

Community Pharmacist Program

New conditions webinar

Department of Health

OFFICIAL

January 2026



Department
of Health

OFFICIAL

Acknowledgement of country

I acknowledge the Traditional Owners of the land on which we are meeting. I pay my respects to their Elders, past and present, and the Aboriginal Elders of other communities who may be here today.



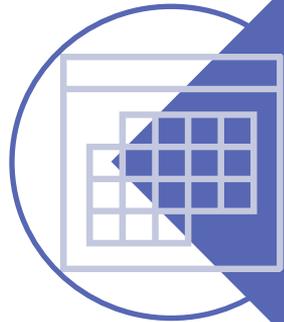
Artwork by Nakia Cadd, available at
[Acknowledgement of Country | vic.gov.au](https://www.vic.gov.au/acknowledgement-of-country)

Agenda

No.	Description	Presenter
1	Summary of new services	
2	Program requirements	
3	Chemist Care Now	
4	Part 1: Resupply of Hormonal Contraception Protocol	
5	Part 2: Management of Impetigo Protocol	

New services – hormonal contraception and impetigo

New services were added in December 2025 to the treatments available through the Community Pharmacist Program



Two new hormonal contraception options:

- vaginal ring etonogestrel 11.7 mg (120 microg/24 hours), ethinylestradiol 2.7mg (15 microg/24h) and
- medroxyprogesterone 150 mg/mL depot injection.



Impetigo treatment (school sores). Pharmacists can now provide treatment for

- non-bullous impetigo
- for people 2 years and over
- confined to two body regions.

The Program will continue to expand over the next two years, bringing the total to 22 services community pharmacists can offer.

Training requirements

Pharmacists will be required to complete training modules to provide the impetigo and expanded hormonal contraception services.

Service	Course name (course length)	Course provider
Impetigo	Impetigo (1 hour)	Pharmaceutical Society of Australia
	Impetigo (1 hour) Skin Conditions Course Victoria (includes Herpes Zoster, Psoriasis and Impetigo) (3 hours)	Australasian College of Pharmacy
Resupply of Hormonal Contraception	Contraception Essentials Explained (3.5 hours) <i>Pharmacists who have completed this course can provide the expanded services.</i>	Pharmaceutical Society of Australia
	Oral contraceptives: a comprehensive training course for pharmacists (1.5 hours) <i>Pharmacists who have completed this course will not be able to deliver the expanded services of resupply of the vaginal ring or the injectable depot.</i> <i>Resupply of oral contraception can continue to be provided.</i>	Australasian College of Pharmacy

MedAdvisor form updates



Hormonal Contraception

- For pharmacies and pharmacists offering oral contraceptive resupply, depending on the training completed, the expanded hormonal contraception service can be offered.
- The MedAdvisor form has been updated.



Impetigo

- The MedAdvisor form for impetigo has been activated in the 'skins' section, for pharmacies who have requested to commence provision of impetigo services.



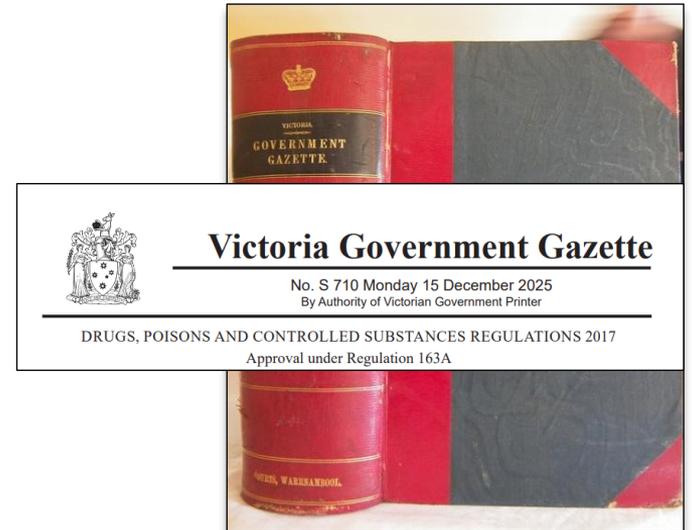
Note that there can be a delay of a few weeks in having the form activated once it has been requested as a new service.

Legal obligations for pharmacy owners and pharmacists' requirements

Secretary Approval: Community Pharmacist Program

The Approval specifies the conditions in which a pharmacist is authorised to administer, supply or sell the Schedule 4 poison, including:

- the training that must be completed before that activity occurs and
- the protocol(s) that must be followed when supplying treatment for under the Program.
- must report the administration of the vaccine to the Australian Immunisation Register in a timely manner.



The Secretary Approval can be accessed [here](https://www.gazette.vic.gov.au/gazette/Gazettes2025/GG2025S710.pdf)

<<https://www.gazette.vic.gov.au/gazette/Gazettes2025/GG2025S710.pdf>>

Legal obligations for pharmacy owners and pharmacists' requirements

Private Consulting room

When providing consultations, a **separate private consulting room with a door** that can be readily supervised to prevent unauthorised access that is not used as dispensary, storeroom, dose administration aid filling room or staff room is required.

More information is available on the [Victorian Pharmacy Authority](#) and [EOI - Community Pharmacist Program](#) webpages.



Costs associated with the Community Pharmacy Program

Medication costs

Medication is not subsidised under the PBS.

Patients receiving treatment will need to pay the full medication cost.

Please speak to patients about this before the consultation.

Consultation costs

Pharmacies will receive a \$20 payment from the Victorian Government per eligible consultation for any of the program's current services.

Full list of current services can be found at:

[Resources for Pharmacists](#)

Pharmacies must **not** charge patients for these services.

Travel health and other vaccination services

Pharmacies will receive a \$20 payment from the Victorian Government for the administration of at least one approved vaccine as part of an eligible travel health and other vaccination consultation.

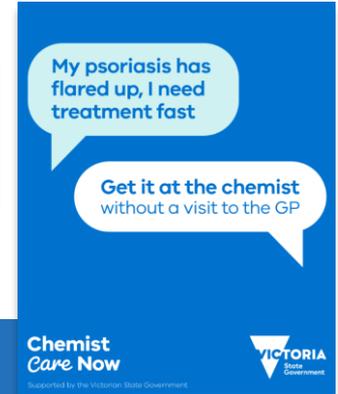
Pharmacies may charge patients an additional consultation fee, as well as the cost of any vaccines given.

Public program branding and promotion - Chemist Care Now

The Community Pharmacist Program was rebranded publicly to Chemist Care Now in November 2025.

Pharmacies are required to use updated Victorian Department of Health resources.

- Digital assets
- Pharmacist assets
 - Poster
 - Counter care
 - Decals



Promotional materials are available from [Resources for pharmacists](https://www.health.vic.gov.au/primary-care/community-pharmacist-program-resources-for-pharmacists)
<<https://www.health.vic.gov.au/primary-care/community-pharmacist-program-resources-for-pharmacists>>

Overview of protocols

Safer Care Victoria presenters:

- **Elizabeth Su - Resupply of Hormonal Contraception Protocol**
- **Robert Luong - Management of Impetigo Protocol**

Resupply of Hormonal Contraception Protocol



OFFICIAL

Protocol scope

Revised protocol



The “**Protocol for Resupply of Hormonal Contraception**” is a revision of the previous “Protocol for Resupply of the Oral Contraceptive Pill”.

Resupply of hormonal contraceptives



In addition to oral contraceptive pills (OCP), Victorian community pharmacists can resupply **additional hormonal contraceptives**.

Eligibility



Females aged between **16-50 years** can access this service if they meet eligibility criteria.

OFFICIAL

Overview of protocol revisions



**Treatment
options**



**Eligibility
criteria**



**Clinical review
criteria**



**Additional
referral criteria**

Protocol revision summary



Treatment options

These medicines are available for resupply, in addition to medicines listed in the previous protocol:

- **Estetrol 14.2 mg / drospirenone 3 mg tablet (Nextstellis®)**
- **Combined hormonal contraceptive vaginal ring**
- **Depot medroxyprogesterone injection**
 - *To administer, pharmacists must have suitable premises, training, and competency in deep intramuscular (IM) injection*

Protocol revision summary



Eligibility criteria

Eligibility criteria in revised protocol:

Initiation & review

A medical practitioner, nurse practitioner or endorsed midwife must have:

- Prescribed the hormonal contraceptive initially, and
- Reviewed appropriateness for continuation within the preceding **two years** of the current appointment with the pharmacist

Stabilisation period

Patients must be using the same hormonal contraceptive for:

- **12 months** if aged **16-17 years**
- **6 months** if aged **18 years and above**

Breaks in continuous use

If a break in continuous use has occurred, the pharmacist should consider need for emergency contraception and/or pregnancy testing before resupply.

If the patient has had a break in continuous use of:

- **< 2 weeks** in the preceding 30 days: Pharmacist may resupply one original pack
- **2 to 4 weeks** in the preceding 30 days: Pharmacist may resupply ONE month of vaginal ring or OCP only, and must concurrently refer to a medical practitioner, nurse practitioner, or endorsed midwife

Protocol revision summary



Clinical review criteria

Revised clinical review criteria:

Measuring weight and blood pressure

There is no requirement to **retake** weight or blood pressure measurements if:

- The pharmacist has access to weight or blood pressure measurements **taken and recorded in the preceding 12 months**
- There has been **no change to the patient's health status** in the preceding 12 months

Protocol revision summary



Additional referral criteria

Additional referral criteria in revised protocol:

If the patient meets this criteria, the **pharmacist must refer** to a medical practitioner, nurse practitioner, or endorsed midwife:

- Unexplained or un-investigated signs and symptoms of endometriosis or polycystic ovary syndrome (PCOS)

If the patient meets these criteria, the **pharmacist may resupply hormonal contraceptive with concurrent referral** to a medical practitioner, nurse practitioner, or endorsed midwife:

- Need for sexually transmissible infection (STI) screening and/or cervical screening test (CST)
- Possibility of reproductive coercion, sexual abuse or sexual violence

Management of Impetigo Protocol



OFFICIAL

Background for new protocol

What is impetigo?

- Contagious bacterial skin infection that causes red sores or lesions which then burst, ooze, and form a yellowish-brown crust
- Typically caused by *Staphylococcus aureus* or *Streptococcus* bacteria

Why empirical management?

- Common, highly contagious condition in children
- Most presentations of impetigo are uncomplicated non-bullous cases
- Early treatment may shorten illness and reduce spread

Protocol scope

New protocol



The “**Protocol for Management of Impetigo**” is a new protocol as part of Chemist Care Now.

Select topical and oral antibiotics



Victorian community pharmacists can supply **select topical and oral antibiotics** for treatment of non-bullous impetigo.

Eligibility



Patients aged **2 years** or older can access this service, if they meet eligibility criteria.

OFFICIAL

Overview of protocol



**Treatment
options**



**Eligibility
criteria**



Referral criteria



**Non-
pharmacological
care**

Protocol summary



Treatment options

Impetigo presentation	Treatment options
Limited impetigo (No more than 2 sores)	Topical anti-infectives 1 st line: Mupirocin 2% ointment or cream 2 nd line: Hydrogen peroxide 1% cream
Extensive impetigo (More than 2 sores) affecting no more than 2 different body regions	Oral antibiotics 1 st line: Dicloxacillin or Flucloxacillin 2 nd line: Cefalexin 3 rd line: Trimethoprim + Sulfamethoxazole

Protocol summary



Eligibility criteria

Patient eligibility criteria	To note
Age \geq 2 years	
Presentation of clearly defined non-bullous impetigo	<ul style="list-style-type: none">• Bullous / ecthyma suggests deeper infection with higher complication risks• Other non-impetigo skin presentations may present additional complication risks
No recurrent cases of impetigo	<ul style="list-style-type: none">• Recurrence suggests antimicrobial resistance or underlying risk
Impetigo affecting \leq 2 body regions*	<ul style="list-style-type: none">• More regions affected suggests higher bacterial load or systemic involvement

**Patients with impetigo affecting 2 body regions may be treated and require concurrent medical or nurse practitioner referral*

Protocol summary



Referral criteria

Referral criteria	To note
People at high risk of complications from impetigo	<ul style="list-style-type: none">Group A Streptococcus (GAS) skin infections in certain populations carry a greater risk of complications (e.g. Acute Rheumatic Fever / Rheumatic Heart Disease)
Patients who are immunocompromised or have chronic diseases	<ul style="list-style-type: none">Atypical presentations require referralImmunocompromised patients may experience a more rapid spread of impetigo and could be at higher risk of complications
Not clearly defined non-bullous impetigo	<ul style="list-style-type: none">Other skin conditions require referral
ED referrals	<ul style="list-style-type: none">Examples of presentations requiring ED referral include signs of severe infection, vasculitis, or toxin-mediated illness*
Widespread or severe lesions (> 2 body regions affected)	<ul style="list-style-type: none">Higher bacterial burden or systemic involvement requires medical assessment and testing

**Please refer to the clinical protocol for the list of ED referral criteria*

OFFICIAL

Protocol summary



Non-pharmacological care

Non-pharmacological care

- Cleaning and gentle de-crusting of sores or lesions before applying topical medications reduces bacterial load
- Covering all sores reduces spread
- Bleach baths may be considered as an adjunct to reduce bacterial load*
- Emphasise hygiene, daily linen changes, and not sharing towels and face washers to reduce household spread

**Please refer to the Royal Children's Hospital bleach baths factsheet for detailed advice*

Questions



THANK YOU

For joining us

OFFICIAL