**APPLICATION FOR APPROVAL FOR THE PURPOSE OF OBTAINING PHARMACEUTICAL BENEFITS, UNDER THE PROVISIONS OF SECTION 100 OF THE *NATIONAL HEALTH ACT, 1953***

**Name of Aboriginal Health Service (AHS)**

**Address** **Postcode………………………..**

**Statistical Local Area (SLA) (if known) ……………………………………………………………………………………………………………………………………………………………..**

**Phone number** **Fax number** ……………………………………………………………………………..

This AHS wishes to apply for approval to obtain pharmaceutical benefits in accordance with determinations made under Section 100 of the *National Health Act 1953 (*the Act*)* for all items specified in Schedule 1 to this application and supplied to the Service's remote Outreach Clinics (Outstations) as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Outreach Clinic attached to AHS** | **Distance and direction of the Outreach Clinic from AHS above** | **Total population of the community** | **Number of people in the community who are clients of the service** |
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**ELIGIBILITY CRITERIA**

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| --- | --- | --- | --- | --- | --- |
| **Does the AHS and its Outreach Clinics have a primary function of meeting the healthcare needs of Aboriginal and Torres Strait Islander Peoples?** | | | | | |
|  | | | | | |
| YES |  |  | NO |  |  |
|  | | | | | |
| **Please provide a list of services provided by the AHS. For example: Does the AHS provide inpatient care, aged care, emergency services or outpatient care only? Please include approximate percentage of care.** | | | | | |

|  |  |
| --- | --- |
| **Service Provided** | **Percentage of care** |
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**Does the AHS employ, or have a contractual relationship with health professionals who are suitably qualified under the legislation of the relevant State or Territory to supply all pharmaceutical benefits covered by these arrangements?**

Please provide details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does the AHS and ALL its Outreach Clinics have approval to store Schedule 4 medications in accordance with the relevant State/Territory poisons legislation?** | | | | | |
|  | | | | | |
| YES |  |  | NO |  |  |

If not, which ones do/do not? How will the ones that do not, receive their medications?

Who will be responsible for maintenance of records regarding dispensing of PBS Medicines? Where will these records be kept?

**IN MAKING THIS APPLICATION FOR APPROVAL TO CLAIM BENEFITS SPECIFIED IN SCHEDULE 1, WE (THE UNDERSIGNED) AGREE TO COMPLY WITH THE FOLLOWING CONDITIONS**:

a. Benefits will only be claimed for those communities at the locations approved by the Commonwealth.

b. The above mentioned AHS and its Outreach Clinics will adhere to the relevant provisions of the laws of the State/Territory of for the storage and supply of prescription pharmaceuticals.

c. The remote AHS and its Outreach Clinics listed above, from which pharmaceuticals benefits will be supplied, has/have facilities appropriate for the storage of all pharmaceuticals listed in Schedule 1. These facilities will prevent access by unauthorised persons, maintain the quality of the pharmaceuticals, and comply with any special conditions specified by the manufacturer of the pharmaceutical(s).

d. Where pharmaceuticals listed in Schedule 1 are restricted benefit items or authority benefit items, they will be used only in accordance with the relevant restriction or condition.

e. Where a PBS listed medicine includes a Brand Premium or a Therapeutic Group Premium, the lowest priced alternative should be supplied where appropriate.

f. Records will be maintained each time a pharmaceutical benefit is dispensed to patients. These records will be available for inspection in accordance to the provisions of the laws of the nominated State/Territory, after the date of issue to the patient.

1. Medicines for which benefits are claimed will be supplied free of charge to patients.

**the signatories below must be (1) the chief executive officer of the service; and (2) a health professional who is suitably qualified under state or territory legislation to supply medications covered by these arrangements.**

**(1) (2)**

Signed: Signed:

Print Name: Print Name:

Position held: Position held:

Date: Date:

This AHS intends to source pharmaceuticals from pharmacy(ies) in:

*(name of town/region)*

***Completed applications should be returned to:***

**Director**

**Community and Indigenous Pharmacy Programs Section (MDP 900)**

**Technology Assessment and Access Division**

**Department of Health**

**GPO Box 9848**

**CANBERRA ACT 2601**

***Enquiries:***

**email: S100-remotepharmsupport@health.gov.au**

**SCHEDULE 1**

All items contained in Ready Prepared Pharmaceutical Benefits (Section 2 of the *Schedule of Pharmaceutical Benefits*), in force at the time of supply, **EXCLUDING**:

1. pharmaceutical benefits that can only be supplied under Part VII of the Act in accordance with a special arrangement under Section 100 of the Act; and;
2. pharmaceutical benefit that can only be supplied under Part VII of the Act under the prescriber bag provisions of the Act; and
3. pharmaceutical benefits that are Schedule 8 drugs, as defined by the relevant State or Territory drugs and poisons legislation.

Note that Extemporaneously-Prepared Pharmaceutical Benefits (Section 4 of the *Schedule of Pharmaceutical Benefits*) cannot be supplied via these arrangements.