

Opioid Treatment Program - Transition to Section 100 Highly Specialised Drugs Program

Summary This Information Bulletin outlines the changes to the Opioid Treatment Program (OTP) in NSW due to the transition of OTP medicines to the Pharmaceutical Benefits Scheme (PBS) section 100 Highly Specialised Drugs Program (Community Access).

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Opioid Treatment Program – Transition to Section 100 Highly Specialised Drugs Program

PURPOSE

This Information Bulletin outlines the [changes to the opioid treatment program \(OTP\) for NSW Health facilities](#) due to the transition of OTP medicines to the Pharmaceutical Benefits Scheme (PBS) Section 100 Highly Specialised Drugs Program (Community Access).

Implementation of these changes is mandatory in Local Health Districts (LHDs), St Vincent's Health Network (SVHN) and Justice Health and Forensic Mental Health Network (JH&FMHN).

KEY INFORMATION

From 1 July 2023, OTP medicines became part of the Section 100 Highly Specialised Drugs (s100 HSD) Program (Community Access) arrangements.

NSW Health facilities will pay wholesale suppliers for the OTP medicines upfront, noting:

- NSW Health facilities will not dispense and supply methadone through the PBS s100 HSD Program.
- NSW Health facilities will dispense and supply buprenorphine (sublingual and injectable) under the s100 HSD Program and claim reimbursement through the Commonwealth once dispensed at a section 94 hospital pharmacy (see the *National Health Act 1953 [Cth]*), in line with the process for other medicines under the s100 HSD program.

NSW Health facilities will provide methadone and buprenorphine under the OTP to patients free of charge. NSW Health facilities will receive funding to support this under separate arrangements to the [NSW Health section 100 co-payment program](#).

Supply arrangements with wholesalers do not need to change, regardless of whether OTP is ordered by public clinics directly or if the hospital pharmacy orders the stock for delivery directly to the clinic.

Funding for NSW Health facilities to support new OTP arrangements

Additional funding has been provided by the NSW Ministry of Health to NSW Health facilities for:

- Purchasing methadone outside of PBS arrangements
- The costs associated with waiving the PBS co-payment for clients
- Additional pharmacy and Alcohol and Other Drug operational and capital requirements.

Writing PBS s100 authority prescriptions

From 1 July 2023, eligible prescribers will need to write PBS s100 authority prescriptions for OTP medicines if the medicine is to be reimbursed through the PBS.

	Authority script required?	PBS reimbursement?
Client receiving methadone in public clinic or JH&FMHN facility	No	No
Client receiving buprenorphine in public clinic or JH&FMHN facility	Yes	Yes
Client receiving OTP medicine in community pharmacy	Yes	Yes
Client receiving OTP medicine being released from custody*	Yes	Yes**
*Including from private correctional facilities		
**Except for clients dosed with methadone in a public clinic		

When writing PBS authority scripts, prescribers must meet the regulatory requirements of both the Commonwealth and NSW (see [example PBS scripts that meet NSW requirements](#)).

For computer-generated OTP prescriptions, prescribers are no longer required to rewrite certain components (such as name of drug, quantity, strength, duration or repeats and dosing directions) in their own handwriting provided the prescription is sent directly to the client's dosing supply point and is not provided to the client (see [criteria for issuing printed computer-generated prescriptions](#)).

Public OTP prescribers are to include the hospital provider number on the PBS authority script. See [List of declared hospitals](#) for the corresponding hospital provider numbers. If an alcohol and other drug (AOD) service is not included in the list, the AOD service can check with the hospital administrator and the pharmacy department to confirm which hospital provider number should be used.

See [FAQs – OTP s100 HSD transition – information for prescribers](#) for general information on prescribing OTP in NSW.

Hospital pharmacies

A pharmacist employed in an LHD, SVHN, JH&FMHN and other specified facilities is [exempt from the requirement](#) from labelling and packaging methadone or buprenorphine for individual clients when those clients are dosed on the written direction of a prescriber in the same facility. This exemption does not extend to include take-away doses.

Partnering with community pharmacies

If a client is dosed in a NSW Health facility, the client should continue to receive their OTP medicine for free even if the medicine is dispensed by a community pharmacy. The LHD will need to work with the community pharmacy to develop an agreement for this scenario, as the LHD will need to transfer funds to the community pharmacy to cover the cost of the client's PBS co-payment.

There is a cap of 65 OTP clients in a community pharmacy, regardless of whether the client is receiving buprenorphine or methadone. However, clients that present to the pharmacy once a week (or less frequently) do not contribute to the 65-client total. Pharmacies can apply

for an exemption from this cap by contacting the NSW Ministry of Health's Pharmaceutical Regulatory Unit (MOH-pharmaceuticalservices@health.nsw.gov.au).

PBS co-payments for clients

Clients who receive their dose at a community pharmacy will pay the PBS co-payment of \$30 for general clients with a Medicare card or \$7.30 for concession card clients to access their treatment (for up to 28 days' supply per pharmaceutical benefit prescribed). The amount paid will contribute towards their PBS Safety Net threshold. Clients receiving a combination of two strengths of sublingual buprenorphine will be required to pay two co-payments.

If being reimbursed through the PBS, additional private fees cannot be charged by section 90 community or section 94 hospital pharmacies to clients for access to OTP medicines (see the *National Health Act 1953* [Cth]).

Clients who receive their dose in NSW Health facilities will continue to receive their treatment for free. LHDs/ Speciality Health Networks will receive funding to support this under separate arrangements to the [NSW Health Section 100 co-payment program](#).

	Client required to pay co-payment?	Do fees contribute to PBS Safety Net?	Can additional fees be charged?
Client dosing at community pharmacy under PBS arrangements	Yes \$7.30 per script for concession card holders \$30 per script for general clients with a Medicare card	Yes (if the script is for 20 days or more)	No
Client dosing in NSW Health facilities (clinic/ hospital/ correctional facility)	No	N/A	No

Medicare cards

Each LHD will need to collect information on clients' Medicare, Concession and Safety Net Cards. This information will need to be collected even though public sector clients do not need to pay a co-payment.

If a client has a Medicare card but does not have it with them, their Medicare card number can be searched through [PRODA](#).

Clients who are Medicare eligible but currently do not have a Medicare card can request one through the [Services Australia website](#). In certain situations, a [Medicare special number](#) can be used for an eligible client who is unable to provide one. For example, in an emergency or if the client is an eligible overseas visitor.

For Medicare ineligible clients, see the NSW Health Policy Directive *Medicare Ineligible and Reciprocal Health Care Agreement* ([PD2021_021](#)).

More information

Commonwealth PBS information: <https://www.pbs.gov.au/browse/section100-md>.