



Australian Government

Department of Health  
and Aged Care

# Application for a hospital authority to prescribe and/or supply pharmaceutical benefits and/or highly specialised drugs

## Purpose of this form

Complete this form to apply to the Australian Government Department of Health and Aged Care (department) for approval under section 94 or section 100 of the *National Health Act 1953* (Act) to:

- prescribe highly specialised drugs only in respect of a private hospital; or
- supply pharmaceutical benefits and highly specialised drugs in respect of a private hospital; or
- supply pharmaceutical benefits and highly specialised drugs in respect of a public hospital participating in the Pharmaceutical Reforms; or
- claim for the supply of highly specialised drugs in respect of a public hospital where the dispensing of those drugs is undertaken by a third party; or
- supply highly specialised drugs in respect of a public hospital not participating in the Pharmaceutical Reforms.

## Important information

Where a hospital authority seeks approval under section 94 or section 100 of the Act in respect of more than one hospital, a separate application must be made for each hospital.

In order for a particular hospital to be eligible, a statement must have been made under subsection 121-5(6) of the *Private Health Insurance Act 2007* that the hospital is a private or public hospital.

## Public hospitals

Some states and territories have signed bilateral agreements for Pharmaceutical Reform Arrangements (Arrangements). The National Healthcare Agreement allows for those states and territories participating in the Arrangements to charge the Pharmaceutical Benefits Scheme for pharmaceuticals for specific categories of patients as provided for in the Arrangements.

Individual public hospitals in each participating state and territory must liaise with their state or territory health department prior to making this application to supply pharmaceutical benefits and/or highly specialised drugs. The respective state or territory health department must then notify the department before this application can be processed.

## For more information

Go to [www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers).

For assistance completing this form, email [pbsapprovedsuppliers@health.gov.au](mailto:pbsapprovedsuppliers@health.gov.au) and a departmental officer will contact you, or call **1800 316 389** (call charges may apply).

## Returning your form

Check that all required questions are answered and the form is signed and dated by an authorised person of the hospital authority.

This form, and any related attachments, must be lodged via the PBS Approved Suppliers Portal (Portal)

**PBSApprovedSuppliers.health.gov.au.**

Further information on how to lodge your form is available at **[www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers)** under Guides and Forms – *How to upload PDF forms or additional requested information*.

Please do **not** email your form as emailed forms may not be processed. Please do **not** email your form in addition to uploading it via the Portal as this adds to the processing time for all submissions.

## Privacy and your personal information

Personal information is protected by law, including the *Privacy Act 1988*.

Personal information is being collected in this form by the department for the purposes of assessing your application for approval to supply pharmaceutical benefits under sections 94 or 100 of the Act.

If you do not provide this information, the department will not be able to assess your application.

You can get more information about the way in which the department will manage personal information, including our privacy policy, at **[www.health.gov.au/pbsapprovedsuppliers/forms-privacy](http://www.health.gov.au/pbsapprovedsuppliers/forms-privacy)**.

## Approval sought

**1** Type of approval sought (tick the relevant box below):

### Private hospital

Private hospital seeking approval to prescribe highly specialised drugs only. ☐

Private hospital seeking approval to supply pharmaceutical benefits and highly specialised drugs. ☐

### Public hospital participating in the Pharmaceutical Reforms

Public hospital participating in the Pharmaceutical Reforms seeking approval to supply pharmaceutical benefits and highly specialised drugs. ☐

Public hospital participating in the Pharmaceutical Reforms seeking approval (where there is no hospital pharmacy) to claim for the supply of highly specialised drugs, where the dispensing of those drugs is performed by a third party. ☐

### Public hospital not participating in the Pharmaceutical Reforms

Public hospital not participating in the Pharmaceutical Reforms seeking approval to supply highly specialised drugs only. ☐

## Hospital authority details

A hospital authority is the proprietor of a private hospital or the governing body of a public hospital.

### 2 Hospital authority name

### 3 Postal address

  
  
 Postcode

## Contact person's details

This is the person authorised to discuss details on this form.

4 Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

### 5 Position held

  

### 6 Phone number

Mobile phone number

Email

## Hospital details

### 7 Hospital provider number

### 8 Hospital name

  

### 9 Hospital switchboard phone number

### 10 Address

  
  
 Postcode

## Supply of pharmaceutical benefits and/or highly specialised drugs

### 11 Advise the date you intend to commence supplying pharmaceutical benefits and/or highly specialised drugs.

## Declaration

### 12 I declare that:

- the facility is declared as a private or public hospital under subsection 121-5(6) of the *Private Health Insurance Act 2007*.
- the hospital authority, in respect of the nominated hospital, intends to prescribe and/or supply pharmaceutical benefits and/or highly specialised drugs in accordance with Part VII of the Act.
- the dispensing of drugs and medicinal preparations will be performed by or under the direct supervision of a medical practitioner or pharmacist in the hospital.
- I hold a position of authority and am authorised to make this application on behalf of the hospital authority and the nominated hospital.
- the information I have provided in this form is complete and correct.

### I understand that:

- giving false or misleading information is a serious offence.

Name

Signature

Date

Position held

Phone number

Email