

HIV treatment for people in NSW who are not eligible for Medicare

Summary This Guideline outlines the eligibility criteria, prescribing, dispensing and reimbursement requirements for s100 prescribers, local health districts and specialty health networks under the Federation Funding Agreement (FFA) – Health – Schedule for communicable diseases of public health concern – Access to HIV treatment for people who are not eligible for Medicare.

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Guideline Summary

This Guideline outlines the eligibility criteria, prescribing, dispensing and reimbursement requirements for s100 prescribers, local health districts and specialty health networks under the Federation Funding Agreement (FFA) – Health – Schedule for communicable diseases of public health concern – *Access to HIV treatment for people who are not eligible for Medicare*.

Key Principles

The NSW Ministry of Health will reimburse local health districts and specialty health networks for the cost of HIV antiretroviral therapy (ART) dispensed to people who are ineligible for Medicare who meet the Guideline criteria. This does not cover the cost of care or treatment related to diagnosing HIV or comorbidities.

Pharmaceutical Benefits Scheme (PBS) listed ART medications dispensed under this Guideline are to be used for the purpose of HIV treatment of the specified individual, for the duration of their stay in Australia while they are ineligible for Medicare.

Clinicians prescribing HIV medications must be accredited s100 prescribers under section 100 of the *National Health Act 1953* (Commonwealth). The s100 prescriber endorses the script for patients who meet the eligibility criteria by annotating '**HNOMC**' on the script.

Public hospital pharmacies will be reimbursed for the commercial cost of Pharmaceutical Benefits Scheme listed antiretroviral therapy medications dispensed under this Guideline by meeting the reporting requirements.

Local health districts and specialty health networks must submit 2 activity reports by 5 May and 5 July annually. The reports are generated in i.pharmacy by the hospital pharmacy and are submitted to local health district or speciality network finance departments. The finance departments are responsible for collating the reports into a single submission before sending to the NSW Ministry of Health (refer to the [Factsheet – Dispensing HIV medicines in i.pharmacy to patients without a Medicare number](#)).

Revision History

Version	Approved By	Amendment Notes
GL2024_003 April-2024	Deputy Secretary, Population and Public Health & Chief Health Officer	Guideline revision: <ul style="list-style-type: none"> • Introduction of a standardised annual activity reporting template. • Direction for local health districts and specialty health networks to establish their own local reporting processes. • Single point of contact who will be responsible for collating the individual hospital pharmacy reports and sending to the NSW Ministry of Health.
GL2023_015 April-2023	Deputy Secretary, Population and Public Health	New Guideline.

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1. Background

The [NSW HIV Strategy 2021-2025](#) identifies the need to reduce barriers to treatment for people not eligible for Medicare.

This Guideline outlines the process for people living with human immunodeficiency virus (HIV) who are not eligible for Medicare who meet the criteria to access treatment free of charge in NSW.

It enables people living with HIV to meaningfully reduce their viral load and risk of ongoing transmission of HIV in NSW for the duration of their stay in Australia or until they transition to another program, such as Medicare. This supports the goal to virtually eliminate HIV transmission in NSW.

The Australian Government has committed funding to states and territories until June 2026 for HIV treatment for people who are not eligible for Medicare. This Guideline replaces compassionate access schemes for HIV access to antiretroviral therapy (ART) operated by pharmaceutical companies.

People living with HIV who are not eligible for Medicare will be able to access ART medications listed on the Pharmaceutical Benefits Scheme (PBS) free of charge from public hospital pharmacies in NSW.

2. Prescribing Clinicians

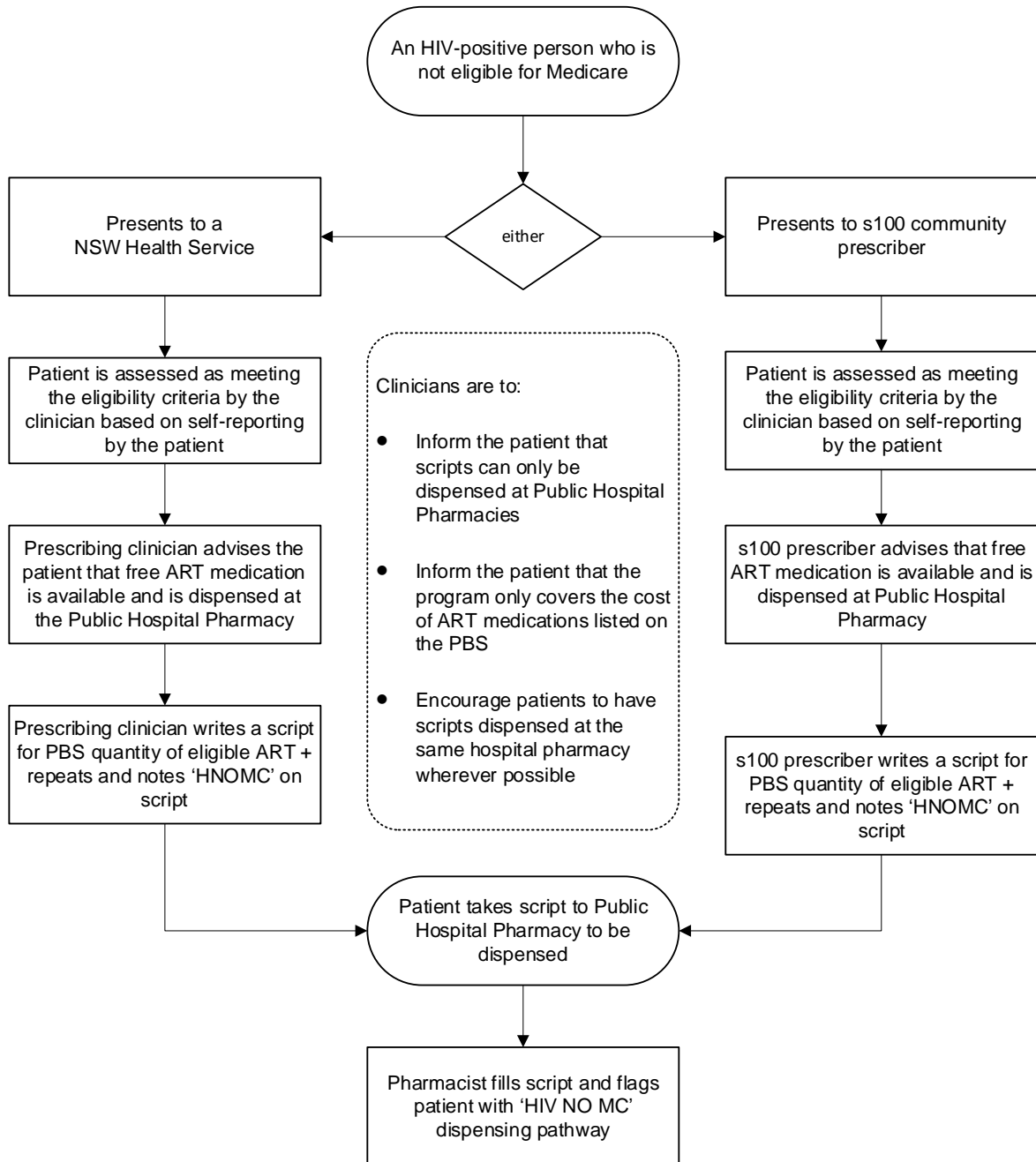
Clinicians prescribing HIV antiretroviral therapy (ART) under this Guideline must be accredited s100 prescribers under section 100 of the *National Health Act 1953* (Commonwealth).

Eligible patients can present at a public health service or any s100 prescriber, including a community s100 general practitioner. The s100 prescriber endorses the script for people who meet the eligibility criteria (see Section 2.2) by annotating '**HNOMC**' on the script.

Public hospital pharmacies that dispense endorsed scripts in accordance with the reporting and reimbursement pathway in i.pharmacy will be reimbursed under this Guideline (see Section 3). Also, refer to the [Factsheet – Dispensing HIV medicines in i.pharmacy to patients who without a Medicare number](#).

Public hospital pharmacies are also required to submit reports to the NSW Ministry of Health (see Section 3).

2.1. Clinical flow chart



2.2. Patient Eligibility

To be eligible under this Guideline, a person must:

- be ineligible for Medicare; and
- report that they are currently residing in Australia beyond a short-term stay¹; and
- report that they do not have private health that covers HIV ART or prefer not to use it
- be receiving appropriate specialist medical care as:
 - a patient of an s100 community prescriber, or
 - an outpatient in a public health service, or
 - a day patient, a patient on discharge, or a non-admitted patient of a public hospital.

People who are visiting from interstate or who have recently moved interstate are eligible to receive HIV ART medications under this Guideline in NSW if they meet the above criteria.

Prescribers must annotate the script with '**HNOMC**' to endorse the patient's eligibility. This will ensure the patient is not charged for the HIV ART medication or a co-payment at dispensing.

2.3. Prescriber's responsibilities

Prescribers are to advise the patient that only the cost of the medication is covered and that any additional care or treatment related to HIV is out of scope of this Guideline.

Prescribers must advise the patient that medication can only be dispensed from a public hospital pharmacy and encourage patients to return to the same pharmacy throughout their treatment.

Prescribers must ensure anyone with English as a second language has access to an interpreter if required; can understand the information being provided; and can engage in treatment with informed consent.

2.4. Covered Pharmaceutical Benefits Scheme (PBS) medicines

HIV ART dispensed under this Guideline are restricted to Pharmaceutical Benefits Scheme listed medications.

Pharmaceutical Benefits Scheme listed injectable ART is available under this Guideline for people who:

- have difficulty maintaining a daily oral regime

¹ The Program excludes short-stay visitors to Australia or tourists. The Program includes people reporting that Australia is the 'usual place of residence' or the patient reports an intention to reside in Australia.

- have difficulty storing medication
- would benefit from using injectable ART for privacy reasons
- can commit to the administration regime of the medication.

HIV ART medications that have been removed from the Pharmaceutical Benefits Scheme will be available under [Supply Only](#) guidelines. Medications under Supply Only guidelines are available for dispensing, but not for prescribing, for a period of up to 12 months after being removed from the Pharmaceutical Benefits Scheme list.

HIV ART medications can be prescribed up to the Pharmaceutical Benefits Scheme authorised maximum quantity and number of repeats under this Guideline.

The prescriber can authorise for a full script to be dispensed at one time if the script is endorsed with 'One Supply' and the patient meets the criteria under Regulation 49 of the [National Health \(Pharmaceutical Benefits\) Regulations 2017](#) (Commonwealth):

- The maximum quantity of the pharmaceutical benefit is insufficient for the medical treatment of the person for whom the prescription is written; and
- That person requires the pharmaceutical benefit for the treatment of a chronic illness or is residing in a place remote from the approved pharmacist nearest to that person's place of residence; and
- That person could not, without great hardship, obtain the required quantity or number of units of the pharmaceutical benefit by means of repeated supplies on separate occasions.

AND

- The person intends to reside in Australia for the period of supply, which could be as much as 12 months' supply.

3. Public Hospital Pharmacies

The NSW Ministry of Health will reimburse local health districts and specialty health networks for the cost of Pharmaceutical Benefits Scheme listed HIV antiretroviral therapy (ART) medications dispensed to people who have been endorsed by an s100 prescriber to meet the criteria as reported by the patient outlined in this Guideline.

Public hospital pharmacies will be reimbursed for the commercial cost of Pharmaceutical Benefits Scheme listed ART medications dispensed under this Guideline by meeting the NSW Ministry of Health reporting requirements. Local health districts and specialty health networks will put in place local reporting processes to meet NSW Ministry of Health reporting requirements.

3.1. Dispensing at public hospital pharmacies

Scripts that have been annotated with 'HNOMC' by the s100 prescriber are endorsed for inclusion. Pharmacists can also obtain verbal endorsement from the s100 prescriber as an alternative to the annotation.

Patients endorsed must **not** be charged for the HIV ART medication or a co-payment. The pharmacist must dispense the medication as a non-Pharmaceutical Benefits Scheme normal prescription using commercially traded stock. A consent form that gives the patient's consent to having the NSW government pay the co-payment on their behalf is **not** required even if it is an interstate person.

Pharmacists are to encourage the patient to return to the same public hospital pharmacy for every script dispensed wherever possible.

Patients can be dispensed their full script under Regulation 49 of the *National Health (Pharmaceutical Benefits) Regulations 2017* (Commonwealth) if the prescribing clinician has endorsed the script with 'One Supply'.

Pharmaceutical Benefits Scheme listed injectable ART will be restricted to patients who have difficulty maintaining a daily oral regime, difficulty storing medication, or for privacy reasons.

The pharmacist must tag the patient in i.pharmacy in accordance with the instructions in the [Factsheet – Dispensing HIV medicines in i.pharmacy to patients without a Medicare number](#). The pharmacist must select 'No Medicare - HIV' in i.pharmacy as the script classification on the prescription details screen.

3.2. Reporting and reimbursement

3.2.1. Reporting responsibilities

Local health districts and specialty health networks will establish local business processes that meet the minimum reporting requirements outlined in this Guideline.

Public hospital pharmacies will be reimbursed for any HIV ART dispensing under this Guideline by local health district and specialty health network finance departments. It is a general expectation that public hospital pharmacies will receive monthly reimbursement payments.

Reporting through i.pharmacy must be in accordance with the instructions summarised below and as outlined in the [Factsheet – Dispensing HIV medicines in i.pharmacy to patients without a Medicare number](#).

3.2.2. Reporting by pharmacies, local health districts and specialty health networks

To activate reimbursement, the pharmacy must submit a crystal report with deidentified patient information for the period to the local health district or specialty health network finance department in accordance with local business processes.

The senior pharmacist generates a crystal report in i.pharmacy ‘No Medicare – HIV’, choosing the parameter ‘checking’. The report is reviewed for accuracy to ensure all transactions have been dispensed correctly.

Once endorsed, the report is re-generated using the “Submission to LHD finance” parameter. The report is exported to excel with patient information de-identified and submitted to local health district or specialty health network finance for reimbursement.

3.2.3. Reporting to the NSW Ministry of Health

The nominated reporting contact for the local health district or specialty health network is responsible for collation and submission of activity reporting to the Ministry. Local health districts and specialty health networks are required to report twice a year on activity².

Reporting through i.pharmacy must be in accordance with the instructions summarised below and as outlined in the [Factsheet – Dispensing HIV medicines in i.pharmacy to patients without a Medicare number](#).

- May report: dispensing information for the period 1 July to 30 April. Submission deadline closest business day before 5 May.
- July report: dispensing information for the period 1 July to 30 June. Submission deadline closest business day before 5 July.

Activity reports are based on the checked crystal report.

Failure to submit a report by the deadline may have financial implications for local health districts and specialty health networks, and the NSW Ministry of Health.

3.2.4. Annual dispensing summary report to the NSW Ministry of Health

The nominated reporting contact for a local health district or specialty health network is responsible for collation and submission of activity reporting to the NSW Ministry of Health. An annual report summarising total activity in the financial year must be submitted to the NSW Ministry of Health before 15 July annually.

The annual activity report compiles aggregated data for the whole local health district or specialty health network. Local processes can be established for generating site reports which are collated and incorporated into the report before submission to the NSW Ministry of Health at MOH-BBVSTI@health.nsw.gov.au.

Table 1. Annual Activity Reporting template – due by 15 July annually

	Activity Report (by local health district or specialty health network)	Input
1	Total number of people who received antiretroviral therapy (ART) medications for the treatment of HIV under this program for the period	<Total number of people>
2	Total cost of ART medications for the treatment of HIV under this program for the period	<Total expenditure – no rounding>

² The NSW Ministry of Health may establish alternative reporting timeframes with local health districts and specialty health networks.

3	Types of ART medications dispensed under this program for the period; and if possible, number of scripts dispensed per medication type	<i><Provide a list as an attachment></i>
4	Total number of scripts dispensed under this program for the period	<i><total number of scripts></i>
5	Total number of sites dispensing HIV treatment to people who are not eligible for Medicare for the period	<i><Total number of clinics/sites></i>

4. Evaluation of Program

Local health districts and specialty health networks will be asked to provide annual feedback on this Guideline including:

- Issues encountered or suggested improvements.
- Activities undertaken to promote the initiative.