

Victorian Community Pharmacist Statewide Pilot

Medicine Pricing and Patient Charges Information Pack v3 – January 2025

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This pack provides information on pharmacy payment and patient charges for the Community Pharmacist Statewide Pilot applicable from 1 January 2025.

Overview of the pilot

The Department of Health (the department) commenced a 12-month statewide pilot from October 2023 to test an expanded role for community pharmacists. The services offered through the pilot have been extended to 30 June 2025 while an evaluation is completed.

In this pilot, appropriately trained community pharmacists will be able to practice under a structured prescribing model to provide:

1. resupply of select oral contraceptive pills (OCPs) without a prescription for women
2. antibiotic treatment for suspected uncomplicated urinary tract infections (UTIs) in women

3. skin conditions treatments for herpes zoster (shingles), and a flare up of mild plaque psoriasis.

Following the completion of additional training, pharmacist immunisers participating in the pilot will also be authorised to administer select travel and other vaccines including hepatitis A, hepatitis B, poliomyelitis and typhoid vaccines.

The pilot aims to increase access to affordable primary healthcare, ensuring Victorians can get the right care, at the right time, at the right place. Like all the department's programs, safety and quality care will be prioritised throughout the design and implementation process. An integrated approach will be taken where pharmacists will be expected to communicate pharmacy interventions with the patient's regular general practitioner.

Consultations - uncomplicated UTI, resupply OCP, minor skin conditions

Patient eligibility criteria for treatment under the pilot can be found in the relevant management protocol available on the [Victorian Community Pharmacist Statewide Pilot – Resources for pharmacists](https://www.health.vic.gov.au/primary-care/victorian-community-pharmacist-statewide-pilot-resources-for-pharmacists) <<https://www.health.vic.gov.au/primary-care/victorian-community-pharmacist-statewide-pilot-resources-for-pharmacists>> webpage.

The Victorian Government is providing a payment (payment) to participating pharmacies for each completed consultation to compensate for the administrative and data collection requirements to support the pilot's monitoring and evaluation.

The payment amount set will be \$20.00 (excluding GST). This was based on the MBS item number 82205 (professional attendance by a participating nurse practitioner lasting less than 20 minutes).

GST will be applicable.

Pharmacies and pharmacists are not permitted to charge the patient an additional consultation or administration fee for uncomplicated UTI, OCP and skin condition consultations.

The payment will be paid following the conclusion of the UTI, OCP or skin condition consultation whether medication was supplied or not. This is illustrated in the following example:

The pharmacist starts a consultation with an eligible person for a UTI consultation. However, during the consultation it is determined that the UTI is not uncomplicated due to factors identified under the management protocol. The pharmacist will complete the data collection, inform the patient of the outcome, and a referral to the patient's usual GP or other healthcare provider will be supplied. This constitutes a consultation, even though no medication is provided.

When a consultation is conducted with a patient who is ineligible for treatment and is clearly outside the scope of the pilot services, the payment will not apply. This is illustrated in the example below:

A person presents for UTI treatment who is clearly outside the specified age range, has an out-of-scope condition or is experiencing a medical emergency. The pharmacist conducts a short screening process, rather than a consultation. The pharmacist advises the person that they are unable to provide treatment under the pilot and directs the person to seek alternate treatment pathways. In this situation no data is recorded for the purposes of the pilot.

Medicines - uncomplicated UTI, resupply OCP, minor skin conditions

The medicines supplied under this pilot will not be claimable under the Pharmaceutical Benefits Scheme (PBS).

However, to ensure equity of access, patient costs under the pilot will reflect the co-payment level a patient would be eligible for under the PBS.

The department will provide pharmacies with payment for the cost of medicines supplied under the pilot as outlined in a Medicine Pricing Schedule. These amounts are set with the intent to ensure pharmacies are adequately reimbursed for medicines supplied under this pilot.

Pricing schedule

The Medicine Pricing Schedule is available on the [Victorian Community Pharmacist Statewide Pilot – Resources for pharmacists](https://www.health.vic.gov.au/primary-care/victorian-community-pharmacist-statewide-pilot-resources-for-pharmacists) <<https://www.health.vic.gov.au/primary-care/victorian-community-pharmacist-statewide-pilot-resources-for-pharmacists>> webpage.

The relevant management protocols for UTI, OCP and skin conditions set the medicines to be included in the pricing schedule for supply under the pilot.

GST

Patients will not pay GST on medicines supplied under the pilot.

Payments made by the department to pharmacies for medicines supplied under the pilot will include GST.

Safety Net

Medicines supplied under the pilot are not claimable under the PBS and therefore will not count towards the patient's PBS Safety Net. This must be made clear to each patient prior to starting the consultation.

Patients who have exceeded their Safety Net threshold will be charged the applicable reduced patient co-payment corresponding to their Safety Net status for medicines supplied under the pilot.

Brand premiums, therapeutic group premiums and special patient contributions

Extra charges such as brand premiums, therapeutic group premiums and special patient contributions (as defined under the PBS) may apply on some medicines supplied under the pilot. Where these apply pharmacists are required to charge that additional amount.

These charges will be indicated in the Medicine Pricing Schedule.

These extra charges will be paid by the patient and may take the cost to the patient above the applicable maximum patient co-payment.

Department of Veterans' Affairs (DVA) patients holding a DVA Gold Card do not pay special patient contributions.

Allowable additional charges and fees

Under the pilot pharmacists will be allowed, in certain circumstances, to apply an additional discretionary charge (Pilot allowable additional charge).

The Pilot allowable additional charge only applies to general patients and must not result in the total charge for the medicine being more than the listed maximum price charged to the patient (excluding brand premiums, therapeutic group premiums and special patient contributions).

The Pilot allowable additional charge is designed to align with the following discretionary [PBS fees and charges](https://www.pbs.gov.au/info/healthpro/explanatory-notes/front/fee) <<https://www.pbs.gov.au/info/healthpro/explanatory-notes/front/fee>> which apply to general patients:

- Additional fees (also known as the Safety Net recording fee)
- Allowable additional patient charge

Allowable discounts

For general and concessional patients pharmacies may apply an 'allowable discount' to the applicable maximum price charged to the patient. This discount is aligned with that allowed under the PBS.

If a medicine priced above the applicable maximum price charged to the patient is discounted by more than the allowed amount the department will not reimburse the pharmacy for that medication.

Pilot medicine price

As outlined in the Medicines Pricing Schedule, the pilot medicine price is set at 5% above the PBS dispense price of the base brand. This adjustment is designed to account for pricing increases that may occur during the pilot.

The department will review the Medicine Pricing Schedule in January and July and if a PBS price increase occurs that results in the PBS price exceeding the pilot medicine price. The Medicine Pricing Schedule will then be updated as required.

Split packs

Where a management protocol indicates that the amount of medicine to be supplied is less than the standard pack size, the dispense price for the lesser quantity will be calculated. This will be done in the same manner it would be under the PBS and will include a container fee of \$0.39 for a 25mL container.

This calculation is performed on the applicable PBS prices at the time the Medicine Pricing Schedule was reviewed.

Cost to patients

All Australian residents who hold a current Medicare card are eligible to receive medicines supplied under the pilot subsidised in line with what would occur under the PBS. This includes concession card holders and those eligible for subsidised medicine under the Closing the Gap (CTG) program.

Under the pilot, a valid Medicare card and valid concession card/s must be shown on request to be charged the subsidised amount.

Patients who have exceeded their Safety Net threshold will be charged the applicable reduced patient co-payment corresponding to their Safety Net status.

Overseas visitors from countries that have a Reciprocal Health Care Agreement (RHCA) with Australia are also eligible to access subsidised medicines under the pilot by showing their passports or an RHCA Card.

Australia currently has RHCAs with the United Kingdom, Ireland, New Zealand, Malta, Italy, Sweden, the Netherlands, Finland, Norway, Belgium and Slovenia.

Any overseas visitors not included in the above groups will pay the cost of a private script.

Costs to patients will be adjusted in line with the indexation of PBS patient co-payments on 1 January 2024.

Patient groups and eligibility for subsidised medicines

Table 1 below details the eligibility criteria for the various patient groups along with the relevant maximum patient co-payment.

Allowable additional charges and fees such as brand premiums, therapeutic group premiums and special patient contributions may take cost to the patient above the maximum price charged to the patient shown.

Table. 1 Overview of patient groups and co-payments

Patient group (Code)	Eligible patients	Maximum price charged to patient (not including brand premiums, etc.)
General patient (GEN)	GEN patients are: <ul style="list-style-type: none"> • Patients with a valid Medicare card • Patients from countries with a Reciprocal Health Care Agreement (RHCA) with Australia 	\$31.60
Concessional patient (CONC)	CONC patients are: <ul style="list-style-type: none"> • Patients with a valid Medicare card and at least one valid concession card of the following types: <ul style="list-style-type: none"> ○ Pensioner Concession Card ○ Commonwealth Seniors Health Card* ○ Health Care Card ○ DVA White (specified conditions only), Gold, or Orange Card ○ Safety Net Concession Card • Patients eligible for Closing the Gap who do not hold a concession card listed above. <p>*Some State/Territory governments issue Seniors Cards. These are not considered concession cards for the purposes of the pilot.</p>	\$7.70
Concessional Safety Net (CONC-SN)	CONC-SN patients are: <ul style="list-style-type: none"> • Patients who have both a valid concession card and a valid Safety Net Entitlement Patients eligible for Closing the Gap who hold a concession card listed above 	\$0
Private	Private patients are: <ul style="list-style-type: none"> • Patients without a valid Medicare card • Patients from a country that does not have RHCA with Australia 	No maximum – Price set by pharmacy

Closing the Gap

Patients who are eligible for the Closing the Gap (CTG) PBS Co-payment program will be charged the same prices for medicines supplied under the pilot as they would be for medicines supplied under the PBS.

If a patient or pharmacist is unsure if a patient is registered for CTG the pharmacist should check via Services Australia Health Professional Online Services (HPOS).

A pharmacist cannot register a patient for CTG. This must be done by a PBS prescriber or Aboriginal Health Practitioner.

Payment to pharmacies

The amount the department will pay to pharmacies for a medicine will be calculated as shown below:

Medicine payment to pharmacy = Pilot medicine price - Maximum price charged to patient

The department will only provide pharmacies a payment for medicines when the pilot medicine price exceeds the maximum patient co-payment charged to patient.

The department will not provide a payment where a patient does not hold a valid Medicare card or is not covered by an RHCA.

Travel health consultations and vaccines

The Victorian Government will make a \$20 (GST excl.) payment per patient to pharmacies on the administration of at least one approved vaccine as per the management protocol. This payment is to compensate for the additional administrative and data provisions to support the pilot's monitoring and evaluation of the vaccination stream. Payment is not a reimbursement for a consultation fee or the administration fee of a vaccine.

Pharmacies may charge the patient a consultation/vaccine administration fee, plus the cost of any administered vaccines.

Approved travel vaccine(s) must be administered for the purpose of overseas travel.

Pharmacy payment process

A payment request will be automatically submitted on completion of an eligible consultation within the MedAdvisor platform. This will include the Victorian Government's \$20 (GST excl.) payment, plus any payments for the cost of medicine dispensed. Pharmacies will receive payment monthly.

To receive this document in another format, email
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