



**Australian Government**  
**Medicare Australia**










## ***Highly Specialised Drugs (HSD) in public hospitals***

***Offline solution information guide—version 1.4***



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# **Background**

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## **Overview**

Highly Specialised Drugs (HSD) are medicines for the treatment of chronic conditions that, because of their clinical use or other special features, supply is restricted through public or private hospitals that have appropriate specialist facilities. To prescribe these medicines under the Pharmaceutical Benefits Scheme (PBS), medical practitioners must be affiliated with these specialist public hospital units. A medical practitioner or non-specialist hospital medical practitioner, who is not affiliated with the public hospital may only prescribe HSD to provide maintenance therapy under the guidance of the treating specialist affiliated with the public hospital.

The HSD program is a joint initiative of the Australian Government and the states and territories. In 2008, the Council of Australian Governments (COAG) in conjunction with the Department of Health and Ageing (DoHA) agreed to stop funding public patient access to HSD through Special Purpose Payments (SPP) to states and territories and fund these payments through an alternative Commonwealth Own Purpose Expenditure (COPE) mechanism.

As part of this change, Medicare now administers the HSD program and PBS trastuzumab (Herceptin®), with payments initially being made through an offline solution, to state and territory health departments (or equivalent).

The legislative basis of this program is a special arrangement made under section 100 of the *National Health Act 1953* (NHA).

From 1 July 2010, Medicare provides an online paperless electronic claiming and payment process for all approved public hospitals supplying HSD. To claim HSD under these arrangements, a hospital will need a section 94 approval to allow them to claim HSD through Online Claiming for PBS.

### **Phase 1—offline solution**

The offline solution started on 1 July 2009 and will remain in place until 2012, to give HSD public hospitals wanting to claim HSD and PBS trastuzumab (Herceptin®) time to be approved under section 94 of the NHA and implement electronic claiming through Online Claiming for PBS (Phase 2). The offline solution will continue until June 2012 to let approved HSD public hospitals transition to the online solution.

The offline solution will be managed by Medicare's site office located in Hobart, Tasmania. Each month, Medicare will email state and territory health departments an updated claim form. This claim form must be used to claim eligible HSD dispensed through approved HSD public hospitals.

### **Phase 2—online solution**

Phase 2 involves the development and implementation of an electronic claiming system through Online Claiming for PBS. This phase was implemented in July 2010 and is being rolled out over a three year period.

For more information about the online solution go to [www.medicare.gov.au](http://www.medicare.gov.au) then **For health professionals > PBS > Highly Specialised Drugs program**

# **Requirements**

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## **Patient eligibility**

A patient must attend a HSD approved public hospital and be a:

- day admitted patient
- non-admitted patient, or
- patient on discharge.

The patient must be under appropriate specialist medical care. They must also be an eligible person under the *Health Insurance Act 1973* (the HI Act). If the criteria under the HI Act should change, then the eligibility requirements will adjust accordingly. An eligible person must be:

- an Australian resident
- a person covered by a Reciprocal Health Care Agreement, or
- an eligible overseas representative.

An Australian resident is a person who resides permanently in Australia and is:

- an Australian citizen
- a person who holds a permanent visa
- a New Zealand citizen, or
- an applicant for a permanent residence in certain circumstances (see Interim card below).

An eligible person is entitled to have:

- a Medicare card (green) which is issued to Australian permanent residents
- a Medicare card (blue) stamped INTERIM CARD, which is issued in certain circumstances to people who have applied for permanent resident status. These cards have an expiry date beyond which eligibility is invalid for PBS subsidy (including HSD)
- a Medicare card (green) stamped RECIPROCAL HEALTH CARE, which is issued to visitors from Finland, Italy, Malta, the Netherlands, Norway, Sweden and the United Kingdom
  - visitors from New Zealand and the Republic of Ireland who are not issued with cards can prove their eligibility for the PBS on presentation of their passports.
- visitors from Belgium are eligible for reciprocal health care, on presentation of their passports or a Medicare card (green) stamped RECIPROCAL HEALTH CARE.

The supply of medicines to eligible people from the above countries is limited to the original prescription only. Repeat prescriptions for these patients are not permitted.

An eligible person who has enrolled in Medicare, but is waiting for and has not yet received their card can use their Medicare card receipt (with their Medicare number printed on it) as evidence of eligibility.

An eligible overseas representative includes:

- the head of a diplomatic mission or consular post, established in Australia, or those countries with which Australia has a Reciprocal Health Care Agreement, except for New Zealand and Norway
- staff of those diplomatic missions or consular posts
- family members of heads or staff of those diplomatic missions or consular posts.

Eligible overseas people will have a Medicare card (green). Where a Medicare card (green) is not available a Medicare special number can be used in these instances.

For more information about special numbers go to [www.medicare.gov.au](http://www.medicare.gov.au) then **For health professionals > PBS > PBS for pharmacists > Improved monitoring of entitlements**

## Prescriber eligibility

A person eligible to prescribe HSD will be:

- a staff hospital specialist
- a visiting or consulting hospital specialist
- an accredited medical practitioner of HIV/AIDS medicine
- an accredited medical practitioner of Hepatitis C maintenance medicine, or
- a hospital medical practitioner or general practitioner (GP).

Hospital-based medical practitioners and GPs may prescribe HIV/AIDS HSD where they are accredited prescribers of HIV/AIDS medicine.

GPs and community based non-specialist medical practitioners may prescribe Hepatitis C HSD for maintenance where they are accredited prescribers of Hepatitis C medicines.

A GP or non-specialist hospital medical practitioner can be accredited to prescribe HIV/AIDS medicine following relevant state or territory approval.

A GP or community-based non-specialist medical practitioner can be accredited to prescribe Hepatitis C maintenance medicine following relevant state or territory approval.

Hospital-based medical practitioners and community-based non-specialist medical practitioners may prescribe HSD to provide maintenance therapy:

- in situations where it is impractical to get a prescription from the treating specialist and with that specialist's agreement, and
- where the state or territory and Commonwealth agree on a specific arrangement.

## Dispensing requirements

Public hospital item code HSD and PBS trastuzumab (Herceptin®) must be dispensed by pharmacists in HSD approved public hospitals to be eligible for payment under this program.

**Note:** Complex Authority Required (CAR) HSD and PBS trastuzumab (Herceptin®) can be dispensed and claimed by a community pharmacy through the online solution only. Community pharmacies cannot claim non-CAR HSD items prescribed in public hospitals, however agency arrangements for supply (outside of the PBS) can exist.

Public hospitals can only claim authority required HSD medicines that have been approved by Medicare for public hospitals. From 1 July 2010, each of the HSD item codes were replaced with new public hospital HSD item codes (as listed in the attached *HSD State and Territory* claim form), with old HSD item codes being retained for private hospitals.

Authority prescriptions approved from 1 July 2010 carrying private hospital HSD item codes are not claimable by public hospitals.

Refer also to page 5 'Dispensing' section.

Where a non-dispensing HSD public hospital uses a community pharmacy to supply HSD as an agent of the HSD public hospital, the claim must be lodged by the HSD public hospital overseeing dispensing.

Pharmacists are authorised to supply pharmaceutical benefits only after they receive:

- a valid PBS prescription which is no more than 12 months old
- an approved authority PBS prescription or an authority to prescribe which is no more than 12 months old
- a repeat authorisation attached to a PBS prescription no more than 12 months after the date of the original PBS prescription.

A pharmacist must not supply an Authority required (STREAMLINED) medicine unless the medical practitioner has written the four digit streamlined authority code on the PBS/Repatriation Pharmaceutical Benefits Scheme (RPBS) prescription.

## Applicable medicines

Only medicines determined to be HSD (including CAR medicines) and PBS trastuzumab (Herceptin<sup>®</sup>) funded through the PBS for early stage breast cancer are included in these arrangements.

PBS trastuzumab (Herceptin<sup>®</sup>) for late stage breast cancer is funded outside the PBS and is not included in these arrangements.

For more information about the *Schedule of Pharmaceutical Benefits* go to [www.pbs.gov.au](http://www.pbs.gov.au)

## Patient contribution

All eligible patients must pay a patient contribution for each supply of medicine to complement charges levied on medicines received through the PBS or the Repatriation Pharmaceutical Benefits Scheme (RPBS).

HSD approved public hospitals must establish all patient eligibility for concessional benefits.

Medicare will deduct contributions from claims. Currently, the agreed deduction will be 0.8 per cent of the medicine price.

## PBS Safety Net

All medicines dispensed under this initiative will be eligible for addition to an eligible person's PBS Safety Net threshold.

Under the PBS Safety Net, patients whose annual out-of-pocket costs for prescription medicines exceeds a specified threshold receive additional PBS benefits. The PBS Safety Net threshold may be reached using prescriptions filled at both community pharmacies and out-patient pharmacies in public hospitals.

Medicare can only pay refunds for PBS medicines supplied through approved pharmacies. Refunds for hospital supplied items should be referred to the relevant state or territory hospital or health department.

For more information about the PBS Safety Net go to [www.medicare.gov.au](http://www.medicare.gov.au) then **For health professionals > PBS > PBS for pharmacists > PBS Safety Net**

## Complex Authority Required Highly Specialised Drugs (CAR HSD) and PBS trastuzumab (Herceptin<sup>®</sup>)

Complex Authority Required (CAR) medicines and PBS trastuzumab (Herceptin<sup>®</sup>) are HSD with additional requirements, including the need for approval from Medicare before dispensing.

As of 1 November 2011, the CAR HSD include:

Abatacept (Orencia <sup>®</sup> )	Ambrisentan (Volibris <sup>®</sup> )	Bosentan Monohydrate (Tracleer <sup>®</sup> )
Epoprostenol Sodium (Flolan <sup>®</sup> )	Etanercept (Enbrel <sup>®</sup> )	Iloprost Trometamol (Ventavis <sup>®</sup> )
Infliximab (Remicade <sup>®</sup> )	Lenalidomide (Revlimid <sup>®</sup> )	Rituximab (Mabthera <sup>®</sup> )
Sildenafil Citrate (Revatio <sup>®</sup> )	Tocilizumab (Actemra <sup>®</sup> )	Trastuzumab (Herceptin <sup>®</sup> )
Adalimumab (Humira <sup>®</sup> )	Azacitidine (Vidaza <sup>®</sup> )	Romiplostim
Omaliuzumab (Xolair <sup>®</sup> )	Eltrombopag (Revolade <sup>®</sup> )	

## Prescribing

All Commonwealth funded supplies of CAR HSD and PBS trastuzumab (Herceptin<sup>®</sup>) needs an authority approval from Medicare before dispensing. Failure to gain approval will result in non-payment for that medicine. No retrospective approval will be permitted.

For more information about authority approvals go to [www.medicare.gov.au](http://www.medicare.gov.au) then **For health professionals > PBS > Highly Specialised Drugs > Complex Authority Required HSD** or call **1800 700 270\***.

When applying to Medicare for authority approval, public hospital medical practitioners must use a Medicare authority prescription form or a form approved by Medicare. If a public medical practitioner is a signatory to the pharmaceutical reforms, then a public participating prescription can be used in place of these forms.

The process for submitting the appropriate CAR HSD and PBS trastuzumab (Herceptin®) application form and supporting information together with a Medicare authority prescription is detailed below.

- **Step one:** the medical practitioner indicates on the Medicare authority prescription form whether the approved prescription is to be returned to the medical practitioner or the patient
- **Step two:** the medical practitioner sends the completed and signed PBS authority application supporting information, Medicare authority prescription and patient declaration forms to Medicare by mail
- **Step three:** when approved, Medicare stamps the form with a HSD approval stamp and returns the prescription to the medical practitioner or patient by mail (as indicated on the form).

If the program has allowances for applications to be made by phone, the medical practitioner must enter the approval number, as provided by the Medicare service officer, on the Medicare authority prescription.

The format for phone approval numbers starts with the letter 'Z' and is followed by four digits and two letters, for example, Z1234AB. The approval number may be preceded by the letters 'HSD'.

## **Dispensing**

The Medicare authority prescription with approval number or approval stamp, for a CAR medicine and PBS trastuzumab (Herceptin®), can be dispensed either by the public hospital pharmacy, public participating hospital or a community pharmacy who acts as an agent for a public hospital.

To be valid, a prescription for a CAR medicine or PBS trastuzumab (Herceptin®) must be dispensed within 12 months of the prescription date and comply with all the other requirements, as listed on page 3.

### **Dispensing repeats from public hospital pharmacy**

- Repeats for CAR medicines and PBS trastuzumab (Herceptin®) can be dispensed up to the maximum number approved by Medicare and shown on the Medicare authority approval.
- Repeats are to be identified on hospital pharmacy records by the Medicare authority prescription number.
- Patient contributions will be the same as for other HSD.

## Payment for approved CAR HSD and PBS trastuzumab (Herceptin®) dispensed by public hospital pharmacies

State and territory health department claims to Medicare must include the following information on the claim form.

	Month	State	Item code	Hospital provider number	Medicare prescription authority number	Original supply or repeat number	Supply date	Packs dispensed
Abatacept (Orencia®)	✓	✓		✓	✓	✓	✓	✓
Ambrisentan (Volibris®)	✓	✓	✓	✓	✓	✓	✓	✓
Bosentan Monohydrate (Tracleer®)	✓	✓	✓	✓	✓	✓	✓	✓
Epoprostenol Sodium (Flolan®)	✓	✓	✓	✓	✓	✓	✓	✓
Etanercept (Enbrel®)	✓	✓	✓	✓	✓	✓	✓	✓
Iloprost Trometamol (Ventavis®)	✓	✓		✓	✓	✓	✓	✓
Infliximab (Remicade®)	✓	✓	✓	✓	✓	✓	✓	✓
Lenalidomide (Revlimid®)	✓	✓	✓	✓	✓	✓	✓	✓
Rituximab (Mabthera®)	✓	✓		✓	✓	✓	✓	✓
Sildenafil Citrate (Revatio®)	✓	✓		✓	✓	✓	✓	✓
Trastuzumab (Herceptin®)	✓	✓		✓	✓	✓	✓	✓
Tocilizumab (Actemra®)	✓	✓		✓	✓	✓	✓	✓
Adalimumab (Humira®)	✓	✓		✓	✓	✓	✓	✓
Azacitidine (Vidaza®)	✓	✓		✓	✓	✓	✓	✓
Romiplostim	✓	✓	✓	✓	✓	✓	✓	✓
Omalizumab (Xolair®)	✓	✓		✓	✓	✓	✓	✓
Eltrombopag (Revolade®)	✓	✓	✓	✓	✓	✓	✓	✓

The Medicare prescription authority number is printed on the authority prescription or hospital prescription and is in numeric format only.

### CAR HSD and PBS trastuzumab (Herceptin®) forms and prescribing criteria

All CAR HSD and PBS trastuzumab (Herceptin®) require approval from Medicare before dispensing. CAR HSD and PBS trastuzumab (Herceptin®) that are not approved or have not been approved before dispensing cannot be claimed.

For more information about the *Schedule of Pharmaceutical Benefits* go to [www.pbs.gov.au](http://www.pbs.gov.au)

For application forms for CAR HSD and PBS trastuzumab (Herceptin®) go to [www.medicare.gov.au](http://www.medicare.gov.au) then  
**For health professionals > PBS > Highly Specialised Drugs > Complex Authority Required HSD**



## **Overview**

The administration of payments for claims by Medicare to state and territory health departments for HSD and PBS trastuzumab (Herceptin<sup>®</sup>) began on 1 July 2009.

From this time, under the offline solution, payments occur monthly in arrears after Medicare receives HSD and PBS trastuzumab (Herceptin<sup>®</sup>) claiming information from state and territory health departments.

Updated HSD and PBS trastuzumab (Herceptin<sup>®</sup>) claim forms are emailed by Medicare to state and territory health departments before the start of each month.

## **Claim form information**

The offline solution claim form must include the following information:

- PBS medicine name
- PBS code
- form
- pack size
- total cost
- total number of patients.

All HSD and PBS trastuzumab (Herceptin<sup>®</sup>) are to be claimed on the spreadsheet relating to the month when they are dispensed. For example, if a medicine is dispensed in July 2009, then it must be claimed in the July 2009 spreadsheet.

State and territory health departments must complete the columns stating the number of packs dispensed and the total number of patients for each medicine claimed. Failure to provide complete information will delay payment for that medicine.

**Note:** the format of the claim spreadsheet must not be altered.

The spreadsheet is formatted to show the amount claimed based on the packs dispensed multiplied by the price. The state or territory health departments is entitled to claim that amount less 0.8 per cent. This is shown in the 'Claimable amount (cost less 0.8 per cent)' column. A copy of the claim form for HSD and for a CAR HSD (Infliximab) can be found in Appendix 1 and 2.

Claiming information for CAR HSD and PBS trastuzumab (Herceptin<sup>®</sup>) must also be included. Failure to provide complete information will delay payment.

Information identifying the patient is not required under the offline solution.

## **Certification**

By submitting the claim form, you agree and certify:

- the HSD and PBS trastuzumab (Herceptin) were supplied after 1 July 2009
- the medicines have not been included in any separate claim—made directly by the approved HSD public hospital or by any agent of the hospital—to Medicare.

## **Submission of claim form**

Under the offline solution, state and territory health departments forward their claim form as an Excel spreadsheet in electronic form (email or CD) each month to claim for eligible HSD and PBS trastuzumab (Herceptin®) that have been dispensed.

State and territory health departments are responsible for collating their respective state or territory claims and submitting one collated claim form each month.

More than one claim form each month is allowed where the other claim forms are for HSD and PBS trastuzumab (Herceptin®) dispensed in different months.

Should Medicare receive a claim for a HSD, including CAR HSD or PBS trastuzumab (Herceptin®) that has not been dispensed within 12 months of the prescription date, Medicare will not pay the claim.

Claim forms must be received by Medicare no later than three months from the end of the claim period. For example, all claims for medicines dispensed in the month of December 2010 will need to be received by 31 March 2011.

Claim forms should be submitted a minimum of two weeks before the payment date to guarantee inclusion in the following payment run. Email completed forms to [public.hospital.hsd@humanservices.gov.au](mailto:public.hospital.hsd@humanservices.gov.au)

## **Participating public hospitals—CAR HSD and PBS trastuzumab (Herceptin®)**

Participating public hospitals are able to claim CAR HSD and PBS trastuzumab (Herceptin®) in their normal PBS claims to Medicare.

State and territory health departments must make sure that if a participating public hospital claims these medicines directly from Medicare, the medicines are not included in the state and territory monthly claim form.

# Payments

## Overview

Payments will be made monthly in arrears.

Payments will be made directly to the state and territory health department's nominated bank account as supplied to Medicare on the *Highly Specialised Drugs program—State or Territory Health Department bank account details* form.

Payments depend on state and territory health departments accepting the following conditions:

- supply is to eligible patients
- prescribing is in accordance with PBS criteria
- prescribing is consistent with the therapeutic uses approved by the Therapeutic Goods Administration (TGA) for the supply of the medicine.

## National medicine price

Medicare will meet the agreed price above the patient contribution, for each medicine supplied in accordance with this program.

Standard national medicine prices will be established through direct negotiations with suppliers through the Pharmaceutical Benefits Pricing Authority. The price is referred to as the agreed price.

Where generically equivalent brands of a medicine are included in these arrangements, then the subsidy will equal the price of the lowest priced brand.

## Payments

Payments under the offline solution will be made within 30 days of receipt of correctly submitted claims, provided these claims are received by Medicare within 14 days of the end of the relevant month.

Payments will be made to the state and territory health department's nominated bank account as identified to Medicare.

2011 payment dates HSD offline solution

Month	Payment date	Month	Payment date
January 2011	5 January 2011 28 January 2011	July 2011	28 July 2011
February 2011	28 February 2011	August 2011	26 August 2011
March 2011	28 March 2011	September 2011	28 September 2011
April 2011	28 April 2011	October 2011	28 October 2011
May 2011	27 May 2011	November 2011	28 November 2011
June 2011	28 June 2011	December 2011	No payment will be made in December 2011 (additional payment to be made in early January 2012).

The table above outlines the date Medicare will release payments to the financial institutions. Medicare cannot be held accountable for when the payment will be released from the financial institution to the nominated bank account.

## 2012 payment dates HSD offline solution

Month	Payment date	Month	Payment date
January 2012	6 January 2012 30 January 2012	July 2012	30 July 2012
February 2012	29 February 2012	August 2012	30 August 2012
March 2012	30 March 2012	September 2012	28 September 2012
April 2012	30 April 2012	October 2012	30 October 2012
May 2012	30 May 2012	November 2012	30 November 2012
June 2012	28 June 2012	December 2012	No payment will be made in December 2012 (additional payment to be made in early January 2013).

The table above outlines the date Medicare will release payments to the financial institutions. Medicare cannot be held accountable for when the payment will be released from the financial institution to the nominated bank account.

Medicare will not be responsible for delays or errors in payment due to factors outside the reasonable control of Medicare, such as delays or errors in the banking system or errors in the account details provided by the state and territory health departments.

If the electronic funds transfer (EFT) payment is returned to Medicare, Medicare will reprocess the payment within five working days (subject to Medicare receiving correct bank account details).

After receiving a notice of overpayment from Medicare, the state and territory health department will repay Medicare any payments credited in error to that state or territory health department.

Claim payments will be for the cost of medicines claimed less patient contribution. Claims received under the offline solution will have a contribution percentage applied at the time of payment (0.8 per cent as of May 2009). Medicines that have a special pricing arrangement in place will appear on the spreadsheet with the amount payable (the Medicare reimbursed price) rather than the PBS listed price. These arrangements are commercial-in-confidence and are not to be communicated to those not associated directly with this program.

Where a quantity of a medicine claimed is not equal to the quantity contained in the manufacturer's pack, claim payments will be for the cost of medicines multiplied by the percentage that the quantity supplied less patient contribution.

HSD and PBS trastuzumab (Herceptin<sup>®</sup>) dispensed under this initiative will have no mark-ups applied. All medicines under this arrangement will be reimbursed for the medicine cost only less patient contribution. No other fees, such as dangerous drug or broken pack fees will apply.

### Change of bank account details

The Medicare *Highly Specialised Drugs program—State or Territory Health department bank account details* form can also be used to advise Medicare of any subsequent changes to bank account details.

Medicare must be notified in writing, on the approved *Highly Specialised Drugs program—State or Territory Health department bank account details* form, of changes to bank account details at least five working days before the change is to take effect.

## Payment advice statements

Below is an example of a payment advice statement sent to state and territory health departments for monthly HSD payments made by Medicare.

## Highly Specialised Drugs payment advice statement



Australian Government  
Medicare Australia



If not delivered, return to GPO Box 9822 Hobart Tas 7001

ABN 75 174 030 967

<30 December 2009>	Phone: 1800 700 270 option 5 (Call charges may apply)
<Title> <Name>	
<Organisation Name>	Payment date: <dd/mm/yyyy>
<Address 1>	Bank reference number: <nnnnnnnnnnnn>
<Address 2>	Organisation ID: <nnnnnnnnnn>
<Suburb> <State> <Postcode>	

This advice contains information about payments you have received through the Highly Specialised Drugs (HSD) offline system for <Month> <Year>.

Medicare must be advised within 14 calendar days of any errors in this payment advice. If you have any questions call **1800 700 270** (option 5).

Payment has been lodged electronically into the bank account below.

### Payment details

Name of bank: <Bank name>  
Account name: <xxxxxxxxxx>  
BSB number: <nnn nnn>  
Account number: <#####123>

Reference Text	Invoice Text	Invoice Date	Amount
<nnnnnnnaannnn>	<aaaaaaaaaaaaaaaa>	<dd/mm/yyyy>	<\$000.00>
<nnnnnnnaannnn>	<aaaaaaaaaaaaaaaa>	<dd/mm/yyyy>	<\$0 000.00>
<b>Total:</b>			<\$00 000.00>

For more information about the HSD program go to [www.medicare.gov.au](http://www.medicare.gov.au)  
> **For health professionals > PBS > Highly Specialised Drug program**

**Write:** GPO Box 9822 Hobart Tasmania 7001 **Phone:** 1800 700 270 option 5 **Fax:** 1300 093 166 **Web:** [www.medicare.gov.au](http://www.medicare.gov.au)

## **Audits**

Medicare must be satisfied that state and territory health departments have adequate and auditable systems in place that meet the required conditions. With agreement of state and territory health departments, Medicare can audit patient records. Prescription and internal medicine paperwork must be kept for a minimum of 24 months from the date of dispensing, for audit purposes.

## **For more information**

Medicare will only contact state and territory health departments regarding claims and payments.

Individual HSD public hospitals will need to contact their state and territory health department with any enquiries.

Email **public.hospital.HSD@humanservices.gov.au**

Write **HSD in Public Hospitals Program**  
**GPO Box 9822**  
**Hobart Tas 7001**

Call **1800 700 270\*\*** (option 5)

Fax **1300 093 177\***

\*Call charges apply.

\*\*Call charges apply from mobile and pay phones only.

# Appendix 1

Example of Highly Specialised Drugs (HSD) in public hospitals offline solution—claim form.

Hospital Name: (If spreadsheet being used by individual hospital to submit to State Territory Health Department): Enter in this Cell		Nov 2009		ACT		Totals		\$0.00		\$0.00		Patient numbers	
Code	Drug Name	Drug form	Pack size	Price	Cost	Claimable amount (cost less 0.8%)	Packs dispensed						
6299M	DIDANOSINE	Capsule 200 mg (containing enteric coated beadlets)	30	\$163.40	\$0.00	\$0.00							
6300N	DIDANOSINE	Capsule 250 mg (containing enteric coated beadlets)	30	\$204.24	\$0.00	\$0.00							
6301P	DIDANOSINE	Capsule 400 mg (containing enteric coated beadlets)	30	\$326.79	\$0.00	\$0.00							
				Drug Total	\$0.00	\$0.00							
6286W	DISODIUM PAMIDRONATE	Concentrated injection 15 mg in 5 mL	1	\$54.64	\$0.00	\$0.00							
6287X	DISODIUM PAMIDRONATE	Concentrated injection 30 mg in 10 mL	1	\$109.28	\$0.00	\$0.00							
6288Y	DISODIUM PAMIDRONATE	Concentrated injection 60 mg in 10 mL	1	\$218.56	\$0.00	\$0.00							
6289B	DISODIUM PAMIDRONATE	Concentrated injection 90 mg in 10 mL	1	\$327.84	\$0.00	\$0.00							
6290C	DISODIUM PAMIDRONATE	Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL	1	\$218.56	\$0.00	\$0.00							
6279L	DISODIUM PAMIDRONATE	Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL	1	\$218.56	\$0.00	\$0.00							
6223M	DISODIUM PAMIDRONATE	Injection set containing 1 vial powder for I.V. infusion 90 mg and 1 ampoule solvent 10 mL	1	\$327.84	\$0.00	\$0.00							
				Drug Total	\$0.00	\$0.00							
6120D	DORMASE ALFA	Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL	30	\$1,180.00	\$0.00	\$0.00							
6249X	DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL	Suspension for I.V. infusion 20 mg in 10 mL	1	\$622.99	\$0.00	\$0.00							
6366M	EF-AVIRENZ	Tablet 600 mg	30	\$271.58	\$0.00	\$0.00							
6372J	EF-AVIRENZ	Oral solution 30 mg per mL, 180 mL	1	\$135.79	\$0.00	\$0.00							



# Appendix 3

Overview of HSD in public hospitals.

When	What	Who
Five business days before the start of the claim month	Spreadsheet for the coming month distributed to state/territory health department contacts by email from Medicare.	Medicare, Tasmania.
	Changes to listings (price changes, deletions, additions, pack size changes) are identified.	
	Collate number of packs of HSD and PBS trastuzumab (Herceptin®) dispensed and number of patients treated. Complete specific details for Complex Authority Required (CAR) medicines.	State/territory health departments.
Following month	A single collated state claim form (in soft copy) for previous month to be sent to Medicare by email or by CD.	State/territory health departments.
	Claim form checked and verified by Medicare. Payments will be made only for items with fully completed details.	Medicare, Tasmania.
Last business day of month	State/territory health department will be contacted if a query or problem with claim forms arises (e.g. duplicate or cumulative claim or incomplete CAR details). <b>Note:</b> Medicare will not contact individual hospitals.	Medicare, Tasmania.
	Payrun processed and payment made by direct deposit to state/territory nominated bank account—statement forwarded to state/territory contacts through email.	Medicare, Tasmania.
Details of alteration to payrun date (e.g. for Christmas) provided two months before change.		Medicare, Tasmania.

### Contacts for Medicare, Tasmania (for state/territory health departments)

Email **public.hospital.HSD@humanservices.gov.au**  
 Call **1800 700 270** (option 5)\*\*  
 Fax **1300 093 177**

### Key points

- Claim forms from individual hospitals will not be accepted by Medicare.
- Medicare will liaise with state/territory health departments, not individual hospitals.
- Enquiries from hospitals to Medicare will be referred back to the relevant state/territory health department.
- State/territory health department to provide number of packs dispensed and number of patients treated against each medicine.
- All CAR medicines must have Medicare authority approval before dispensing.
- State/territory health departments to provide all details on CAR medicines before payment will be processed.

### HSD Complex Authority Required (CAR) medicines:

- Abatacept (Orencia®)
- Ambrisentan (Volibris®)
- Bosentan Monohydrate (Tracleer®)
- Epoprostenol Sodium (Flolan®)
- Etanercept (juvenile chronic arthritis only) (Enbrel®)
- Iloprost Trometamol (Ventavis®)
- Infliximab (Remicade®)
- Romiplostim
- Omalizumab (Xolair®)
- Eltrombopag (Revolade®)
- Lenalidomide (Revlimid®)
- Rituximab (Mabthera®) (rheumatoid arthritis only)
- Sildenafil Citrate (Revatio®)
- Tocilizumab (Actemra®)
- Adalimumab (Humira®)
- Azacitidine (Vidaza®)
- Trastuzumab (Herceptin®) (early stage breast cancer only).

### CAR information required:

- item code required for Lenalinamide, Ambrisentan, Bosentan, Epoprostenol, Etanercept, Infliximab, Tocilizumab, Romiplostim and Eltrombopag only
- hospital provider number
- Medicare authority prescription number
- original supply or repeat number
- supply date
- packs dispensed.