



Pharmacy Dispensing in a Rural General Practice

Where a community does not have convenient and efficient access to pharmaceutical items, a rural general practitioner may seek to become an authorised pharmaceutical supplier.

Under Section 92 of the National Health Act 1953 and subsequent conditions, a prescribed item may then be supplied by the approved medical practitioner.

How do I apply to become an approved supplier?

A medical practitioner must have current medical board registration and be practising in the area for which approval is being sought.

To apply for approval to supply pharmaceutical items under the Australian Government Department of Health Pharmaceutical Benefit Scheme (PBS), a medical practitioner should complete:

- Medicare Australia Form BP150

A cover letter explaining the reason for applying, area covered by the application, current pharmacy supply arrangements (if any) and practice operating hours should be attached to Form BP150 as justification for the application.

What if a pharmacy is later established in my community?

If a pharmacy opens in your area, approval granted to a medical practitioner as an approved supplier will be cancelled.

Where do I order the pharmaceuticals from?

A full list of PBS approved manufacturers and suppliers can be found at:

<https://www.pbs.gov.au/browse/manufacture-list>

Not all suppliers will be required by a dispensing practice and some may not deliver to your area.

The dispensing practice may choose to identify the most common pharmaceuticals required in their area and approach only the relevant supplier to establish an account.

What can the medical practitioner charge?

Under the PBS the Australian Government Department of Health subsidises the cost of medicine for most medical conditions. The PBS Schedule lists all the medicines available to be dispensed to patients at the subsidised price.

Patient co-payments

The co-payment or 'gap' is the contribution the patient pays for the cost of PBS medicines.

In 2018,, the patient co-payment is up to \$39.50 for most PBS medicines or \$6.40 for concession card holders. The Australian Government pays the remaining cost.

The amount of co-payment is adjusted on 1 January each year in line with the Consumer Price Index (CPI).

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

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Safety net

The safety net threshold applies to a family unit regardless of whether the unit consists of an individual, a couple or a family with dependent children.

In 2018, the Safety Net threshold is \$1,521.80 for general patients and \$384.00 for concession card holders.

After reaching the Safety Net threshold, general patients pay for further PBS prescriptions at the concessional co-payment rate and concession card holders are dispensed PBS prescriptions at no further charge for the remainder of that calendar year. To access the Safety Net arrangements, patients need to maintain a record of their PBS expenditure on a Prescription Record Form. These are available from all pharmacies. A Safety Net Entitlement Card or Safety Net Concession Card will be issued once the threshold is reached.

These amounts are adjusted on 1 January each year.

Items that are priced below the general patient co-payment

For general patients, an allowable additional patient charge can apply. The allowable additional patient charge is a discretionary charge to general patients if a pharmaceutical item has a dispensed price for the maximum quantity which is less than the general patient co-payment. The pharmacist or medical practitioner may charge general patients the allowable additional fee but the fee cannot take the cost of the prescription above the general patient co-payment for the medicine.

The maximum fee is currently \$4.38 and is adjusted on 1 January each year. This fee does not count towards the Safety Net threshold.

What is a price premium?

A price premium or brand premium, may apply to some medicines. Where there are two or more brands of the same drug on the PBS Schedule, the Government subsidises each brand to the same amount - up to the cost of the lowest priced brand.

Where a patient is using the more expensive brand the price difference is paid by the patient as a brand premium. This cost is in addition to the co-payment.

Patients should be advised that there may be a suitable less expensive brand substitute.

Dispensing practitioners are legally required to charge brand premiums. The brand premium does not count towards the safety net threshold.

What do my staff need to know?

Clear and adhered to policies and procedures for the dispensing of PBS items are essential. The practice policy and procedure for dispensing should include:

- Monitoring of expiration dates of medicines and appropriate destruction of expired products.
- Safe and secure storage of medicines in accordance with local legislation.
- Record keeping of dispensed items – a dedicated software program may assist.
- Quality controls to ensure the correct item, dosage and instructions are dispensed to the patient including the medical practitioner sighting and signing off on all dispensed items prior to supplying the patient.

Can my locum supply on my behalf?

With the approved medical practitioner's permission, a locum medical practitioner may use the approved medical practitioner's approval number to dispense.

On return from leave, the approved medical practitioner must sign the Pharmaceutical Benefits Scheme (PBS) claim form, which includes a declaration that items were supplied by them or on their behalf.

Payments for the dispensed PBS benefits will be made to the approved medical practitioner's nominated bank account. If the locum medical practitioner wants to have the payment of PBS benefits made to their own bank account then they will need to apply for their own approval under section 92 of the National Health Act 1953.

The locum medical practitioner may use the existing approved medical practitioner's prescription forms, crossing-out the existing prescriber's details and replacing them with their own, or use interim supply (un-personalised) prescription forms. The locum medical practitioner must ensure their prescriber details are included on the prescription.

Where the locum is covering 'gap fill', ie there is no permanent medical practitioner to supply PBS items, a locum may apply for temporary access for a specified period of time using:

- Medicare Australia Form PB140

References

National Health Act 1953

Volume 2, Section 92

www.comlaw.gov.au

http://www.comlaw.gov.au/Details/C2005C00404/Html/Volume_2#para2.594

Medicare Australia

www.medicareaustralia.gov.au

<https://www.humanservices.gov.au/health-professionals/enablers/becoming-approved-pbs-supplier-medical-practitioners#a1>

Australian Community Pharmacy Authority (ACPA)

www.health.gov.au

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pbs-general-pharmacy-acpa-index.htm-copy2>

Australian Government Department of Health

Pharmaceutical Benefits Scheme

www.pbs.gov.au

<http://www.pbs.gov.au/info/about-the-pbs>

More information

The PBS Schedule is part of the wider Pharmaceutical Benefits Scheme managed by the Department of Health and administered by the Department of Human Services.

This schedule is on-line and updated monthly. The on-line searchable version contains:

- All of the drugs listed on the PBS;
- Information on the conditions of use for the prescribing of PBS medicines;
- Detailed consumer information for medicines; and
- Patient charges for medicines.

Contact details

PBS general enquiry line

Phone: Free call 1800 020 613 (Mon-Fri) and ask for a Pharmacy Program Officer.

Email: pbs@health.gov.au

Australian Community Pharmacy Authority (ACPA) hotline

Phone: 02 6289 2419

Fax: 02 6289 2365

Email: ACPAmail@health.gov.au