

## REPUBLIC OF SOUTH AFRICA REPUBLIEK VAN SUID-AFRIKA

Regulation Gazette

No. 9560

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No. 34468

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Government Notice

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34468

### GOVERNMENT NOTICE

#### **DEPARTMENT OF HEALTH**

No. R. 584

18 July 2011

#### NATIONAL DEPARTMENT OF HEALTH

#### **MEDICINES AND RELATED SUBSTANCES ACT (101 OF 1965)**

# REGULATIONS RELATING TO A TRANSPARENT PRICING SYSTEM FOR MEDICINES AND SCHEDULED SUBSTANCES

(INFORMATION TO BE SUPPLIED BY PHARMACIST)

The Minister of Health, in terms of Regulation 10 (2) (c) of the Regulations Relating to a Transparent Pricing System for Medicines and Related Substances Act (101 of 1965), as amended, requests information to be supplied by pharmacists for the review of the annual dispensing fee.

Pharmacists are requested to use the guidelines attached hereto in submitting this information.

The final date of submission is the 15 August 2011. Any submission made after this date will not be considered in the annual review.

The requested information must be forwarded to the following e-mail address: <a href="mailto:dispensing@mediclschemes.com">dispensing@mediclschemes.com</a> or on a compact disc and hard copy to:

The Director-General: Health (Director: Pharmaceutical Economic Evaluations)

**Room 2610 South Tower** 

Civitas Building

**Cnr Andries and Bloed Streets** 

**PRETORIA** 

0001

For enquires contact:

Mr S. Mngadi

Telephone:

012 395 8185

e-mail:

mngads@health.gov.za

### **SCHEDULE**

GUIDELINES FOR THE SUPPLYING OF INFORMATION
BY PHARMACISTS IN TERMS OF REGULATION 10 OF
THE REGULATIONS RELATING TO A TRANSPARENT
PRICING SYSTEM FOR MEDICINE AND SCHEDULED
SUBSTANCES ACT (101 OF 1965), AS AMENDED

DR'A MOTSOALEDI, MP

MINISTER OF HEALTH

**DATE: 9/7/2011** 

	CONFIDENTIAL: The information provided in this questionnaire will be kept confidential.								
	INSTRUCTIONS								
1	Before completing in this form, read all the instructions carefully. Where further details or clarity is required, contact the Directorate: PEE (details below).								
2	Unless otherwise stated, all data is for the period 01 March 2010 to 28 February 2011.								
3	All sections are to be completed.								
4	A single form is to be completed per Pharmacy.								
5	In section 1, Pharmacy details, 1.10 should equal the sum of 1.11 to 1.13. A floor plan of the entire Pharmacy must also accompany this questionaire.								
6	For sections 2 and 3 practices may submit their audited financial statements and balance sheets for the financial year 1 March 2010 to 28 February 2011. The aim of this is purely to highlight the importance of providing verifiable information.								
7	Where expenses overlap, specify this and only indicate the expense once, e.g. where water is covered in the rental do not add a separate amount for water.								
8	Where the SEP bands on record by the software used in the medicine room differs to that used in this form, please specify. If it is not possible for you to provide the information as requested, please contact the Directorate: PEE on 012 395 8209 / 8185, and the Directorate will assist you in this. This section, however, is critical for determining the dispensing fee.								
9	Do not duplicate costs (e.g. a leased photocopier should only be accounted for as a monthly expense).								
	In section 4, staff information required is for staff performing dispensary related duties. Where the salary paid to a staff member is paid in an hourly rate, indicate this as well as the rate. Where other expenses are included e.g overtime, these should only be included if they are not already part of the cost to company salary provided.								
11	Under section 4, insert space for additional staff members based on the number of staff employed by the Pharmacy.								
12	Once your submission has been sent through, if you have not received a confirmation of receipt, please correspond with the Directorate: PEE to confirm receipt (details below).								
13	The NDoH may request further information in order to verify the data supplied in this questionnaire.								
14	Note that in section 5, information requested is for those items, Over the Counter Medicines (OTC) that are not dispensed out of a prescription.								
15	For section 7 a certified copy of a prepacking license must be attached.								
	Contact Details: The Director, Pharmaceutical Economic Evaluation (PEE), National Department of Health (NDoH),								
	Corner Andries & Struben Street, Room 2610 South Tower, Civitas Building, 0001. Email address:								
	Dispensing@medicalschemes.com Tel No 012 395 8209 / 8185								

#### Information submitted on this questionnaire will be kept confidential

A floor plan of the entire Pharmacy must also accompany this questionnaire. The size in square metres of the Pharamcy, and thus of each of the various working areas, such as front shop, dispensary, counselling area storage are, clinics etc. should be clear from this plan. This may be hand drawn as long as the required detail is correct.

## Section 1 Pharmacy details

1.1 Name of Pharmacy	
<ul><li>1.2 Pharmacy practice number</li><li>Name of Responsible Pharmacist (Surname, First</li><li>1.3 name)</li></ul>	
1.4 Name of Pharmacy owner (Surname, First name)	
Physical address of Main Registered Dispensing  1.5 Practice	
Building Name	
Street name & No	
Suburb	
City/Town	
District	
Province	
Postal Code	12000   电影响 1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985

Information submitted on this questionnaire will be kept confidential

#### 1.6 Postal address

Same as physical address?

PO Box number

Private Bag number

City/Town

District

Province

Postal Code



**Contact Details of Responsible Pharmacist (Note:** 1.7 The contact person should be accessible during working hours and can be a senior staff member

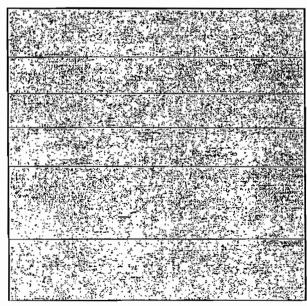
First Name

Surname

Telephone

Cellphone

Email



Information submitted on this questionnaire will be kept confidential

#### 1.8 Telephone number of Pharmacy owner

Email address:

1.9 Date Pharmacy opened

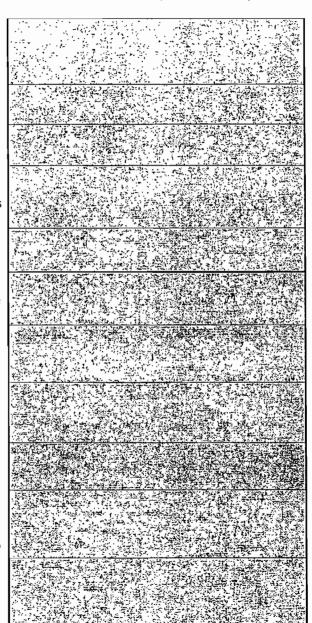
- 1.10 Floor space of the entire pharmacy (i.e. the front shop dispensary, counselling area, and all other areas available). A floor plan must accompany this questionaire.
- 1.11 Floor space of the front shop, including schedule 0 medicines.

1.12

Floor space of the dispensary, including schedule 1 and 2 medicines and counselling area

Floor space of all other areas that are available 1.13 (such as clinic, storage area etc)- these areas must be specified.

- 1.14 Kate of scheduled medicine turnover in the period starting 01 March 2010 and ending February 2011 (average time the medicine spends on the shelf). Please specify in either
- 1.15 What is the dispensing fee model used to determine the dispensing fee charged in the Pharmacy?
- 1.16 What is the average fee per item that this Pharmacy currently charge cash paying patients?
- 1.17 What is the average fee per item that this Pharmacy currently charge medical aid patients? Provide a list of agreed upon dispensing dispensing fees with the different medical aids.



Information submitted on this questionnaire will be kept confidential

1.18 Approximate what % of patients are on medical aid?

Do you charge medical aid patients a co-payment

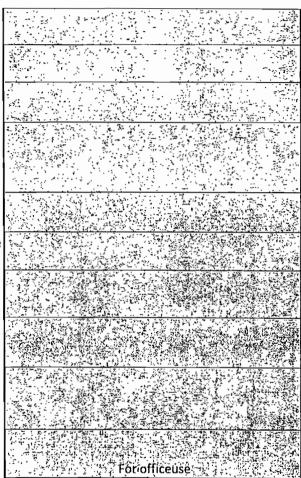
1.19 per item?

If yes to 1.19 above what is the average co-

- 1.20 payment per item?
- 1.21 To what extend (estimate %) did co-payments received in the 12- month period 01 March 2010 to 28 February 2011 contribute to the dispensary income?
- 1.22 Does the Pharmacy have a dispensing programme or soft ware?
- 1.23 If yes to 1.22 above, please specify what software is used?
- 1.24 Is this pharmacy in any designated service provider (DSP)agreement?
- 1.25 If yes to 1.24 above provide a list of medical aid schemes for which the Pharmacy is a DSP?

Any other fees payed by the Pharmacy (e.g.

- 1.26 prescription authorisation fee (PAF) etc please specify.
- 1.27 Deprivation index



Information submitted on this questionnaire will be kept confidential

## Section 2 Total Pharmacy expenditure

Monthly expenses (all figures are VAT incl)

2.1

2.8

Rental for entire Pharmacy (i.e dispensary, front shop, ect as described in 1.10

- 2.2 Water and rates
- 2.3 Electricity
- 2.4 Dispensary telephone/s including line rental and call charges)
- 2.5 Internet Service provider

Software and support (note this refers to the monthly expense and 2.6 not the initial capital cost which is addressed below)

Computer hardware lease if applicable (note if this section is filled 2.7 then 2.27 & 2.28 should be N/A)

Insurance of scheduled medicines, fixtures and fittings, electronic equipment (e.g. computers, printers) in the Pharmacy

2.9 Audit and accounting fees

#### Annual (01 March to 28 February 2011)

Allitual (of ivial cir to 28 rebruary 2011)						
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<b>国际企业企业,以外的企业的企业,企业企业的企业,企业企业企业企业,企业企业企业,企业企业企业,企业企业企业企业</b>						
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[4] "我们是我们的,我们们是我们的一个,我们就是一个,我们就是一个一个,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个						
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#### CONFIDENTIAL Information submitted on this questionnaire will be kept confidential

Bank charges (excluding interest on loans, overdraft, credit card fees) 2.10 includes withdrawals, cash deposits & debit orders. Other bank charges (as excluded in 2.10 above) e.g. credit/debit 2.11 charges for dispensary related sales. 2.12 Postage 2.13 Printing and stationary (including printer cartridges) 2.14 Dispensary packaging materials (i.e. vials, bottles, packets etc) Update of reference material required by South African Pharmacy 2.15 Council (SAPC) (e.g. MiMs, SAMF etc) 2.16 SAPC fees 2.17 Professional indemnity fees 2.18 Skills development and training 2.19 Repair and maintainance Cleaning equipment and consumables (where cleaning contract is in place 2.20 costs for these services should be reflected)

#### Information submitted on this questionnaire will be kept confidential

2.21 Pest control

2.22 Waste disposal

2.23

Security (if part of rental agreement then N/A)

2.24

Other (e.g. legal services etc, please specify)

#### Capital Costs (All figures VAT incl)

- 2.25 Cost of shelving/cupboards for dispensary
- 2.26 Cost of shelving/cupboards for front shop

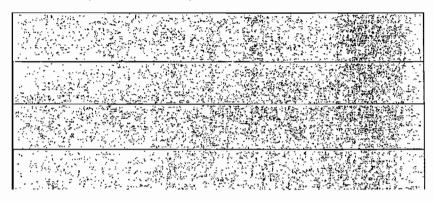
Cost of shelving/cupboards for all other areas, (clinics, storage space, 2.27 office) please specify.

- 2.28 Computer hardware purchase for dispensary
- 2.29 Computer hardware purchase for front shop

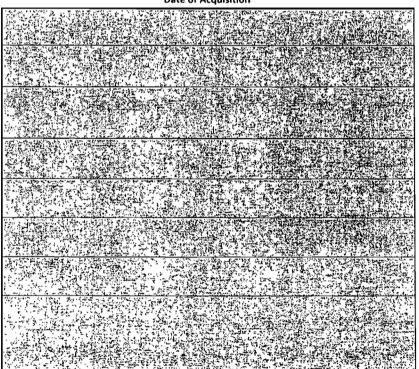
2.30

Computer hardware purchase for all other areas, specify as in 1.10

- 2.31 Dispensary equipment (e.g. scales, mortar & pestle etc)
- 2.32 Fridge for medicine requiring cold chain

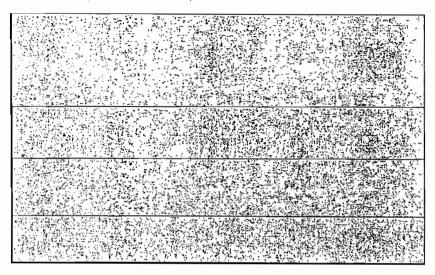


#### **Date of Acquisition**



#### Information submitted on this questionnaire will be kept confidential

- 2.33 Air conditioner (if part of rental agreement then N/A)
- 2.34 Fax machine
- 2.35 Photocopier
- 2.36 other-(e.g. chairs, clinic beds etc, please specify)



Information submitted on this questionnaire will be kept confidential

### Section 3

#### Income

All figures are VAT incl

- 3.1 Total turnover of the entire Pharmacy
- 3.2 Dispensary turnover
- 3.3 Front shop turnover
- 3.4

All other turnover in the Pharmacy (specify e.g. clinics, data fees, admin fees etc)

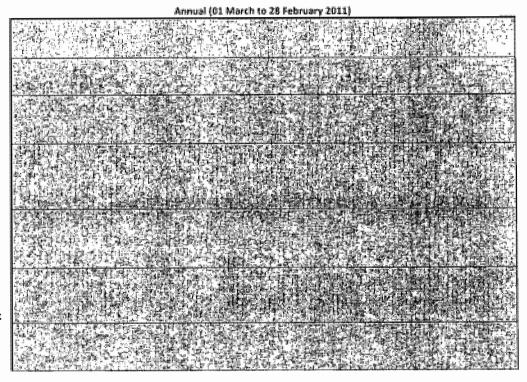
3.5

Sales of Schedules medicines (including schedule zero)

3.6

Sales of Schedule zero medicines dispensed on a script

3.7 Turnover of Schedule zero medicines



CONFIDENTIAL

Information submitted on this questionnaire will be kept confidential

Please note a print out of all the items dispensed below may be requested by the Department

#### Section 4

### Prescription Based Dispensing (S0-S7)

	_	Annual (01 March to 28 February 2011)				
4.2 1	Total Number of Items dispensed on doctors prescription Total dispensing fee income generated by prescription tems					
5	SEP Band (SEP Including VAT)	Activity by SEP  Number of Items dispensed on a Doctor's prescription  Annual (01 March to 28 February 2011)				
4.3	R0 - R25					
4.4	R25.01 -R50					
4.5	R50.01 R75					
4.6	R75.01 -R100	W (A A ) W (A / A ) A (A , A / A ) A (A / A / A )				
4.7	R100.01 -R150					
4.8	R150.01 -R200 R200.01-R250	A COLUMN A COLUMN ACCUSATION OF THE COLUMN ACCUSATION A				
.10	R250.01 -R300					
.11	R300.01-R350					
.12	R350.01-R400					
1.13	R400.01 -R450					
1.14	R450.01 -R500					
1.15	R500.01-R550					
1.16	R550.01-R600 R600.01-R650					
1.18	R650.01-R700					
1.19	R700.01-R750					
1.20	R750.01-R1000					
1.21	R1000.01-R2500					
4.22	RZ500.01-R5000					

Information submitted on this questionnaire will be kept confidential
Please note a print out of all the Items dispensed below may be requested by the Department
Section 5

Over The Counter Dispensing OTC (S0-S2)

#### **General Activity**

		Annual (01 March to 28 February 2011)					
	Total Number of OTC items dispensed Total dispensing fee income generated by OTC items						
ļ	SEP Band (SEP including VAT)	Activity by SEP Number of Items dispensed OTC Annual (01 March to 28 February 2011)					
5.3	RO – R25						
5.4	R25.01 -R50						
5.5	RS0.01 -R75						
5.6	R75.01 -R100						
5.7	R100.01R150						
5.8	R150.01 -R200						
5.9	R200.01-R250						
5.10	R250.01 -R300						
5.11	R300.01-R350						
5.12	R350.01-R400						
5.13	R400.01 -R450	, , , , , , , , , , , , , , , , , ,					
5.14	R450.01 -R500						
5.15	R500.01-R550						
5.16	R550.01-R600						
5.17	R600.01-R650	:					
5.18	R650.01-R700	a i sama a caraga araganaman aragan arag					
5.19	R700.01-R750						
5.20	R750.01-R1000						
5.21	R1000.01-R2500						
5.22	R2500.01-R5000						
5.23	>R5000.01						

#### Section 6. OPERATING HOURS AND STAFF

	Opening Time Closing Time								
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Monday									
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Tuesday			1						
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Wednesday			_						
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Thursday	<u> </u>			*******					
Friday									
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Seturday									
Saturday.									
Sunday									
Holiday									
Do you dose any other time?									
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STAFF					
	Staff Member 1	Staff Member 2	Staff Member	Staff Member 4	Staff Member
			3		5
Name (Sumame, First			1		1
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Position:					-
Position:			ŧ		1
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Highest qualification:			1		1
					1
			1		1
Salary : cost to company					
(March 2010 - February	1		į		
2011)			1		i
2011)	i				1
	<u> </u>				<u> </u>
Tax number:			1		1
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UIF Number:			1 1		
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Number of leave days per					
annum:	1				
			1		
	Ļ				
Number of working hours					
per week:					
					1
					1
					1
Estimate number of hours					
spent on dispensary			1		1
related activities per day:					1
The second of the second					
					1
Other (e.g after hours.					
Please specify - only					
include these if not			1		1
included in the salary			1		1
eboye).					
[F-V74].					

#### Section 7. COMPOUNDING & PREPACKING

Number of finished product per month												
Type of preparation	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11
Extemporaneous												_
Extemporaneous												
Aseptic												
Oncology												
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7.2.1	Is this facility licenced to prepack scheduled medicines?	
	If yes in 7.2.1 above	
	provide licence number. A	
	certifled copy of the licence	
7.2.2	should also be provided.	

7.1.5 Other (Please specify)





PRETORIA
Private Bag X828, PRETORIA, 0001, 19TH Floor, Critiss, Cnr Struben & Andres Street, PRETORIA, 0001 Tel (012) 395 8402 Fax (012) 395 8422
CAPE TOWN
Private Bag X9070, CAPE TOWN, 8000, 4TH Floor, 120 Plein Bt. CAPE TOWN, 8001 Tcl (021) 461 2040 Fax (021) 461 6864

Dear Pharmacist

#### Data Collecting Tool for the Pharmacists Dispensing Fees

Government Gazette No. 33775 published on the 19<sup>th</sup> November 2010 on the maximum Dispensing Fee for Pharmacists stated that the Dispensing Fee shall be reviewed annually by the Minister.

The review requires that individual pharmacies supply the necessary information to the National Department of Health. The Data Collecting Tool is to serve the purpose of acquiring the necessary information.

The National Department of Health is circulating a Data Collecting Tool requesting information on costs associated with the operation of a dispensing practice.

Pharmacists are advised of the following;

- The information provided in the tool will be kept confidential;
- Information provided may be audited by the National Department of Health and proof of supporting documentation requested;
- The tool consist of eight pages with the following sections:
  - 1. Instructions;
  - 2. Pharmacy details;
  - 3. Total pharmacy expenditure;
  - 4. Income;
  - 5. Prescription based dispensing;
  - 6. Over the counter dispensing;

- 7. Operating hours and staff;
- 8. Compounding & prepacking.
- The tool will be sent to both retail and private institutions pharmacies; and
- All figures should be quoted VAT INCL.

Attached are two documents: Annexure A-Declaration and Annexure-B a check list.

Both Annexures are for completion by the person responsible for completion of the Data Collection Tool.

The requested information must be supplied directly to the National Department of Health and not through an association or third party. The information provided is the property of the National Department of Health.

The final date of submission is to be the 15 August 2011. Any submission made after this date will not be included in the annual review.

The Data collection Tool can be downloaded from the following website:

<u>www.doh.gov.za</u>. The fully completed Data Collection Tool should be forwarded to the following e-mail address; <u>dispensing@medicalschemes.com</u>

For further information and clarity contact Mr. S Mngadi, email: mngads@health.gov.za,

Tel: 012 395 8185

DIRECTOR GENERAL: HEALTH

DAJÉ: 03/06/2011

## **ANNEXURE A:**

### **DECLARATION**

I
SIGNATURE (DEPONENT)
Witness:
1( CFO) 2(Responsible Pharmacist)
The Deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me aton this theday of 2009, the regulations contained in Government Gazette Notice No. R 1258 of 21 July 1972 (as amended) has been complied with.
COMMISSIONER OF OATHS

## **ANNEXURE B**

# CHECKLIST PHARMACY DATA COLLECTION TOOL

Tick the appropriate box(X)

#### **INSTRUCTIONS**

63.40		YES	NO
	Have you read all the instructions carefully?		

#### **SECTION 1: PHARMACY DETAILS**

	YES	NO
Have you answered all questions in Section 1?		
Have you attached a floor plan of the entire pharmacy?		

#### **SECTION 2: TOTAL PHARMACY EXPENDITURE**

	YES	NO
Have you answered all questions in Section 2?		
Have you provided a detailed breakdown of cost as required in Section 2?		
Have you listed and attached all supporting documentation as required in 2?		

#### **SECTION 3: INCOME**

	YES	NO
Have you answered all questions in Section 3?		
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

	YES	NO
Have you signed the declaration as required, indicating that the information		
supplied is true and correct?		
Supplied to the different solvest.		

#### SECTION 5: OVER THE COUNTER DISPENSING (S0-S2)

	YES	NO
Have you signed the declaration as required, indicating that the ir	ormation	
supplied is true and correct?		

#### **SECTION 6: OPERATING HOURS AND STAFF**

	TE3	NO
Have you signed the declaration as required, indicating that the information		
supplied is true and correct?		

#### **SECTION 7: COMPOUNDING & PREPACKING**

	YES	NO
Have you signed the declaration as required, indicating that the information		
supplied is true and correct?		

If any of the answers to the questions above is  ${\bf NO}$  then the tool will be considered incomplete