



## **Australian Government**

### **Department of Health**

#### **Supply of PBS medicines to remote area Aboriginal Health Services under the provisions of section 100 of the *National Health Act 1953***

##### **Responses to frequently asked questions**

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#### **1. What do these arrangements seek to achieve?**

These arrangements seek to address identified barriers experienced by Aboriginal and Torres Strait Islander peoples living in remote areas of Australia in accessing essential medicines through the Pharmaceutical Benefits Scheme (PBS).

These barriers can be summarised as:

- delays experienced in obtaining medicines with the standard prescription-based supply chain;
- difficulties experienced in demonstrating eligibility for concessional benefits under the PBS; and
- affordability issues.

#### **2. Who is eligible to receive PBS medicines under these arrangements?**

The arrangements are targeted at clients of eligible remote area Aboriginal Health Services. A client may or may not identify as an Aboriginal or Torres Strait Islander person.

#### **3. Why are these arrangement restricted to remote areas?**

There is evidence to suggest that a proportion of Aboriginal and Torres Strait Islander people in a number of areas of Australia incur difficulties in accessing mainstream programmes. However, barriers are greatest in remote areas where basic services may not be available in close proximity to established centres of population and where demand for services exceeds the resources, structures and personnel required to meet that need. Isolation from supply points such as community pharmacies and sporadic medical coverage have hindered appropriate access in these areas to essential medicines.

#### **4. What about the supply of non-PBS medicines?**

These arrangements cover essential, cost effective medicines which are currently listed in the Schedule of Pharmaceutical Benefits. Excluding:

- a. emergency drug (Doctors Bag) supplies.
- b. medicines with special arrangements in place, eg Highly Highly Specialised Drugs.
- c. controlled drugs, eg Opioid Analgesics.

Non-PBS and excluded medicines continue to be supplied in the normal matter.

**5. What safeguards are there for controlling bulk medicines in remote communities?**

Participating remote area services must comply with strict conditions, including compliance with State/Territory requirements relating to the prescribing, storage and supply of medicines. Services not meeting these requirements are not approved to participate.

**6. Who can supply medicines to remote health services under these arrangements?**

Medicines are supplied in bulk from community and hospital pharmacies.

**7. Why are community pharmacies involved?**

Community pharmacies are well placed to act as local supply points for medicines, and to provide value adding services to remote communities such as medicines information, medication reviews and education.

**8. Is participation in these arrangements compulsory?**

No. Some services may wish to remain with their current supply arrangements, or to develop supply systems that combine current arrangements for some types of medicines and section 100 supply for others.

**9. When did these arrangements begin?**

Participation in these arrangements was offered to the Aboriginal community-controlled sector in January 1999.

Remote services that are operated by the States and Territories are also able to participate, following commitments by State/Territory governments to maintain current outlays directed towards healthcare services for Aboriginal and Torres Strait Islander peoples.

Currently around 162 community controlled and state/territory operated remote health services benefit from improved access to PBS medicines through participation in these arrangements.

***Further information:***

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