



12 Month Prescription Policy

Context: From 1 February 2026, prescribers may issue prescriptions valid for up to 12 months for selected patients with stable, long-term conditions. We support the use of this option where it is clinically safe and appropriate, and where monitoring requirements can be met throughout the prescription period.

The introduction of 12-month prescriptions does not change dispensing rules: pharmacies generally provide a maximum 3-month supply at a time (6 months for oral contraceptives) and controlled drug limits remain unchanged.

All prescribing decisions—including issuing a 12-month script—must continue to be guided by patient safety and the principle of first, do no harm

Relates to; Repeat Prescribing, Annual Review policy, Medication Reconciliation Policy, Prescribing of Harmful Drugs Policy,

Please read this in conjunction with our **Repeat Prescribing Policy, Annual Review Policy and the updated 'Repeat Prescribing, Rules of Thumb'**

This is a shared clinical decision between patient and prescriber. Patient safety is paramount. However, there is also opportunity to use this 12 month prescription facility to improve our practice by bringing order and some shared structure to the process of medical review and repeat prescribing. We should lean into the opportunity to develop rapport and include the patient in proactive monitoring and management of their health. Use the annual review to help develop understanding of condition, land a plan for monitoring and for booking touchpoints with the practice over the next 12 months

Requirements:

- 12 month prescription discussion needs to be a **prebooked in-person consultation**.
- 12 month prescription **patient communication tool needs completed** and signed by patient and prescriber. Patient is in charge of ensuring they attend for monitoring as indicated.
- 12 month prescription will attract a script charge in addition to consult charge
- PRN (as required) medications will not be available on 12 month prescription – please see updated Rules of Thumb for advice on regular prescribing for emollient, inhalers, antihistamines etc
- 12 month prescription Needs READ coded as 'Repeat Prescription' and annotated 6 months or 12 months in notes

Scenarios:

Hospital admission? If patient has had hospital admission and attends for medication reconciliation they would not be eligible for 12 month prescription. They would have a 3 month prescriptions issued and once stable on new medication can be considered for 12 month script.

New medication? If the patient on a 12 month prescription has a new long-term medication added this would be prescribed 3 monthly until annual review and then consideration of further 12 months prescription if clinical condition stable

Dose change to long-term medication? This could create considerable confusion. We recommend the patient books consult with prescriber (this can be phone consult). Recommend outcome is cancelling the 12 month prescription at pharmacy and issuing a 1-3 month prescription. Once the patient is deemed stable they can be reconsidered in the future for 12 month prescription.

Patient requests medication via MMH or phone? They would not be eligible for 12 month prescription, these need to be in-person consultations.

I'm worried the patient will not attend their monitoring requirements? They are probably not eligible for 12 month prescription. You could try a 6 month prescription and see how the process works, or set out a schedule for next 3 month script once they have attended nurse check – use the book it in your birthday month form