

Guide to Drug Ordering Processes

Mental Health General Practitioner Partnership (MH GPP)

Summary of Processes

1. Objectives of MH GPP Drug Support
2. Drug Ordering Form (w.e.f. 1st Apr 2022)
 - Ordering of Benzodiazepines
3. Late Payment Terms

Objectives of MH GPP Drug Support

- Increase the **accessibility**, including **affordability** of **mental health care** for patients (Singaporean and Permanent Residents) in community
- **Lower the cost of drugs for GP Partners** by tapping on the concept of economies of scale

Drug Ordering Form (w.e.f. 1st Apr 2022)



Annex D - GP Medication Order Form (Signed Order)

Attn: NHG Pharmacy @ Pharmacy Services Centre
 Fax: 6385 0802/ Email: order_psc@pharmacy.nhg.com.sg

Name of Clinic:	Delivery <input type="checkbox"/> Normal* <input type="checkbox"/> Express**
Address of Clinic:	

Drug Order List			
No.	Drug Name, Strength and Dosage Form	Order Qty (in unit qty)	Batch/Exp Date (for Pharmacy use only)
1	FLUOXETINE 10MG CAP	120 tabs	
2			
3			
4			
5			
6			

Drug Order List (For Benzodiazepines):					
No	Patient Initials	Drug Name, Strength and Dosage Form	Duration	Order Qty (in unit qty)	Batch/Exp Date (for Pharmacy use only)
1	ABC	ALPRAZOLAM 0.25MG TAB	6 weeks	42 tabs	
2					
3					
4					
5					

From **1st Apr 2022 onwards**, the drug ordering form will be **differentiated** for benzodiazepines:

1. Drug orders will be based on the total amount of a particular drug needed
2. **[New]** For **benzodiazepines orders**, drug orders will be based on dose for each individual patient
 - Following MOH guidelines on the administration of benzodiazepines, **no more than 60 pills (8 weeks)** of benzodiazepines should be administered to a patient*

signature. Please follow up with a call to pharmacy @ 6385 4532 after faxing to ensure receipt of orders.

Special Instructions

Terms & Conditions:

1. Drugs sold are non-exchangeable and non-returnable.
2. Order must be faxed/emailed to NHG Pharmacy, Pharmacy Services Centre with all details duly filled. Original copy with Doctor's signature must be given to the courier upon delivery.
3. Exemption drug orders must be accompanied with the form "APPLICATION FOR CONSIGNMENT APPROVAL OF AN UNREGISTERED THERAPEUTIC PRODUCT FOR PATIENT'S USE (Section D).
4. Delivery is available only from Monday to Friday, excluding Public Holidays (PHs) and eve of PHs.
5. *Lead-time of delivery is 3 working days excluding day of the receipt of order.
6. **For urgent orders, express delivery within the same day is available provided that drugs requested are available and order is received before 10am on the same day. Order received after 10am will be delivered before 5pm of the next working day. Express delivery orders are chargeable at \$20.
7. Hoarding charge of \$5 per 20min is applicable if the courier is held up by reasons not due to the fault of the courier.
8. Payment to NHGPh shall be made within thirty (30) days from invoice date. In the event whereby payment persists beyond thirty (30) days, GP Partner will be subjected to a late payment fee of \$10 per invoice per month until payment has been cleared. NHGPh reserves the rights to withhold medication supply.

I confirm the purchase of the drugs under the above terms and conditions.

(Dr's Name & MCR No.) _____ (Dr's Signature) _____ (Date) _____



Example: Ordering of Drugs

Drug Order List

No.	Drug Name, Strength and Dosage Form	Order Qty (in unit qty)	Batch/Exp Date (for Pharmacy use only)
<i>E.g.</i>	<i>FLUOXETINE 10MG CAP</i>	<i>120 tabs</i>	
1			
2			
3			
4			
5			

Indicate Drug Name, Strength, and Dosage Form

Indicate total amount required for each drug



Example: Ordering of Benzodiazepines

Drug Order List (For Benzodiazepines):

No.	Patient Initials	Drug Name, Strength and Dosage Form	Duration	Order Qty (in unit qty)	Batch/Exp Date (for Pharmacy use only)
<i>E.g.</i>	<i>ABC</i>	<i>ALPRAZOLAM 0.25MG TAB</i>	<i>6 weeks</i>	<i>42 tabs</i>	
1					
2					
3					
4					

Indicate Patient Initials
(one row for each individual patient)

Indicate Drug Name, Strength, and Dosage Form for each individual patient

Indicate duration and total amount required for each individual patient (Following MOH guidelines on the administration of benzodiazepines, **no more than 60 pills (8 weeks)** of benzodiazepines should be administrated to a patient.)



List of Benzodiazepines under MH GPP Drug List

ALPRAZOLAM 0.25MG (XANAX)
ALPRAZOLAM 0.5MG (XANAX)
CLONAZEPAM 0.5MG TAB
DIAZEPAM 2MG TAB
DIAZEPAM 5MG TAB
DIAZEPAM 10MG TAB
LORAZEPAM 1MG TAB

RESTRICTED, NON-SENSITIVE



Late Payment Terms

- Kindly adhere to NHGPh's payment terms for drug orders below, to ensure that drug supply and corresponding patient care is not adversely affected:

Date from Order	NHGPh Action
30 days	<ul style="list-style-type: none">• GPs are given a total of 30 days payment term for invoices, with grace period of another 30 days (60 days total)
60 days onwards	<ul style="list-style-type: none">• NHGPh will send late payment reminders, informing GP that drug supply will cease if payment is not received within 90 days
90 days onwards <i>(decreased from 120 days)</i>	<ul style="list-style-type: none">• NHGPh will put drug supply on hold until payment is received• AIC will be notified on GP's late payment

**Kindly note that payment refers to both the outstanding payment and late payment fee*

Thank you.

The Heart of Care