

12-month Prescribing Guidelines

Effective 1 February 2026

In response to the Government's initiative enabling prescriptions to be issued for up to 12 months, St Albans Medical Centre has introduced a practice policy to maintain patient safety, continuity of care, legal compliance, equity, and workflow efficiency.

Please book a consultation with your GP to discuss what prescribing duration is appropriate for your medication.

Scope

The policy covers all community-dispensed medicines prescribed by practice prescribers. Excludes controlled drugs and any medicines restricted by legislation, the Pharmaceutical Schedule, or Special Authority conditions.

This includes oral contraception and depot medroxyprogesterone acetate (Depo-Provera), which may be prescribed for up to 12 months following an initial clinical review, where clinically appropriate.

All decisions to issue extended prescriptions are made at the prescriber's discretion and documented in the clinical record.

Principles

- Clinical appropriateness first: 12-month prescribing is offered—not automatic—based on the individual's condition, stability, safety monitoring, and social context.
- Safety-netting: Regular clinical touchpoints continue according to the
- Dispensing unchanged: Pharmacies will continue to dispense typically 3-monthly (or 6-monthly for eligible OCP), with monthly/stat dispensing where required by funding rules.
- Equity: We will proactively offer longer prescriptions to eligible patients who face access barriers (transport, cost, disability, rurality), while applying the same safety criteria.
- **Contraception-specific safety:** Extended (12-month) prescribing of oral contraception and Depo-Provera is permitted once an initial review has confirmed suitability, contraindications have been excluded, and appropriate follow-up is in place.

Eligibility criteria (all should be considered)

- Chronic condition(s) on a stable regimen for ≥ 6 months.

- Monitoring up to date and scheduled (e.g., BP, renal function, HbA1c, thyroid, lipids as applicable).
- Adherence and understanding demonstrated (incl. ability to manage repeats, portal/text reachable, updated contact details).
- Medicine is suitable for extended prescribing (not in the “not normally repeated” list in Appendix A; no legal/funding limits beyond 3-monthly dispensing).
- Special Authority (if applicable) active for the full course or can be synchronized to cover the period.
- Shared care: If specialist involved, plan aligns and letters reviewed.

Exclusions / “Not normally issued as 12-month prescriptions”

Prescribers may override with rationale documented. Default positions:

- Antibiotics.
- Antidepressants for non-stable patients.
- Antidepressants for patients <20 years.
- Controlled drugs (any class) and dependence-forming agents.
- Hypnotics or sedatives.
- Isotretinoin/Roaccutane.
- Medication for new patients or pregnant patients.
- Medication initiated by a specialist (unless explicitly handed over and stable).
- Multi-pathology / polypharmacy requiring close titration.
- Newly prescribed medication.
- NSAIDs.

Consultation frequency (by condition)

Prescribers may increase frequency.

Condition	Frequency of consultations
Acne	6–12 months
Asthma	3–6 months, depending on level of symptoms
Congestive heart failure	3 months
COPD	3–6 months, depending on level of symptoms

Clozapine	3 months
Eczema/dermatitis/psoriasis	6 months, or 12 months if mild
Depo Provera	12 months (after initial review)
Diabetes	3–6 months
Depression – stable, chronic	6 months
Epilepsy	6 months
Gastro-oesophageal reflux disease – asymptomatic	6 months
Gout	6–12 months
Hypertension	6 months (unless unstable); BP every 3 months
Hypothyroidism	6–12 months
Ischaemic heart disease	3–6 months, depending on level of symptoms
Long-term pain medication	Review every 6 months with clinician or specialist
Menopause	6 months
Oral contraceptive pill (OCP)	6 months clinical review; prescription may cover up to 12 months once initial review completed
Parkinson's	3–6 months
Paracetamol	At clinician's discretion
Statins	12 months, if stable

Note: These are benchmarks only and may be overridden at the prescriber's discretion with documented reasoning.

Medication not normally issued as 12-month prescriptions

- Antibiotics.
- Antidepressants for non-stable patients.
- Antidepressants for patients <20 years.
- Controlled drugs.
- Hypnotics or sedatives.
- Isotretinoin/Roaccutane.

- Medication for new patients or pregnant patients.
- Medication prescribed by a specialist (unless explicitly handed over and stable).
- Multi-pathology / multi-prescriptions.
- Newly prescribed medication.
- NSAIDs.

Consultation frequency benchmarks

Acne: 6–12 months

Asthma: 3–6 months, depending on level of symptoms

Congestive heart failure: 3 months

COPD: 3–6 months, depending on level of symptoms

Clozapine: 3 months

Eczema/dermatitis/psoriasis: 6 months, or 12 months if mild

Depo Provera: 12 months

Diabetes: 3–6 months

Depression – stable, chronic: 6 months

Epilepsy: 6 months

Gastro-oesophageal reflux disease – asymptomatic: 6 months

Gout: 6–12 months

Hypertension: 6 months (unless unstable); BP every 3 months

Hypothyroidism: 6–12 months

Ischaemic heart disease: 3–6 months, depending on level of symptoms

Long-term pain medication: Review every 6 months with clinician or specialist

Menopause: 6 months

Oral contraceptive pill (OCP): 6 months

Parkinson's: 3–6 months

Paracetamol: At clinician's discretion

Statins: 12 months, if stable