP) is generated electronically by an authorised prescriber in a conformant general electronic prescribing system or conformant EMCS, authenticated, securely transmitted to the NPDS for dispensing and supply, integrated into the pharmacy dispensing software and, in the case of PBS/RPBS prescriptions, available to be sent electronically to Services Australia (formerly the Department of Human Services - DHS) for PBS/RPBS claiming purposes. Note: This definition does not preclude the use of other processes or artefacts to support e-Prescribing.
Electronic prescription notification record	The required data elements of the prescription shared by the NPDS that is stored electronically in the NPDS in accordance with Conformance Profiles to facilitate electronic prescription notifications to consumers (e.g. SMS/emails). These notifications inform the SoC/their representative or dispenser/pharmacist of the presence of an electronic prescription.

Electronic transfer of prescription (ETP1)	The process whereby prescribing systems pass an electronic representation of a paper prescription to the NPDS, which is available for download by dispensing systems in support of dispensing a paper prescription.
Electronic transfer of prescription (ETP2)	The process whereby prescribing systems submits the electronic prescription to the NPDS which is available for download by dispensing systems in support of dispensing without the need for a paper prescription.
Evidence of Prescription (EoP)	EoP for GEPs are provided to the SoC/their representative as evidence that an electronic prescription was created for that SoC. It will contain a barcode/QR code or URI to discover and retrieve the electronic prescription. CBEPs contain a barcode/QR code or URIs but do not contain EoPs. EoPs for electronic prescriptions must not resemble a legal paper prescription as it is illegal to supply a pharmaceutical benefit from only the EoP.
Exhausted electronic prescription	The electronic prescription has not reached its expiration date, however, has exhausted the authorised number of repeats authorisations/supplies and is no longer available for dispensing.
Expired electronic prescription	An electronic prescription (including any repeat authorisations/remaining supplies) has reached its expiration date as per the relevant legislation, with or without being dispensed, and is no longer valid and cannot be dispensed.
General electronic prescription (GEP)	Electronic prescription created by conformant general electronic prescribing systems for community, outpatient or discharge prescriptions and submitted to the NPDS. A GEP is a legal instrument that includes all medicine details the pharmacy needs to supply the medicine.
Globally Unique Prescription Identifier	A distinct non-repeating identifier assigned to an electronic prescription when it is created and persists for all its repeats (if applicable).
Healthcare organisation	An entity or a part of an entity that provides healthcare.
Individual Healthcare Identifier (IHI)	An Individual Healthcare Identifier (IHI) is a unique number used to identify an individual for health care purposes, in Australia.
Intermediary as a service	Service that enables one or more consumer-facing applications to connect to the NPDS and ASLR.
Item	Prescription information AND a EoP. This also applies to repeat authorisations.

Medicine or medication	A substance you take to treat an illness, treatment or for the prevention of illnesses and injuries.
National Clinical Terminology Service (NCTS)	Responsible for managing, developing and distributing national clinical terminologies and related tools and services to support the digital health requirements including being the Australian National Release Centre for SNOMED CT® on behalf of SNOMED International , National Clinical Terminology Service - National Clinical Terminology Service
National Prescription Delivery Service	NPDS is a service that enables the electronic transfer of prescription information from prescribing systems to dispensing systems. It provides the mechanism that ensures all prescriptions are communicated accurately and securely, supporting safe and efficient supply of medicines.
National Prescription Delivery Service Operator	The operator of the NPDS who provides managed services for the operations of electronic prescribing.
Personal and sensitive information	Personal information is information about an individual. Sensitive information is personal information that has a higher level of privacy protection than other personal information. See https://www.oaic.gov.au/privacy/guidance-and-advice/what-is-personal-information .
Prescribing Organisation	A healthcare organisation that supports prescribing of medicines under relevant regulations.
Prescription record	The required data elements are stored electronically in the NPDS in accordance with relevant legislation, regulations, and Conformance Profiles. Together, these data elements constitute a legal prescription and serve as the instrument for the supply of medicines, as well as for supporting clinical safety and operational processes.
Representative	An individual authorised by the Subject of Care to support them in receiving care.
Single use intermediary	An intermediary is only used to meet the needs of a specific consumer-facing application. Its functionality, development lifecycle and compliance obligations would be coupled with its associated consumer-facing application.
Site consent (in ASL context)	The SoC provides consent for a site to view the SoC's ASL. The site might be a pharmacy, clinic, franchise or other organisation that would benefit from viewing the ASL.
Subject of Care	The person for whom the medicines prescribed on the electronic prescription are intended.
Supply order/ supply request	Communication between EMCS and other dispensing systems to enable medication supply to the SoC. It is not an electronic prescription.

Suspended electronic prescription	The CBEP is placed in a suspended status when a required EMC review has not been completed on time. A suspended CBEP cannot be accessed and dispensed. It will only be reactivated once an authorised prescriber completes the outstanding EMC review.
The Agency	The Agency's role is to deliver the technical framework to help clinical software system to create, collect and store electronic prescriptions.
The Department	The Department's role is to provide overall policy and legislative framework for electronic prescribing.
Vulnerability Disclosure Programme	Formal process that allows security researchers and the public to report security vulnerabilities safely and responsibly to an organisation.

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Appendix A: Electronic Prescribing Use Cases

UC1A: GEP - prescribing & dispensing at Subject of Care's pharmacy of choice using an electronic EoP

This use case applies when a prescriber issues an electronic prescription for the SoC to be dispensed at the SoC's pharmacy of choice, where the SoC/their representative indicates a preference for an electronic prescription, to receive an electronic prescription notification linking to an electronic EoP.

Key steps

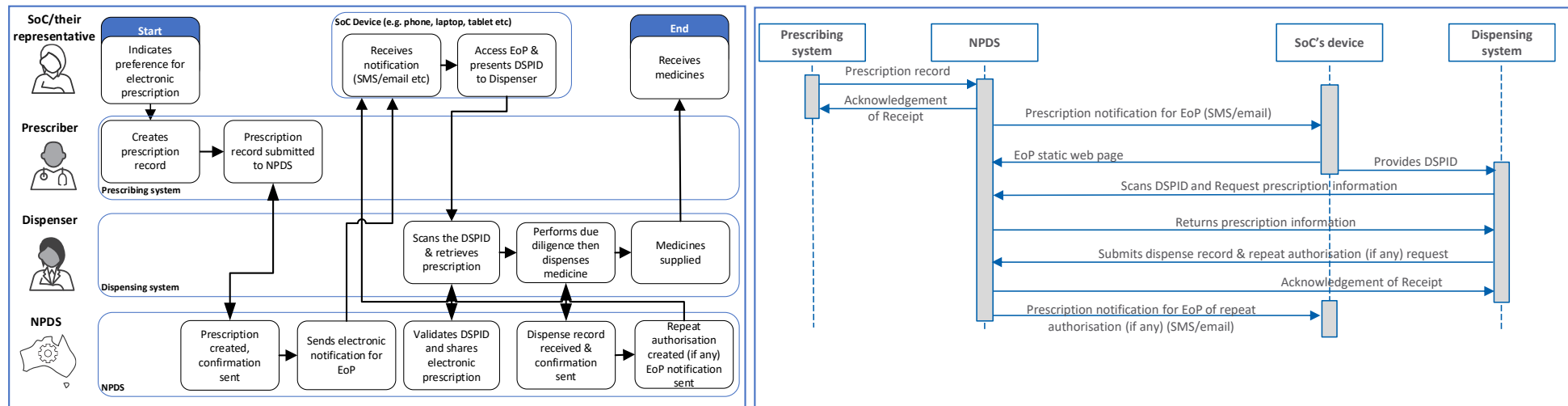
1. SoC/their representative indicates a preference to receive an electronic prescription and to receive an electronic prescription notification.
2. Prescriber creates a prescription record in the electronic prescribing system and confirms SoC's preferred electronic address.
3. The prescribing system then generates the DSPID and submits the prescription record including the DSPID and electronic address to the NPDS.
4. The electronic prescription is created in the NPDS and the NPDS sends an electronic prescription notification to the electronic address.
5. SoC/their representative attends their pharmacy of choice and retrieves the EoP by clicking a URI link on the electronic prescription notification, which directs the SoC to the electronic EoP.
6. Dispenser/pharmacist scans the EoPs DSPID (most likely in the QR code format) and retrieves the electronic prescription data from the NPDS into the dispensing system.
7. The dispenser/pharmacist performs dispensing due diligence, dispenses the medicines while making annotations within the electronic prescription (if required).
8. The dispensing system submits the dispense record to the NPDS for storage.
9. If applicable, the dispensing system creates a new DSPID for a repeat authorisation and submits the repeat authorisation record including the new DSPID and the electronic address to the NPDS.
10. The repeat authorisation is created in the NPDS and the NPDS sends a repeat authorisation notification to the SoC's electronic address.
11. Dispenser/pharmacist supplies the medicines to the SoC and confirms that the repeat authorisation notification has been received by the SoC.

Operational considerations

- A SoC's IHI must be validated prior to generating an electronic prescription. If the prescribing system is unable to validate a SoC's IHI with the HI Service, a paper prescription can be generated.
- Currently, SoCs can exercise choice between:
 - Receiving a paper prescription or an electronic prescription
 - Receiving an electronic or paper EoP
- Implied consent is obtained when the SoC indicates they wish to receive an electronic prescription.
- If the dispensing system is unable to scan the barcode/QR code, the DSPID is able to be manually entered.
- Annotations to electronic prescriptions must only be made where permitted by applicable legislation and regulation.

System considerations

- Both the prescribing and dispensing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC1B: GEP - prescribing and dispensing using paper EoP and dispensing in Subject of Care's pharmacy of choice

This use case applies when a prescriber issues an electronic prescription for the SoC to be dispensed at the SoC's pharmacy of choice, where the SoC/their representative indicates a preference for an electronic prescription, to receive a paper EoP.

Key steps

1. SoC/their representative indicates a preference to receive an electronic prescription and to receive a paper EoP.
2. Prescriber creates a prescription record in the electronic prescribing system and confirms SoC's preference to receive a printed paper EoP.
3. The prescribing system then generates the DSPID and submits the prescription record including the DSPID to the NPDS.
4. The electronic prescription is created in the NPDS.
5. The prescriber prints the electronic prescription paper EoP from the prescribing system and gives the paper EoP to the SoC/their representative.
6. SoC/their representative attends their pharmacy of choice and presents the paper EoP.
7. Dispenser/pharmacist scans the EoPs DSPID (most likely in the QR code format) and retrieves the electronic prescription data from the NPDS into the dispensing system.
8. The dispenser/pharmacist performs dispensing due diligence, dispenses the medicines while making annotations within the electronic prescription (if required).
9. The dispensing system submits the dispense record to the NPDS for storage.
10. If applicable, the dispensing system creates a new DSPID for a repeat authorisation and submits the repeat authorisation record including the new DSPID to the NPDS.

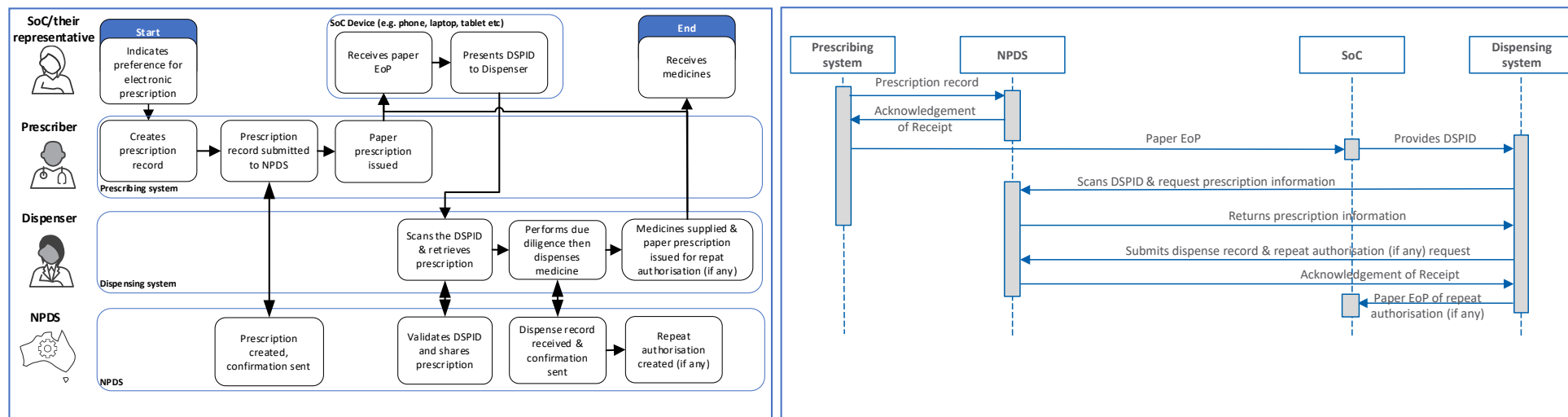
11. The EoP option defaults to paper, however SoC/their representative can indicate their preference to get an electronic EoP for repeat authorisation (as per UC1A). If SoC/their representative's preference is paper EoP, the dispenser/pharmacist prints the paper repeat authorisation EoP from the dispensing system.
12. Dispenser/pharmacist supplies the medicines and printed repeat authorisation EoP to the SoC.

Operational considerations

- A SoC's IHI must be validated prior to generating an electronic prescription. If the prescribing system is unable to validate a SoC's IHI with the HI Service, a paper prescription can be generated.
- Currently, SoCs can exercise choice between:
 - Receiving a paper prescription or an electronic prescription
 - Receiving an electronic or paper EoP
- Implied consent is obtained when the SoC indicates they wish to receive an electronic prescription.
- If the dispensing system is unable to scan the barcode/QR code, the DSPID is able to be manually entered.
- Annotations to electronic prescriptions must only be made where permitted by applicable legislation and regulation.

System considerations

- Both the prescribing and dispensing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC1C: GEP - electronic prescription notifications directed to pharmacy

GEP: This use case applies when a prescriber determines that the SoC's electronic prescription notification, linking to an electronic EoP, is required to be sent directly to a specific pharmacy for legal, clinical or safety related reasons. These situations can include:

- Verbal authority for an urgent supply
- Dosing point or staged supply arrangements
- Hospital only medicines

Key steps

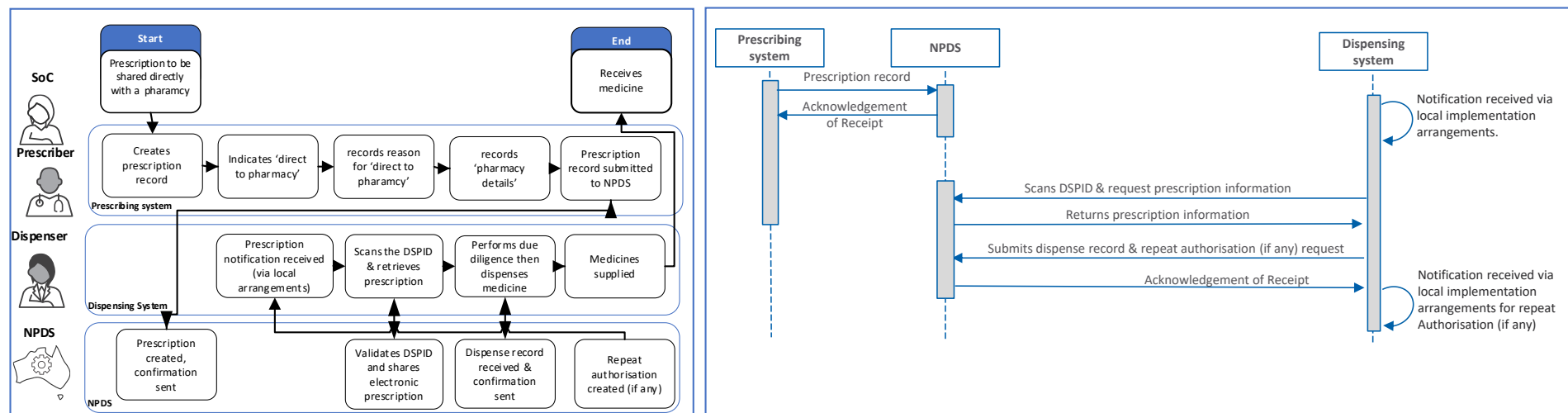
1. Prescriber determines the need to send an electronic prescription to a nominated pharmacy for legal, clinical or safety related reasons.
2. Prescriber creates a prescription record in the electronic prescribing system and confirms the intention to send the electronic prescription notification directly to a specific pharmacy.
3. The prescribing system then generates the DSPID and submits the prescription record including the DSPID to the NPDS.
4. The electronic prescription is created in the NPDS and electronic prescription notifications sent to a nominated pharmacy.
5. The dispenser/pharmacist retrieves the EoP through prescription notification, which directs the dispenser/pharmacist to the DSPID (most likely in the form of QR code or barcode).
6. Dispenser/pharmacist scans the DSPID (most likely in the QR code format) and retrieves the electronic prescription data from the NPDS into the dispensing system.
7. The dispenser/pharmacist performs dispensing due diligence, dispenses the medicines while making annotations within the electronic prescription (if required).
8. The dispensing system submits the dispense record to the NPDS for storage.
9. If applicable, the dispensing system creates a new DSPID for a repeat authorisation and submits the repeat authorisation record including the new DSPID to the NPDS.
10. The repeat authorisation is created in the NPDS, and the repeat authorisation notification is retrieved by or sent to a nominated pharmacy.
11. Dispenser/pharmacist supplies the medicines to the SoC or their representative.

Operational Considerations

- Prescribers must appropriately assess the requirements to send electronic prescriptions directly to a specific pharmacy and ensure the SoC/their representative is able to attend or obtain the medicine from the pharmacy.
- Prescription notification mechanisms for sending prescription directly to a pharmacy is not defined within the Electronic Prescribing Technical Framework and are healthcare organisation dependent. Examples include notifications delivered via local implementation arrangements.
- Electronic prescriptions sent direct to a specific pharmacy are not added to the SoC's ASL.
- Repeat authorisations (if applicable) should be dispensed from the same pharmacy unless agreed upon with the prescriber.

System considerations

- Both the prescribing and dispensing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC2A: GEP - dispensing a verbal authorisation from a prescriber and subsequent reconciliation of an electronic prescription

GEP: This use case applies when a dispenser/pharmacist supplies medicine to the SoC based on a verbal authorisation from a prescriber and the dispenser/pharmacist subsequently reconciles the local dispense record (owing prescription record) with the newly issued electronic prescription.

Key steps

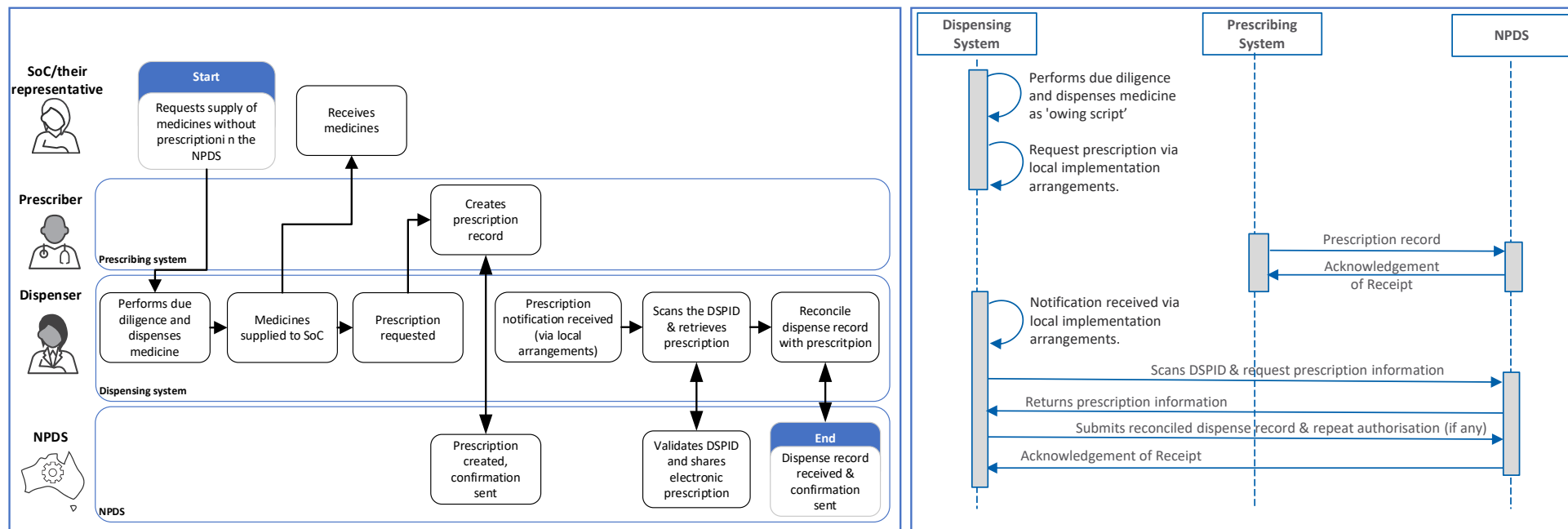
1. SoC/ their representative requests supply of medicines from a pharmacist without presenting a valid prescription or repeat authorisation.
2. Dispenser/pharmacist performs due diligence and confirms the need to supply medicines to the SoC, contacts the prescriber and obtains a verbal authorisation to supply.
3. Dispenser/pharmacist creates a dispense record (as 'owing script') in the dispensing system and supplies the medicine to the SoC/ their representative.
4. Prescriber, at a later date creates a prescription record in the electronic prescribing system and confirms the intention to send the electronic prescription notification directly to the specific pharmacy, adding prescriber notes for inclusion into the electronic prescription (if required).
5. The prescribing system then generates the DSPID and submits the prescription record including the DSPID to the NPDS.
6. The electronic prescription is created in the NPDS and electronic prescription notifications sent to a pharmacy (refer to UC1C) that has already supplied the medicine under verbal authority.
7. The dispenser/pharmacist retrieves the EoP through prescription notification, which directs the dispenser/pharmacist to the DSPID (most likely in the form of QR code or barcode).
8. Dispenser/pharmacist scans the EoP's DSPID (most likely in the QR code format) and retrieves the electronic prescription data from the NPDS into the dispensing system.
9. The dispenser/pharmacist performs due diligence and reconciles the dispense record (owing prescription record) with the electronic prescription in the dispensing system, making annotations within the electronic prescription (if required).
10. The dispensing system submits the reconciled dispense record to the NPDS for storage.
11. If applicable, the dispensing system creates a new DSPID for a repeat authorisation and submits the repeat authorisation record including the new DSPID and the appropriate electronic address to the NPDS.
12. The repeat authorisation is created in the NPDS and if applicable, the repeat authorisation notification is managed as agreed upon with SoC/their representative.

Operational considerations

- Dispensers/pharmacists must adhere to relevant legislation and regulations when obtaining and dispensing a verbal authorisation and subsequent reconciliation of an electronic prescription from a prescriber.
- Prescribers must adhere to relevant legislation and regulations when providing a verbal authorisation and owing prescription to a dispenser/pharmacist.
- Where a dispenser/pharmacist is provided with an electronic prescription that differs to the owing prescription record (e.g. medicine strength), the dispenser/pharmacist will need to resolve this with the prescriber, which may result in the prescriber providing another electronic prescription.
- Prescription notification mechanisms for sending prescription directly to a pharmacy is not defined within the Electronic Prescribing Technical Framework and are healthcare organisation dependent. Examples include notifications delivered via secure messaging, fax, or email, based on local implementation arrangements.

System considerations

- Both the prescribing and dispensing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.
- Both the prescribing and dispensing systems may have the capability to monitor and track owing prescriptions.



UC2F: CBEP – dispensing a verbal authorisation from a prescriber and subsequent reconciliation of an electronic prescription

CBEP: This use case applies when a dispenser/pharmacist supplies medicine for a SoC receiving care within a facility-based care setting, based on a verbal authorisation from a prescriber and the dispenser/pharmacist subsequently reconciles the local dispense record (owing prescription record) with the newly issued electronic prescription.

Key steps

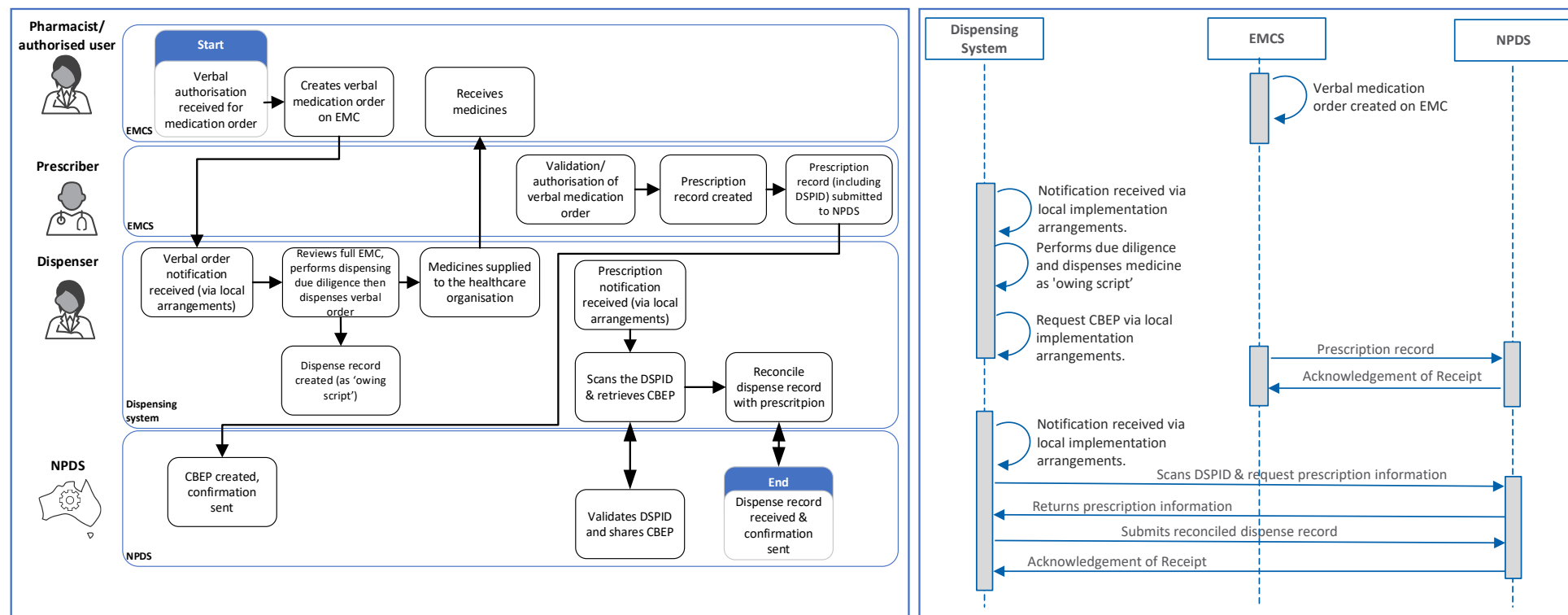
1. An authorised user identifies the need for medicine to be supplied and administered to the SoC and contacts the prescriber to obtain a verbal authorisation.
2. The prescriber provides verbal authorisation for the medicine supply and administration applicable legislation, regulations and local policies.
3. The authorised user records the verbal order in the SoC's EMC.
4. The dispenser/pharmacist reviews the SoC's EMC, dispenses the verbal order and creates a dispense record (as 'owing script') in the dispensing system and supplies the medicine.
5. The prescriber who had authored the verbal order, at a later date, validates and creates the prescription record in the EMCS.
6. The EMCS then generates the DSPID and submits the prescription record including the DSPID to the NPDS.
7. The electronic prescription is created in the NPDS and electronic prescription communication is sent to a pharmacy (refer to UC1C) that has already supplied the medicine under verbal authority.
8. Dispenser/pharmacist scans the DSPID (most likely in the QR code format) and retrieves the electronic prescription data from the NPDS into the dispensing system.
9. The dispenser/pharmacist performs due diligence and reconciles the dispense record (owing prescription record) with the electronic prescription in the dispensing system, making annotations within the electronic prescription (if required).
10. The dispensing system submits the reconciled dispense record to the NPDS for storage.

Operational considerations

- Authorised users must adhere to relevant legislation and regulations when obtaining and dispensing a verbal authorisation and subsequent reconciliation of an electronic prescription from a prescriber.
- Prescribers must adhere to relevant legislation and regulations when providing a verbal authorisation and owing prescription to a dispenser/pharmacist.
- Where a dispenser/pharmacist is provided with an electronic prescription that differs to the owing prescription record (e.g. medicine strength), the dispenser/pharmacist will need to resolve this with the prescriber, which may result in the prescriber providing another electronic prescription.
- Prescription notification mechanisms for sending prescription directly to a pharmacy is not defined within the Electronic Prescribing Technical Framework and are healthcare organisation dependent. Examples include notifications delivered via secure messaging, fax, or email, based on local implementation arrangements.

System considerations

- Both the prescribing and dispensing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.
- Both the prescribing and dispensing systems may have the capability to monitor and track owing prescriptions.



UC2B: GEP & CBEP - dispensing system returns a non-active electronic prescription message

GEP or CBEP: This use case applies when an authorised user of the dispensing system scans the DSPID to retrieve an electronic prescription and the dispensing system returns a non-active electronic prescription message.

Key steps

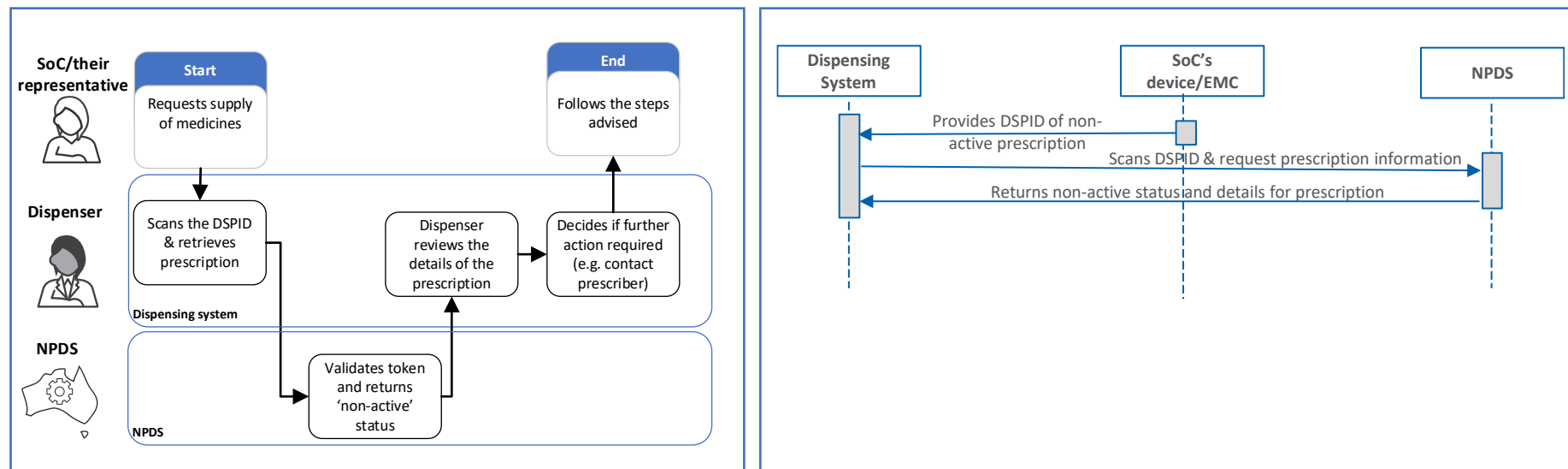
1. Supply of medicines from a pharmacy is requested.
2. Dispenser/pharmacist scans the DSPID (most likely in the QR code format) and the dispensing system returns a non-active electronic prescription message, which displays medicine and status details of the prescription to assist the pharmacist determine the appropriate course of action.
3. The dispenser/pharmacist performs due diligence, advises the SoC/their representative or care-facility that the electronic prescription is unable to be dispensed and confirms the need to still supply medicines to the SoC.

Operational considerations

- The dispensing system must clearly communicate the specific reason the prescription cannot be retrieved or used.
- Any alternative supply must comply with relevant legislation, regulations and professional standards.
- Appropriate documentation and record keeping must be completed for any alternative supply pathway.

System considerations

- Dispensing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC2C: GEP & CBEP - dispense reversal (cancellation) for an electronic prescription

GEP or CBEP: This use case applies when a dispenser/pharmacist identifies that an electronic prescription dispense record previously submitted to the NPDS needs to be reversed (cancelled) in accordance with relevant legislation, regulations and professional standards.

Key steps

1. The dispenser/pharmacist becomes aware that the previously submitted dispense record in the NPDS is not relevant or medicines cannot be supplied.
2. Dispenser/pharmacist reverses/cancels the dispense record in the dispensing system.
3. The dispensing system submits the dispense record reversal/cancellation request to the NPDS.
4. The NPDS receives the reversal/cancellation request and returns a confirmation record to the dispensing system reflecting the reversal/cancellation of the dispense record.
 - 4.1 GEP: The electronic prescription DSPID of the GEP associated with dispense record is re-activated in the NPDS (active and available for dispensing).
 - 4.2 GEP: If the dispense record had created a new DSPID for repeat authorisation, the dispense reversal of the dispense record will cancel this DSPID of repeat authorisation in the NPDS.

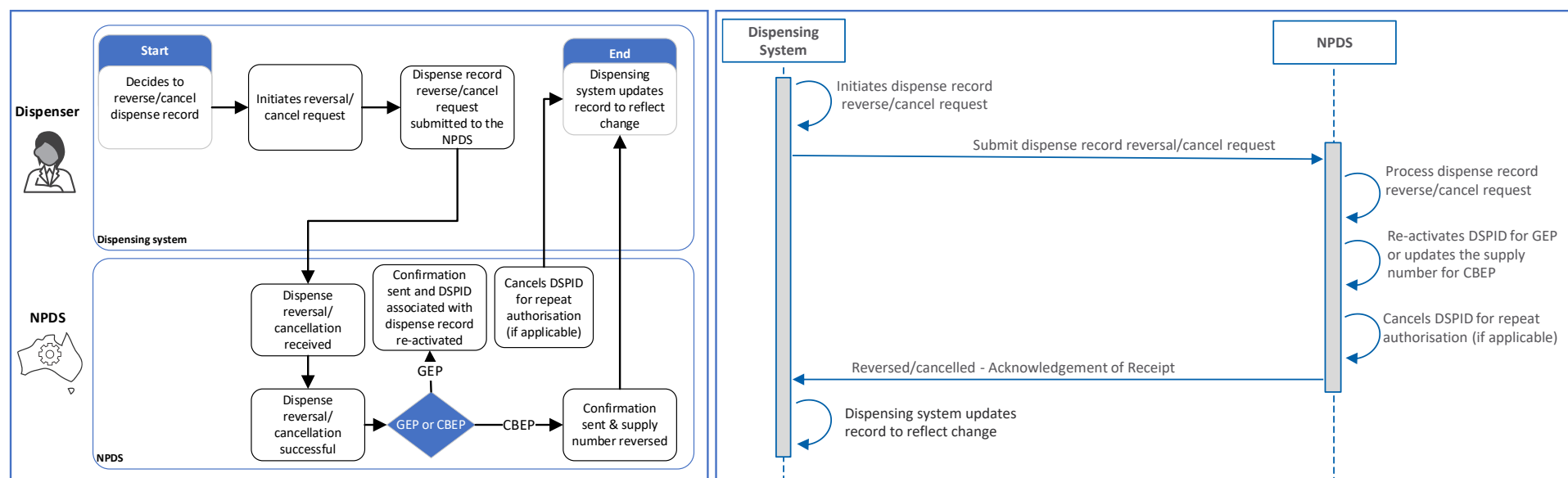
4.3 CBEP: The supply number of the CBEP is updated to reflect the cancellation of the dispense record.

Operational considerations

- All dispense reversal/cancellation actions must comply with relevant legislation, regulations and professional standards.
- Annotations may be used to document the reason of the reversal.

System considerations

- Dispensing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.
- The system may support dispense record reversal/cancellation through one or more processing steps to achieve the required outcomes. For example, cancellation of the repeat authorisation created by the dispense record may be completed as a separate step from the submission of the dispense reversal request.
- Dispense record reversal/cancellation system capability is expected to support downstream systems (e.g. RTPM, PBS claiming) in receiving accurate information that reflects any reversal/cancellation.



UC2D: GEP & CBEP - dispense correction for an electronic prescription

GEP or CBEP: This use case applies when a dispenser/pharmacist identifies that an electronic prescription dispense record previously submitted to the NPDS contains an error and corrects previously submitted dispense record in the NPDS in accordance with relevant legislation, regulations and professional standards.

Key steps

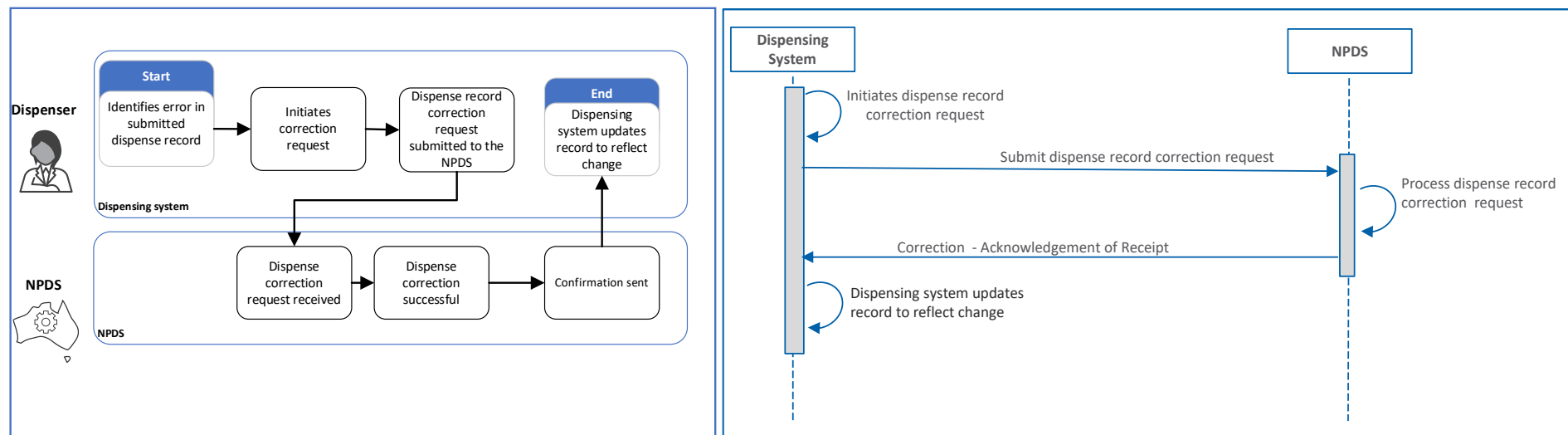
1. The dispenser/pharmacist becomes aware that the submitted dispense record contains an error.
2. Dispenser/pharmacist corrects the dispense record in the dispensing system.
3. The dispensing system submits the dispense record correction request to the NPDS.
4. The NPDS receives and processes the correction request.

Operational considerations

- All dispense correction and cancellation actions must comply with relevant legislation, regulations and professional standards.
- Annotations may be used to document the reason of the correction or reversal.

System considerations

- Dispensing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.
- Systems may differ in how dispense corrections are initiated and processed. Some systems may support a correction as a single step, whilst others may cancel the original dispense record and issuing a new dispense record with the corrected information.
- Dispense record correction system capability is expected to support downstream systems (e.g. RTPM, PBS claiming) in receiving accurate information that reflects any correction or reversal.



UC2E: GEP & CBEP - draft dispense record

GEP or CBEP: This use case applies when an authorised user creates a draft dispense record in the dispensing system, for dispenser/pharmacist review, prior to the dispenser/pharmacist finalising and submitting the dispense record to the NPDS.

Key steps

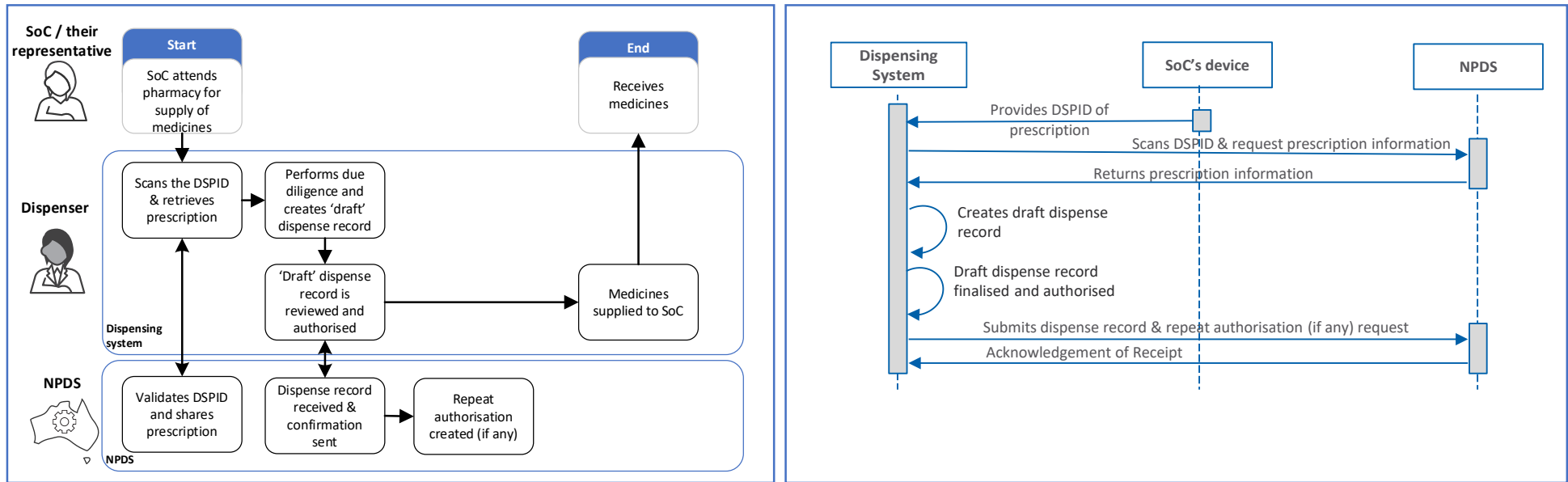
1. An authorised user of the dispensing system scans the EoPs DSPID (most likely in the QR code format) and retrieves the electronic prescription data from the NPDS into the dispensing system.
2. The authorised user performs dispensing due diligence, creates a draft dispense record in the dispensing system.
3. The authorised dispenser/pharmacist reviews the draft dispense record, makes any necessary updates and annotations (if applicable), then finalises the dispense record in the dispensing system.
4. The dispensing system creates the finalised dispense record and submits to the NPDS for storage.

Operational considerations

- The draft dispense records functionality supports non-pharmacist dispensers in dispensing electronic prescriptions within their scope of practice, under pharmacist supervision.

System considerations

- Dispensing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.
- It is recommended that the dispensing system clearly differentiate draft dispense records from finalised records, to assist pharmacist review and finalisation and prevent accidental or premature submission of a draft record to the NPDS.



UC3A: ASL - assisted registration and management

This use case applies when a SoC/ their representative request to register for an Active Script List (ASL) with the support of an authorised user of an electronic prescribing conformant prescribing or dispensing system in accordance with ASL legislation.

Key steps

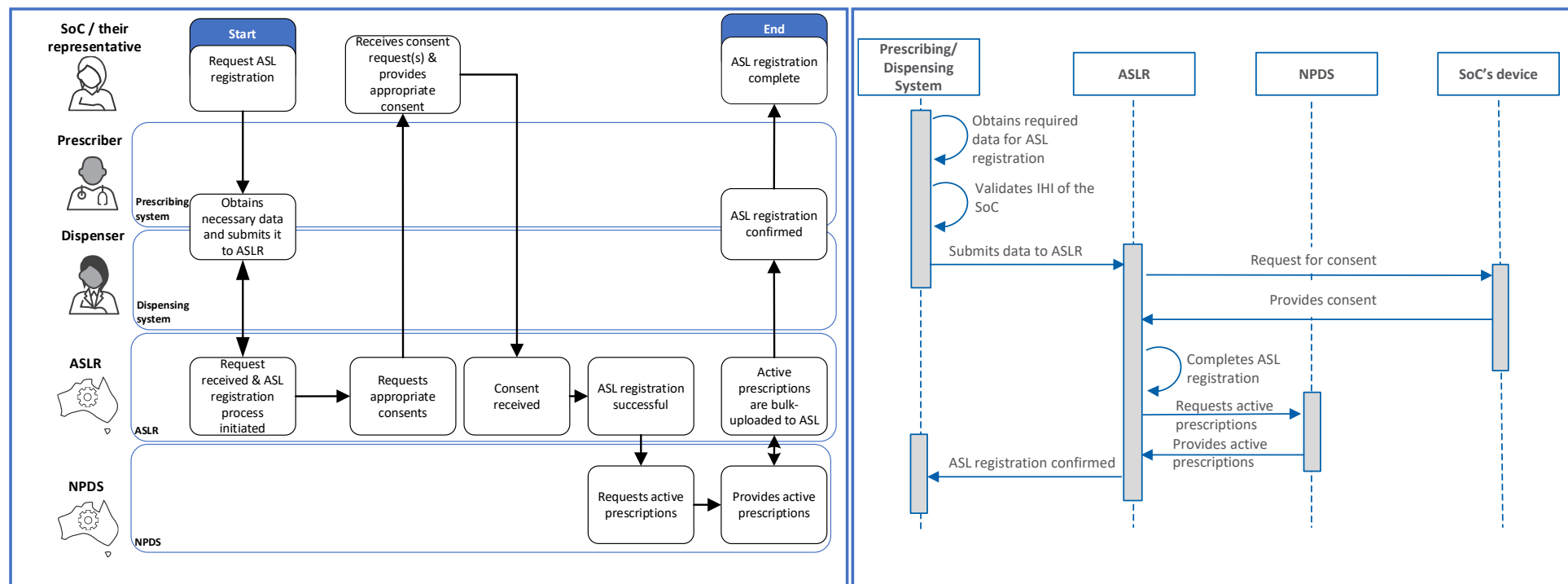
1. SoC/ their representative request to register for an ASL.
2. Authorised user of a conformant electronic prescribing or dispensing system enters the SoC's details in the prescribing or dispensing system, including Carer (if applicable), Agent (if applicable) and electronic address details.
3. The conformant system validates SoC's IHI via the HI Service and submits the validated IHI and SoC details, including Carer, Agent (if applicable) and electronic address details to the Active Script List Registry (ASLR).
4. The ASLR sends consent message(s) to the SoC/ their representative's electronic address for permission to create an ASL, bulk upload active prescriptions to the ASL and for the authorised user to view the ASL.
5. The SoC/ their representative provides consent.
6. The ASLR creates the SoC's ASL, uploads all active prescriptions to the ASL and registers any nominated Carer/Agents to the SoC's ASL.

Operational considerations

- SoC / their carer may provide or withdraw consent for organisations to access and view their ASL at any time.
- SoC/ their carer may request a prescriber or dispenser keep a GEP item off their ASL at any time.

System considerations

- Dispensing and prescribing systems must be conformant to the relevant Electronic Prescribing Conformance Profile requirements for ASL assisted registration and management and be connected to the HI Service and ASLR.
- The defaults for adding prescription items to the ASL are as follows:
 - Prescribing systems (General Electronic Prescription) default to add electronic prescriptions and barcoded paper prescriptions to the ASL.
 - Dispensing systems (General Electronic Prescription) – defaults to add electronic prescription authorisations and barcoded paper repeat authorisations to the ASL if the original prescription was uploaded to the ASL.
 - Prescribing systems (Chart Based Electronic Prescriptions) are never added to the ASL.



UC3B: ASL - appointing and registering an Agent

This use case applies when a SoC/their representative elects to appoint an Agent and provide access to their Active Script List (ASL) for the purpose of collecting medicines or acting on their behalf in accordance with ASL legislation.

Key steps

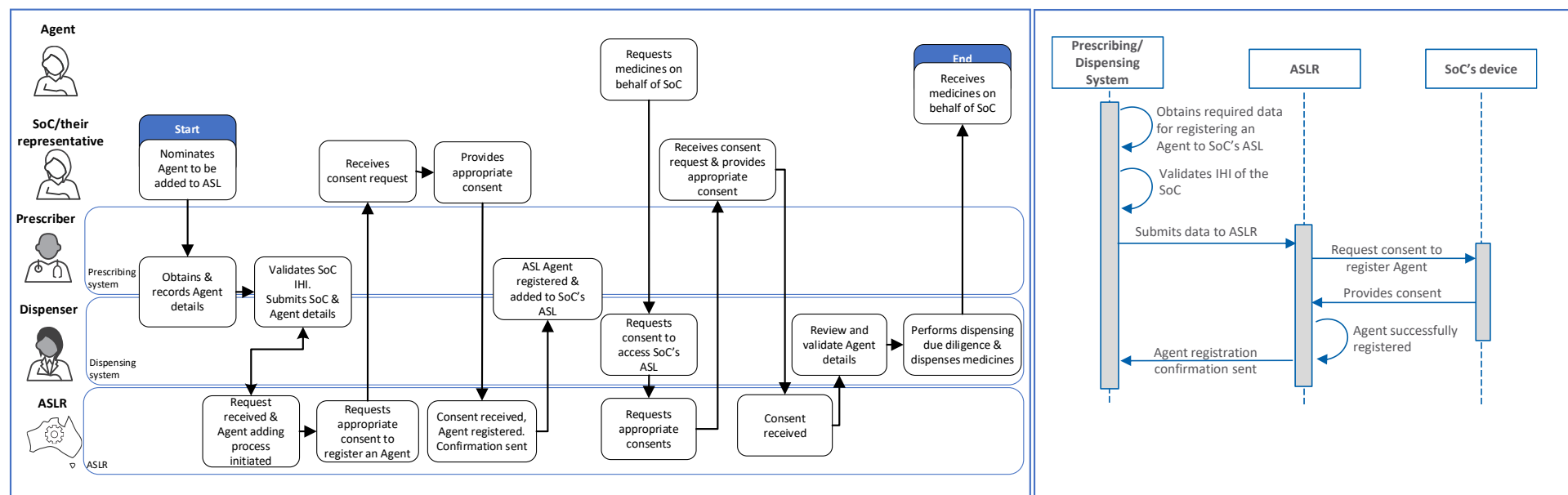
1. SoC/their representative nominates an individual to be added to their ASL as an Agent.
2. Authorised user of a conformant prescribing or dispensing system enters the Agent details in the prescribing or dispensing system.
3. The conformant system validates the SoC's IHI via the HI Service and submits the validated IHI and SoC details, including Agent details to the Active Script List Registry (ASLR).
4. The ASLR sends consent message(s) to the SoC/their representative's electronic device address advising that an Agent is being added to their ASL.
5. The SoC/their representative provides their consent.
6. The ASLR will register the Agent and provides successful Agent registration confirmation to the conformant system that initiated the process.
7. The nominated Agent may then present to a pharmacy and request medicines on behalf of the SoC consistent with the permissions granted.

Operational considerations

- SoC/Carer/their representative may request the removal of a registered Agent from the SoC's ASL at any time.

System considerations

- Dispensing and prescribing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles requirements for ASL assisted registration and management and be connected to the HI service and ASLR.

**UC3C: ASL – adding prescription items to an ASL**

This use case applies when a SoC/their representative requests that their electronic or barcoded paper prescription item be added to the SoC's existing Active Script List (ASL) in accordance with ASL legislation.

Key steps

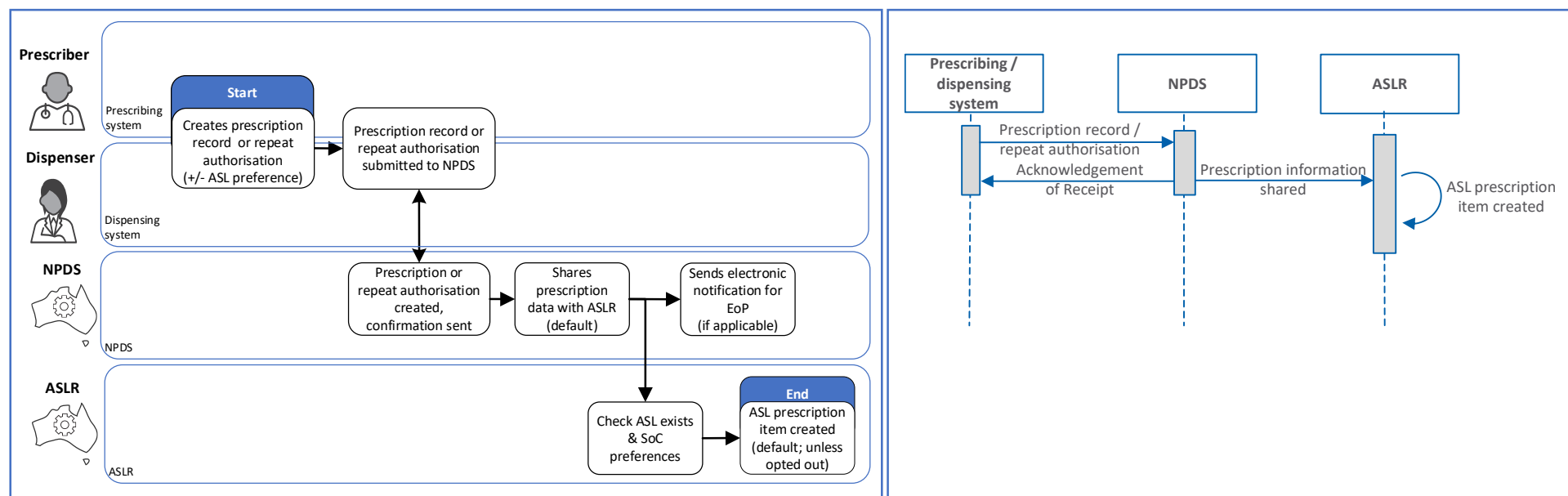
1. Authorised user of a prescribing or dispensing system creates an electronic or barcoded paper prescription record or repeat authorisation and submits it to the NPDS.
2. Where an ASL exists, prescription items are included by default unless the SoC/their representative requests to keep the item off the SoC's ASL, or the prescriber chooses not to add the prescription items to the SoC's ASL for clinical, legal or safety related reasons.
3. The prescription item is added to the SoC's ASL.

Operational considerations

- SoC/their representative may receive an electronic or paper EoP, in addition to requesting the prescription item being added to the ASL.
- SoC can request for prescription items not to be added to their ASL on a per prescription basis at any time.

System considerations

- Dispensing and prescribing systems must be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the HI Service and ASLR to validate SoC/agent
- The defaults for adding prescription items to the ASL are as follows:
 - Prescribing systems (General Electronic Prescriptions) – default to add electronic prescriptions and barcoded paper prescriptions to the ASL.
 - Dispensing systems (General Electronic Prescriptions) – default to add electronic prescription authorisations and barcoded repeat prescriptions to the ASL if the original prescription was uploaded to the ASL.
 - Prescribing systems (Chart Based Electronic Prescription) – never add to the ASL

**UC3D: ASL – dispensing from an ASL**

This use case applies when a SoC/their representative requests their prescription item listed in the SoC's existing Active Script List (ASL) be dispensed, and the dispenser/pharmacist accesses the prescription item from the SoC's ASL in accordance with ASL legislation.

Key steps

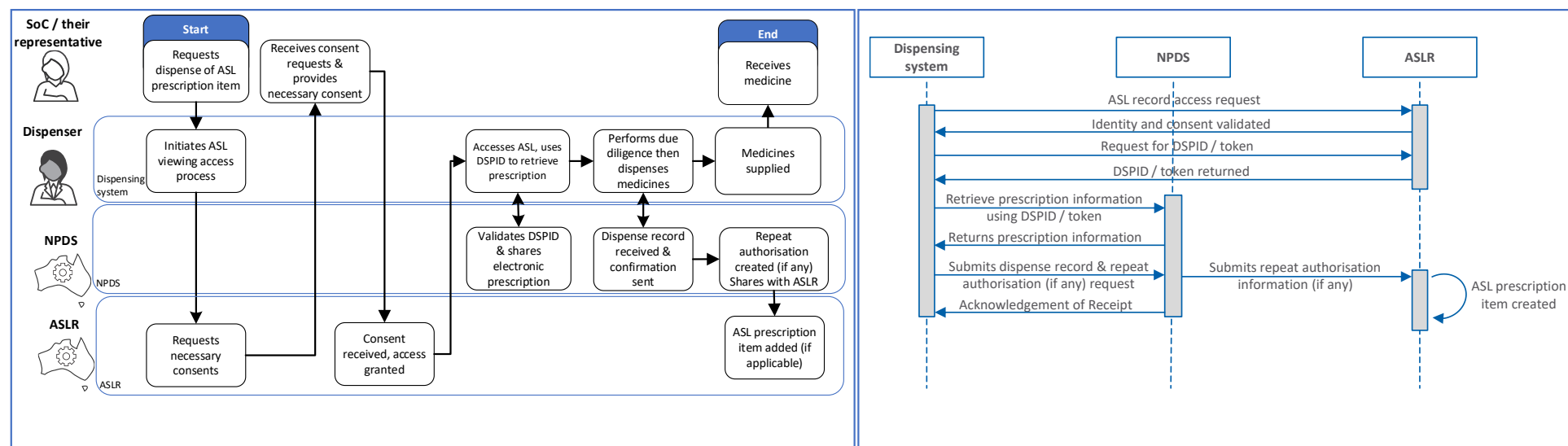
1. SoC/their representative attends their pharmacy of choice and request an ASL prescription item to be dispensed.
2. Dispenser/pharmacist initiates the ASL viewing access process and seeks consent from SoC/their representative.
3. The ASLR sends consent message(s) to the SoC/their representative's electronic address for permission to access the SoC's existing ASL.
4. The SoC/their representative provides their consent for the dispenser to access the SoC's ASL.
5. Dispenser accesses the SoC's existing ASL via a conformant dispensing system, locates the requested prescription item DSPID in the SoC's ASL and uses the DSPID to retrieve the electronic prescription from the NPDS into the dispensing system.
6. The dispenser/pharmacist performs dispensing due diligence, dispenses the medicine, in accordance with relevant legislation, regulations and professional standards.
7. The dispensing system submits the dispense record to the NPDS for storage.
8. If applicable, the dispensing system creates a new DSPID for a repeat authorisation and submits the repeat authorisation record, including the new DSPID to the NPDS.
9. The repeat authorisation is created in the NPDS and the NPDS shares the repeat authorisation with the ASLR.
10. The ASLR adds the prescription item for the repeat authorisation to the SOC's ASL.
11. Dispenser supplies the medicines to the SoC/their representative.

Operational considerations

- Assess to a SoC's existing ASL is initiated by the dispenser and requires the SoC/their representative's consent.
- When a general electronic prescription is included in a SoC's existing ASL, any subsequent repeat authorisations created in the NPDS are included by default, unless the SoC/their representative indicates otherwise.
- For barcoded paper prescriptions listed in the SoC's ASL, the physical paper prescription remains the legal instrument required for dispensing.

System considerations

- Dispensing systems are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS and ASLR.



UC5A: CBEP - electronic prescribing and dispensing from an EMC

CBEP: This use case applies in facility-based care settings (e.g. hospital and residential care facilities), where a prescriber issues a CBEP for the SoC using an Electronic Medication Chart System (EMCS) and medicines are dispensed by a nominated pharmacy for administration within the facility.

Key steps

1. The prescriber creates a CBEP record in the SoC's EMC.
2. The EMCS then creates the DSPID/GUPI and submits the CBEP record (including DSPID/GUPI/ Chart ID) to the NPDS.
3. The NPDS creates the CBEP.
4. The electronic prescription notification is made available to or directed to the nominated pharmacy via local implementation arrangements.
5. The dispenser scans or manually enters the DSPID and retrieves the prescription information from the NPDS into the dispensing system.
6. The dispenser reviews the full EMC, in line with applicable legislation and regulations, complete dispensing due diligence, dispenses the medicines while making annotations within the CBEP (if required) and/or EMC (if applicable).
7. The dispensing system submits the finalised dispense record to the NPDS for storage.
8. Dispenser supplies the medicines to the healthcare organisation.

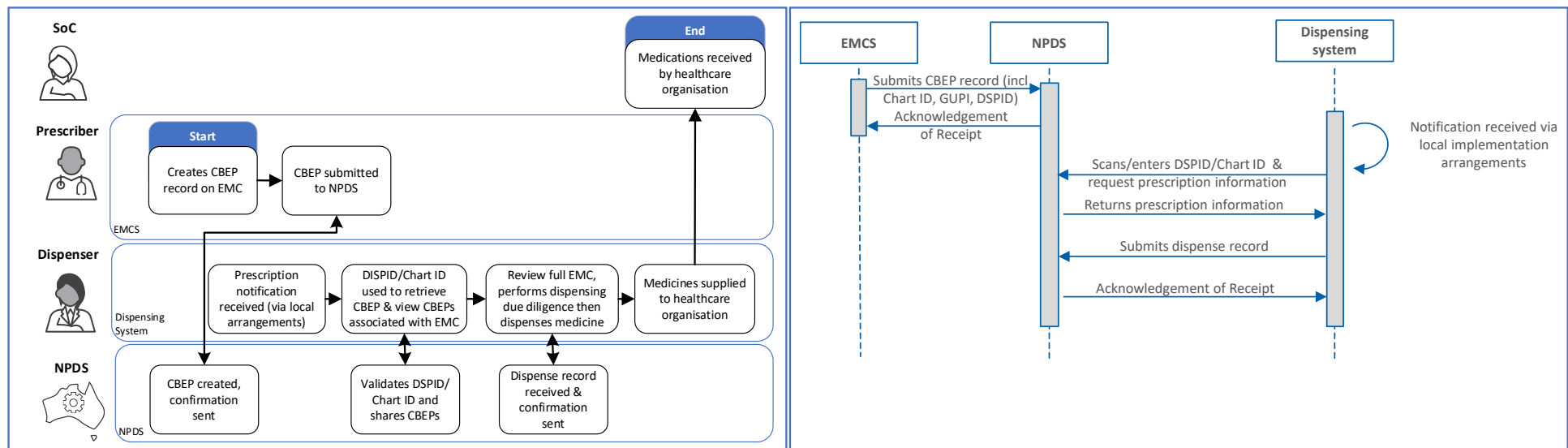
Operational considerations

- Medicine supply arrangements are generally established through the admission consent process. SoCs typically consent for medicine supply to be provided through an in-house or contracted pharmacy.
- Prescribing and dispensing of medicines originated from an EMCS must comply with all relevant legislation, regulations and professional standards.

- Medicines may be supplied from an onsite pharmacy or contracted pharmacy.
- Prescription notification mechanisms sent directly to a pharmacy will vary according to local policy and legislative requirements. Examples include notifications delivered by location implementation arrangements.
- 'Chart ID' will allow a dispenser to view all active DSPIDs associated with the EMC.
- CBEPs originating from an EMCS are not added to the SoC's ASL.
- In the CBEP context, GUPI and DSPID refer to the same prescription identifier, which is used for every dispense event against that CBEP. The concept of generating a new DSPID for repeats does not exist for CBEPs.
- It is the responsibility of the health services to ensure authorised dispensers/pharmacists have appropriate access to full EMC to fulfill medicine supply requests for the SoC. An alternate means to view the entire chart must be facilitated (e.g. faxed, or emailed copies of the chart) if digital access cannot be provided.
- When reviewing/dispensing a CBEP from an EMC, the dispenser/pharmacist may annotate the EMC as per local policy and legislative requirements. This is separate from the annotations made on the electronic prescriptions and stored in the NPDS which are only available to prescribers and subsequent dispensers accessing the prescription details from the NPDS.

System considerations

- Dispensing and prescribing systems are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC6A: GEP & CBEP – creating 'draft' prescription record in the prescribing systems (prescriber-initiated)

This use case applies where a prescriber chooses to create a 'draft' prescription record for a GEP or CBEP for legal, clinical or safety related reasons. These situations can include, but are not limited to:

- PBS Delayed Assessment Authority Approvals

- Current partnered pharmacist medication chart prescribing and other partnered prescribing models
- Clinical pharmacist reviews prior to consumers receiving discharge electronic prescription tokens
- Antimicrobial Stewardship (AMS) approval, high-cost drug approvals for non-PBS medicines.

The 'draft' prescription record remains within the prescribing system and is not submitted to the NPDS until it is finalised by the authorised prescriber.

Key steps

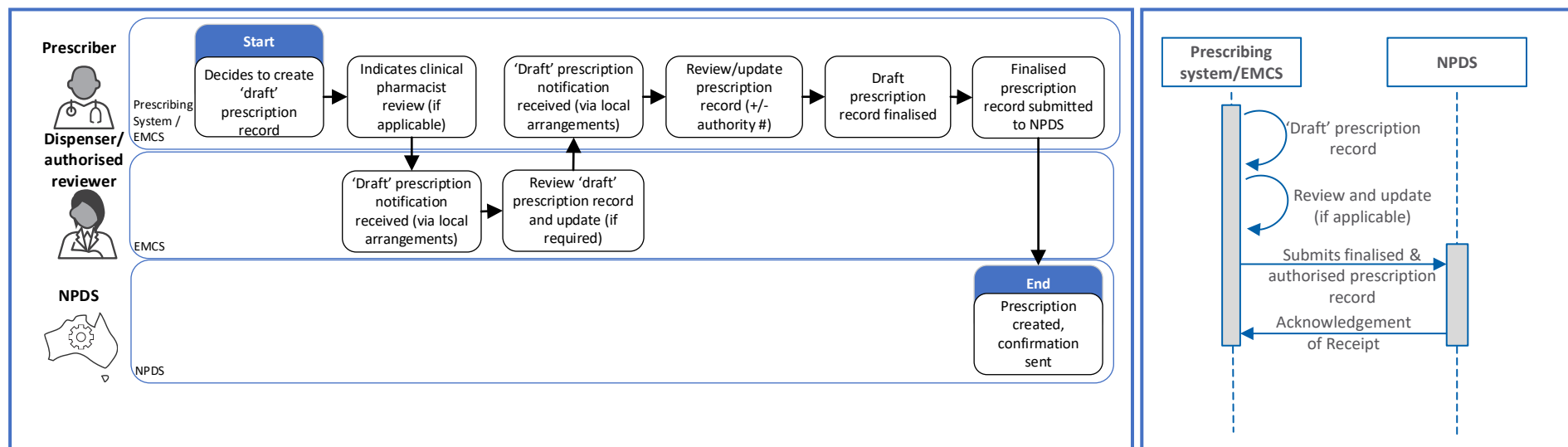
1. Prescriber determines the need to create a 'draft' prescription record for legal, clinical or safety related reasons.
2. Prescriber creates a 'draft' prescription record in the conformant prescribing system, and where applicable, marks it for review by a clinical pharmacist/authorised dispenser.
3. The 'draft' prescription record is made available to, or directed to, the nominated pharmacy via local implementation arrangements (if applicable).
4. Clinical pharmacist/authorised reviewer reviews the 'draft' prescription record and the full EMC (if applicable) in accordance with legislation, regulations and organisational policy, updates the 'draft' prescription record (if required) and marks the review as complete.
5. The reviewed 'draft' prescription record notification is made available to or directed to the prescriber via local implementation arrangements.
6. Prescriber reviews and finalises the electronic prescription record, including entering in of any approval number(s) where required.
7. The prescription record is submitted to the NPDS.

Operational considerations

- Organisations will determine how and when 'draft' electronic prescription record functionality is used in accordance with legislative, regulatory and organisational policy requirements.
- A 'draft' electronic prescription record does not constitute a legal prescription and must not be submitted to the NPDS or used for dispensing until finalised and authorised by the prescriber.
- Responsibility for a final authorisation of a 'draft' prescription remains with the authorised prescriber.
- Draft prescription records must not be accessible for dispensing and must not be visible to dispensing systems until the prescription is finalised and submitted to the NPDS.
- Prescription notification mechanisms for 'draft' prescription record will vary according to local policy and legislative requirements.
- Systems should support the management of 'draft' prescription records that are not finalised, including cancellation or deletion in line with local policies.

System considerations

- Prescribing systems are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC6B: GEP & CBEP – creating 'draft' prescription record in the prescribing systems (dispenser/ pharmacist / another authorised user initiated)

This use case applies where an authorised user (e.g. dispenser, pharmacists or another authorised user) chooses to create a 'draft' electronic prescription record to be finalised by a prescriber. These situations can include, but are not limited to, partnered medication chart prescribing and clinical pharmacist review prior to consumers receiving discharge electronic prescription tokens. The 'draft' prescription record remains within the prescribing system and is not submitted to the NPDS until it is finalised by an authorised prescriber.

Key steps

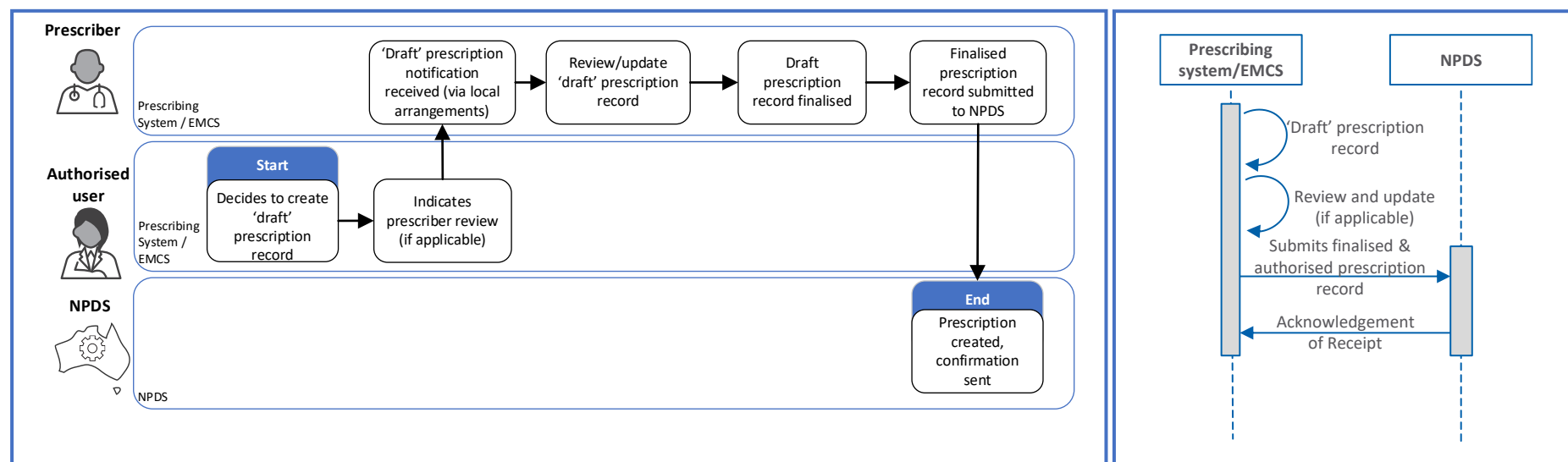
1. Authorised user determines the need to create a 'draft' prescription for review and authorisation by an authorised prescriber as per local policies and legislation (e.g. preparation of discharge prescriptions for review for prescriber).
2. Authorised user creates 'draft' prescription record in the conformant prescribing system within their scope of practice and marks it for review by the prescriber.
3. The 'draft' prescription record notification is made available to or directed to the prescriber via local implementation arrangements.
4. Prescriber reviews the 'draft' prescription record in the conformant prescribing system, updates (if applicable) and finalises the prescription record.
5. Prescription record is submitted to the NPDS.

Operational considerations

- Organisations will determine how and when 'draft' prescription record functionality is used by authorised user in accordance with local policies and legislative requirements.

System considerations

- Prescribing systems are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC7: GEP & CBEP - requesting status update and prescription information for an electronic prescription

This use case applies where an authorised user chooses to request a prescription status update and information pertaining to that prescription, using a conformant prescribing or dispensing system from the NPDS as part of providing care to a SoC. A request for status update, together with prescription details, may help determine whether an electronic prescription has been dispensed, disabled or cancelled. Providing this information ensures the authorised user can deliver appropriate care.

Key steps

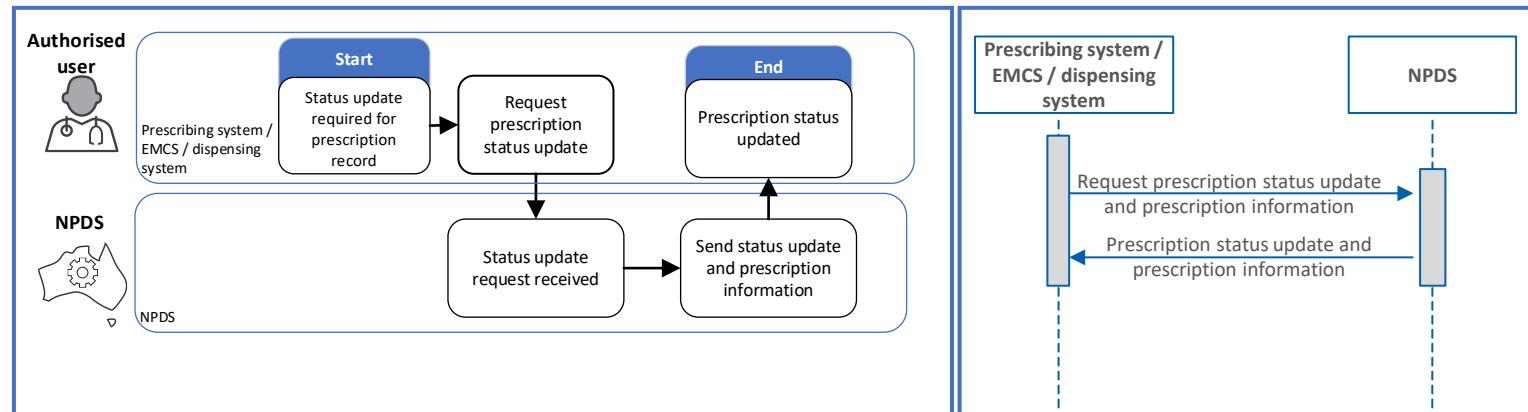
- An authorised user becomes aware of a reason to check the status and prescription information of an electronic prescription previously submitted to the NPDS.
- The authorised user uses a conformant prescribing/EMCS or dispensing system to request a prescription status update and prescription information from the NPDS using the DSPID or QR code.
- The NPDS provides the prescription status and prescription information to the prescribing system/EMCS or dispensing system.
- Prescribing system displays the prescription status and read only prescription information to the authorised user.

Operational considerations

- The authorised user can only request a status update and associated prescription information if they have a valid DSPID or QR code.
- The electronic prescription's DSPID used to retrieve the status information may have been generated by that original prescribing system/EMCS, by a different prescribing system/EMCS or a dispensing system.

System considerations

- Dispensing and prescribing systems are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.

**UC8A: GEP - correcting an electronic prescription in the prescribing system**

This use case applies where a prescriber identifies that an electronic prescription record previously submitted to the NPDS contains an error and must be corrected in accordance with legislation, regulation and professional standards.

Key steps

- The prescriber becomes aware that the electronic prescription record previously submitted to the NPDS contains an error and requires correction in accordance with legislation, regulations and professional standards.
- The prescriber attempts to correct the electronic prescription record in the conformant prescribing system that has:
 - already been dispensed - the prescriber **cannot correct a prescription after dispensing has occurred** and must *cease* the prescription and issue a new electronic prescription (See UC8B – cancelling or ceasing an electronic prescription).
 - not yet been dispensed - the prescriber can choose to *cancel* the previously submitted electronic prescription and submit a new prescription record
- The conformant prescribing system re-submits the prescription record to the NPDS.
- The NPDS processes the request and sends an acknowledgement to the conformant prescribing system.

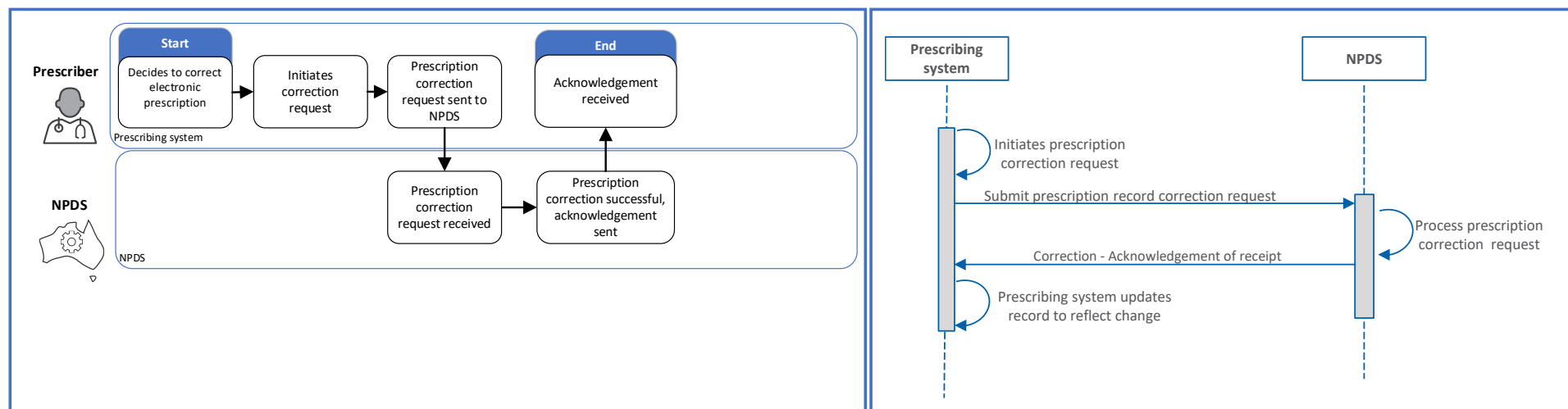
Operational considerations

- Any prescriber involved in the care of the SoC within the same organisation may be able to correct an electronic prescription that has not been dispensed, in accordance with legislation, regulation, local policy and system constraints.
- Once the original electronic prescription has been dispensed and a repeat DSPID has been generated, the repeat electronic prescription cannot be corrected. Any attempts to apply a correction will be rejected by the NPDS and communicated to the conformant prescribing system. In this scenario, the prescriber must cease the electronic prescription record and issue a new electronic prescription.

- Electronic prescriptions that have been cancelled or ceased, including those that have been cancelled or ceased by a dispenser/pharmacist cannot be corrected. Where clinically appropriate, a new electronic prescription must be issued.

System considerations

- Prescribing systems are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC8C: CBEP - correcting an electronic prescription from an EMC using EMCS

This use case applies where an authorised prescriber identifies a CBEP originating from an Electronic Medication Chart System (EMCS) that has already been submitted to the NPDS contains an error and requires correction.

Key steps

- The authorised prescriber becomes aware of that a CBEP originating from a conformant EMCS that has been sent to the NPDS contains an error and requires correction in accordance with legislation, regulations and professional standards.
- The authorised prescriber attempts to correct the CBEP record in the conformant EMCS that has:
 - already been dispensed - the prescriber **cannot correct a CBEP after dispensing has occurred** and must *cease* the prescription and issue a new CBEP.
 - not yet been dispensed - the prescriber can choose to *cancel* the previously submitted CBEP and submit a new CBEP record; or

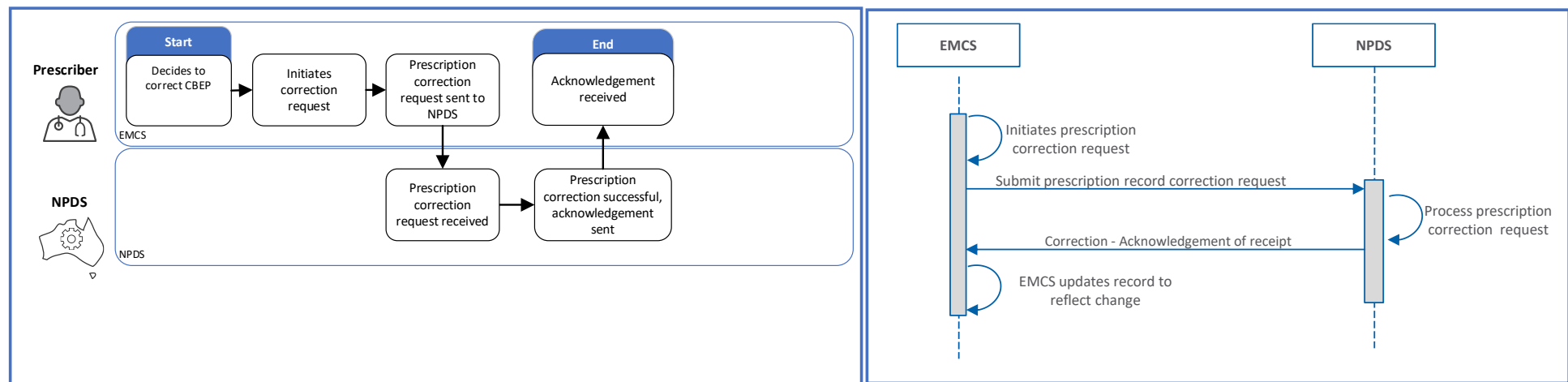
Operational considerations

- All correction activities must be performed in accordance with legislation, regulation and professional standards.

- Associated medication orders in the EMC will need to be considered and must also be corrected in accordance with local policy. Any operations relating to a CBEP must reflect the changes on the medication order within the EMC.
- Electronic prescriptions that have been cancelled or ceased cannot be corrected

System considerations

- EMCS are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC8B: GEP - cancelling or ceasing an electronic prescription in the prescribing system

This use case applies where a prescriber identifies a reason to cancel or cease an electronic prescription record previously submitted to the NPDS in accordance with legislation, regulations and professional standards as it is no longer clinically necessary.

Key steps

1. The prescriber becomes aware of a reason to cancel or cease an electronic prescription record previously submitted to the NPDS in accordance with legislation, regulations and professional standards.
2. The prescriber cancels or ceases the electronic prescription record in the conformant prescribing system that has been
 - i. already dispensed - the prescriber requests to *cease* active repeat of an original electronic prescription that has been dispensed
 - ii. not yet been dispensed - the prescriber requests to *cancel* previously submitted original electronic prescription
3. The prescribing system submits a cancellation or cessation request to the NPDS.
4. NPDS updates the prescription status to 'cancelled' or 'ceased' thereby invalidating the DSPID of the electronic prescription.
5. The NPDS sends an acknowledgement to the conformant prescribing system.

Operational considerations

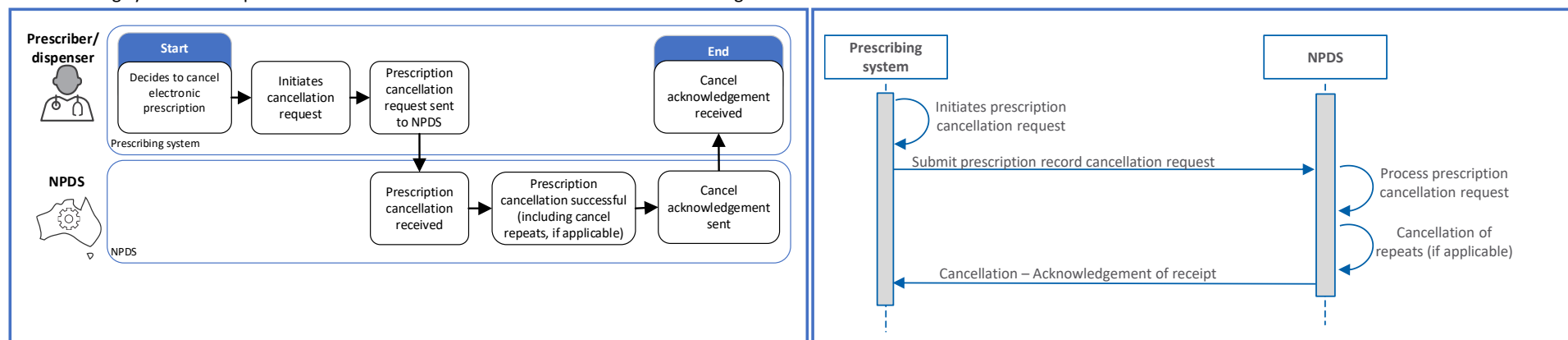
- Dispensing cannot occur against an electronic prescription that has been cancelled or ceased.
- Any prescriber within the same organisation directly involved in the care of the SoC may cancel or cease an electronic prescription
- If the SoC has an ASL, the ASLR will remove the electronic prescription item in the ASL.

Other key considerations

- If an electronic prescription has been disabled by a dispenser or pharmacist, a prescriber may review the electronic prescription and either:
 - re-enable the electronic prescription once concerns around patient safety, inappropriate supply or excessive supply have been resolved, subsequently cancel or cease the electronic prescription where it is no longer clinically appropriate.
- Similarly, where permitted under legislation, regulations and local policy, a dispenser/pharmacist who disabled the electronic prescription may cancel or cease a disabled electronic prescription if the concerns cannot be resolved.

System considerations

- Prescribing systems are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC8D: GEP – cancelling or ceasing an electronic prescription in the dispensing system

This use case applies where an authorised dispenser identifies a reason to cancel or cease an electronic prescription that has been previously submitted to the NPDS using a conformant dispensing system in accordance with legislation, regulations and professional standards. Reasons for cancelling or ceasing an electronic prescription by a dispenser may be due to concerns relating to patient safety or excessive supply of medicines.

Key steps

1. An authorised dispenser becomes aware of a reason to cancel or cease an electronic prescription in accordance with legislation, regulations and professional standards after retrieving the electronic prescription data from the NPDS into the conformant dispensing system.
2. The authorised dispenser cancels or ceases the electronic prescription in the conformant dispensing system while making annotations within the electronic prescription in accordance with legislation, regulations and professional standards.

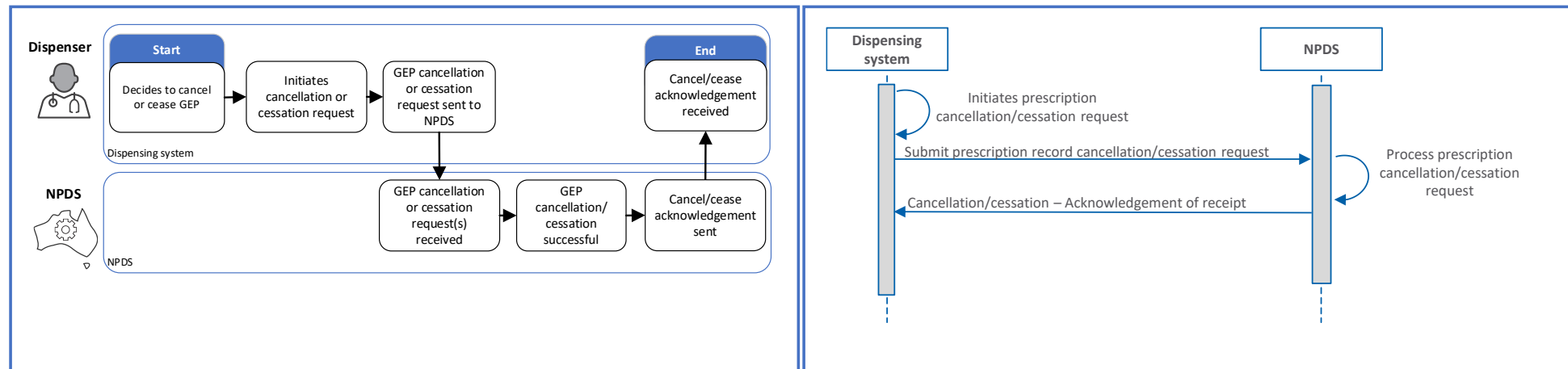
- i. already been dispensed - the dispenser requests to *cease* active repeat of an original electronic prescription that has been dispensed
 - ii. not yet been dispensed - the dispenser requests to *cancel* the original electronic prescription
3. The dispensing system submits a cancellation or cessation request to the NPDS.
 4. The NPDS updates the prescription status to 'cancelled' or 'ceased', thereby invalidating the DSPID of the electronic prescription.
 5. The NPDS sends an acknowledgement to the conformant dispensing system.

Operational considerations

- Dispensing cannot occur against an electronic prescription once it has been cancelled or ceased.
- If the SoC has an ASL, the ASLR will remove the cancelled or ceased electronic prescription item in the SoC's ASL
- Prescribing systems do not automatically receive a notification when an electronic prescription is cancelled or ceased by a dispensing system. Where relevant, the dispenser is expected to communicate the cancellation or cessation to the prescriber using established communication channels. A prescriber may subsequently request a status update via the prescribing system, which will reflect the cancellation and any dispenser annotations (where available).
- The SoC does not receive a notification when an electronic prescription is cancelled or ceased. Where appropriate, the dispenser is responsible for communicating the cancellation or cessation to the SoC.
- Annotations should be used, in accordance with legislative and jurisdictional requirements, to record the reason for cancellation or cessation of an electronic prescription and to support clear clinical communication between prescribers, dispensers and other authorised healthcare professionals involved in the care of the SoC

System considerations

- Dispensing systems are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS



UC8F: CBEP - cancelling or ceasing an electronic prescription on an EMC using EMCS

This use case applies where an authorised prescriber/pharmacist identifies a reason to cancel or cease a CBEP record previously submitted to the NPDS in accordance with legislation, regulations and professional standards as it is no longer clinically necessary.

Key steps

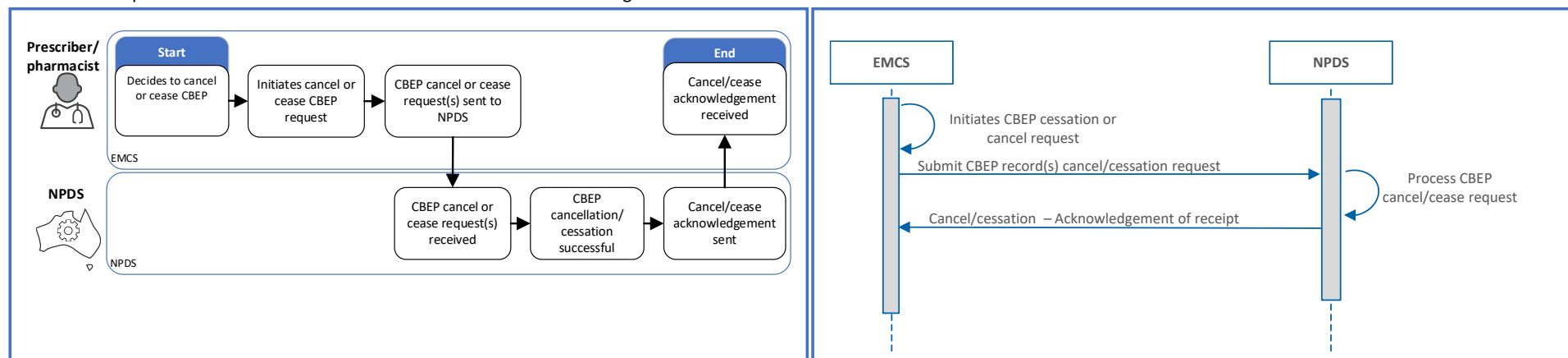
1. The authorised prescriber/pharmacist becomes aware of a reason that a CBEP previously submitted to the NPDS requires cancellation or cessation in accordance with legislation, regulations and professional standards.
2. The authorised prescriber/pharmacist cancels or ceases the CBEP record in the conformant EMCS that has been:
 - i. already dispensed – the authorised prescriber/pharmacist requests to *cease* previously submitted CBEP
 - ii. not yet dispensed – the authorised prescriber/pharmacist requests to *cancel* previously submitted CBEP
3. The EMCS submits a cancellation or cessation request to the NPDS.
4. NPDS updates the prescription status to 'cancelled' or 'ceased', thereby invalidating the DSPID of the CBEP

Operational considerations

- Dispensing cannot occur against a CBEP once it has been ceased or cancelled
- Any authorised prescriber/pharmacist within the same organisation directly involved in the care of the SoC may cancel or cease a CBEP.

System considerations

- EMCS are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS.



UC8E: GEP - disabling and/or re-enabling an electronic prescription

This use case applies where an authorised dispenser/pharmacist identifies a reason to disable an electronic prescription that has previously been submitted to the NPDS using a conformant dispensing system. The disable event places a temporary hold on the electronic prescription for a valid reason under legislations and professional practices (such as when there is a risk to the SoC's health) until the concerns are addressed (usually by contacting the prescriber). Disabled prescriptions may be re-enabled by an authorised prescriber or dispenser/pharmacist once concerns have been resolved.

Key steps

Disabling an electronic prescription in the dispensing system

1. An authorised dispenser/pharmacist becomes aware of a reason to disable an electronic prescription after retrieving the electronic prescription from the NPDS into the conformant dispensing system.
2. The authorised dispenser/pharmacist disables the electronic prescription in the conformant dispensing system, while making annotations within the electronic prescription.
3. The conformant dispensing system submits a disable prescription request to the NPDS.
4. The NPDS updates the prescription status to 'disabled', thereby preventing the prescription from being accessed and dispensed.
5. The NPDS sends a disable prescription acknowledgement to the conformant dispensing system.

Re-enabling an electronic prescription in the prescribing or dispensing system

1. An authorised prescriber or dispenser/pharmacist resolves concerns relating to a disabled electronic prescription.
2. The authorised prescriber or dispenser/pharmacist re-enables the electronic prescription in:
 - i. the conformant dispensing system that disabled the electronic prescription, or
 - ii. the conformant prescribing system that created the original electronic prescription,while making annotations within the electronic prescription.
3. The conformant prescribing or dispensing system submits a re-enable prescription request to the NPDS.
4. The NPDS updates the prescription status to 'active', thereby allowing the electronic prescription to be accessed and dispensed.
5. The NPDS sends a re-enable prescription acknowledgement to the conformant prescribing or dispensing system.

Operational considerations

- Disabled electronic prescriptions cannot be accessed and dispensed by other dispensing systems until the electronic prescription is re-enabled by
 - the pharmacy who disabled it, or
 - a prescriber using the same prescribing system that created the electronic prescription in accordance with relevant legislation, regulations and professional standards.
- When a disabled electronic prescription is re-enabled, it will have a status of 'Active' and will restore availability for dispensing.
- A conformant prescribing system may only re-enable a disabled electronic prescription that was originally created by that prescribing system.
- Where concerns cannot be resolved, the electronic prescription may be cancelled or ceased.

System considerations

- Prescribing and dispensing systems are expected to be conformant to the relevant Electronic Prescribing Conformance Profiles and connected to the NPDS

