

Medicines Governance in NSW Health Services

Summary This Policy Directive describes the governance structures and principles for the approval to supply medicines within NSW Health Services.

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Medicines Governance in NSW Health Services

Policy Statement

NSW Health is committed to ensuring that the governance, approval and supply of medicines across NSW Health Services deliver safe, quality, and equitable use of medicines and enable coordinated and sustainable patient care.

Summary of Policy Requirements

All NSW Health services must comply with the four standards associated with this Policy Directive.

Local Health Districts (LHDs) and Specialty Health Networks (SHNs) are to establish and implement local arrangements in accordance with this Policy Directive.

Governance and approval

NSW Health Services are required to have medicine governance processes in place to ensure the safe and quality use of medicines. This includes local adoption of, and compliance with, the NSW Medicines Formulary, and establishment of local arrangements for the management and approval of medicines through the local Drug and Therapeutics Committee.

Standardised processes must be implemented for the management, assessment and monitoring of Individual Patient Use (IPU) applications, ensuring consistent clinical evaluation and decision making regarding those applications.

Supply and access

NSW Health services are to follow standardised arrangements for the supply of medicines to admitted, non-admitted and non-hospital patients. This includes establishing local arrangements to provide or facilitate timely access to an adequate quantity of medicines on discharge to ensure continuity of care.

Access to outpatient medicine supply at a NSW Health Service pharmacy closer to the patient's place of residence where safe and practicable, in accordance with requirements for the safe, timely, and coordinated transfer of outpatient medicine supply between NSW Health Service pharmacies. Transfer or access must not be refused on the basis of cost alone.

Charging arrangements

NSW Health services are to apply standardised charging arrangements for supply of medicines, including where co-payments are applied, waived or not permitted.

Eligible patients are to be supported to access entitlements under the Closing the Gap PBS Co-Payment Program and PBS Safety Net Scheme.

Revision History

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PD2026_037 August-2026	Secretary	This Policy Directive consolidates and replaces the following NSW Health policy directives, bringing their requirements into a single framework: <ul style="list-style-type: none"> PD2005_395 <i>Drugs-Funding Arrangements for Outpatient Use of High Cost Drugs Not Funded by the Commonwealth</i> PD2022_056 <i>Approval Process for Medicines and Their Use</i> PD2023_041 <i>Pharmaceutical and Safety Net Arrangements for Outpatients and Patients on Discharge</i>
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1. Background

1.1. About this document

This Policy Directive describes the governance structures, principles and approval procedures for the supply of medicines within NSW Health Services.

This Policy Directive is to be read in conjunction with the following associated standards:

- [NSW Medicines Formulary governance and approval processes](#)
- [Individual Patient Use](#)
- [Medicine supply to non-admitted patients \(Outpatients\)](#)
- [Transfer of outpatient medicine supply between Health Services.](#)

Under this Policy Directive, compliance with the individual standards is **mandatory** for all NSW Health Services.

This Policy Directive must also be read in conjunction with NSW Health Policy Directive *Medication Handling* ([PD2022_032](#)).

1.1.1. Scope and application

This Policy Directive applies to the following staff:

- clinical staff within NSW Health Services involved in prescribing, dispensing and administering medicines
- clinical staff involved in approving the use of medicines
- corporate and administrative staff involved in the governance, funding, procurement or operational management of medicines.

This Policy Directive applies to the following:

- medicines that are:
 - registered or included on the Australian Register of Therapeutic Goods ([ARTG](#)), (including use in a manner that is not included in the approved Product Information for that medicine)
 - not registered or included on the [ARTG](#) (unapproved therapeutic goods)
- medicines for use within NSW Health Services and supplied from NSW Health Service pharmacies
- quantities of, and patient co-payments for, medicine supply
- responsibilities for NSW Health Service supply of medicines.

This Policy Directive does not apply to therapeutic goods classified as biologicals, medical devices or other therapeutic goods, as defined by the [Therapeutic Goods Administration](#) (TGA).

1.1.2. Guiding Principles

The following guiding principles underpin this Policy Directive:

- **Person-centred care:** NSW residents have access to supply of outpatient medicines, provided where practicable at a facility near their place of residence.
- **Equity and access:** Access to medicines is prioritised based on clinical need. Medicine governance decision making is consistent and transparent.
- **Patient safety:** Safe use and supply of medicines is paramount and guided by the level and availability of specialist expertise, monitoring and evidence for a medicine's use.
- **Collaborative care and continuity of care:** A shared and collaborative approach to decision making for patient care between Local Health Districts (LHDs)/Specialty Health Networks (SHNs) or other healthcare providers, including effective information transfer at transitions of care.
- **Sustainability:** Long-term sustainability is achieved through consideration of both financial and environmental impacts, including efficient resource use, reduced wastage of medicines, cost-effective use of medicines and policy maintenance efficiencies.

1.2. Key definitions

Admitted Patient	<p>Used throughout this Policy Directive to describe a person:</p> <ul style="list-style-type: none"> • who has been assessed by a clinician with admitting rights to the facility as meeting the criteria for admission and requiring inpatient care, and • who has undergone the admission process and has not yet been discharged by the facility. <p>An admitted patient includes a person receiving care under a Hospital in the Home (HITH) service, in line with NSW Policy Directive <i>Hospital in the Home</i> (PD2025 004).</p>
Biological medicine	<p>A medicine classified and regulated by the TGA as a Biological medicine that is derived from a human, animal or other organism, or produced through recombinant technology or biotechnology.</p> <p>Biological medicines are regulated as prescription medicines and include, but are not limited to, vaccines, monoclonal antibodies and immunoglobulins.</p>

Biologicals	<p>Products classified and regulated by the TGA as Biologicals that are made from, or contain, human cells or human tissues, intended for the diagnosis, treatment or prevention of disease.</p> <p>Biologicals include gene, cell and tissue therapies (for example, CAR-T-cell therapy).</p>
Co-payment	<p>The amount a patient pays towards the cost of their medicine.</p>
Day Admitted (Same Day) Patient	<p>A person formally admitted to a hospital for care, treatment, or a procedure and discharged on the same calendar day, irrespective of the intended duration of stay.</p>
Drug and Therapeutics Committee (DTC)	<p>The committee with delegated responsibility for the governance and quality of the medication management system. The DTC is responsible for ensuring the appropriate, safe, effective, and cost-effective use of medicines in the health facility, Local Health District or Specialty Health Network under its jurisdiction.</p> <p>In some health facilities, an equivalent committee (such as a Quality Use of Medicines Committee) may undertake these functions.</p>
Emergency Department (ED) patient	<p>A patient receiving care in an emergency department who:</p> <ul style="list-style-type: none"> undergoes a formal admission prior to transfer to an appropriate treatment location within the same facility for ongoing monitoring and care, or does not undergo a formal admission and is either treated and discharged within the emergency department or transferred to another facility. <p>For the purposes of this Policy Directive, medicine supply and governance processes for emergency department patients are to be applied in accordance with admitted patient processes, regardless of their admission status.</p>
NSW Health service	<p>Any hospital, clinic, institution, health service, or health support service that is:</p> <ul style="list-style-type: none"> controlled by a Local Health District or controlled by a Statutory Health Corporation, or a recognised establishment or recognised service of an affiliated health organisation, <p>as specified in the Health Services Act 1997 (NSW).</p>

Individual Patient Use (IPU) application	An application assessed by the Drug and Therapeutics Committee for the use of a medicine by a patient, where the medicine or its intended indication is not listed on the NSW Medicines Formulary.
Medicine	<p>Used throughout this Policy Directive to describe a therapeutic good that achieves its principal intended action in or on the human body by pharmacological, chemical, immunological or metabolic means.</p> <p>This includes drugs, pharmaceutical preparations, complementary and alternative medicines, biological medicines, and fluid for intravenous use.</p> <p>This does not include therapeutic goods such as biologicals (see definition above), medicated dressings, diagnostic agents, medical devices, sterilants and disinfectants.</p>
Non-admitted (Outpatient)	A patient who receives care or treatment in an outpatient service and has not undergone a hospital's admission process.
Non-hospital patient	A patient treated by a clinician not affiliated with a NSW Health Service.
NSW Medicines Formulary	A state-wide, continually updated list of medicines and other therapeutic agents that have been approved for use within NSW Health Services. It includes the generic medicine name, strength, indication(s) where appropriate, dosage form(s), and any prescribing restrictions, if applicable.
NSW Medicines Formulary Committee	The peak NSW governance committee for medicines and therapeutic agents approved for use within NSW Health Services. The committee oversees the maintenance of the NSW Medicines Formulary.
Pharmaceutical Benefits Scheme (PBS)	An Australian Government program governed by the National Health Act 1953 (Commonwealth). Through the PBS, the Australian Government subsidises the cost of medicine for most medical conditions.

Section 100 Highly Specialised Drugs

An Australian Government program providing access to specialised PBS medicines for the treatment of chronic conditions which, because of their clinical use and other special features, have restrictions on where they can be prescribed and supplied. In most cases, medical practitioners are required to undertake specific training or be affiliated with a specialised hospital unit to prescribe these medicines.

1.3. Legal and legislative framework

This Policy Directive is informed by the following legal and legislative frameworks:

- The [Poisons and Therapeutic Goods Act 1966](#) (NSW) and [Poisons and Therapeutic Goods Regulation 2008](#) (NSW)¹ regulate the procurement, storage, labelling, prescribing, supplying, administering and recording of both scheduled and unscheduled medicines at health facilities, and by health practitioners and pharmaceutical wholesalers.

Authorised prescribers, pharmacists and nursing staff must comply with this legislation when prescribing, dispensing, and administering medicines.

- The [National Health Act 1953](#) (Commonwealth).
- The [Human Services \(Medicare\) Act 1973](#) (Commonwealth).

1.4. Pharmaceutical Reform in NSW

NSW does not have a Pharmaceutical Reform Agreement with the Australian Government. As a result:

- NSW Health Service prescribers cannot provide a Pharmaceutical Benefits Scheme (PBS) prescription to an admitted public patient on discharge, except for Section 100 Highly Specialised Drugs (s100 HSDs).
- NSW Health Service pharmacies cannot claim PBS reimbursement for dispensing any pharmaceutical to any public patient, except for s100 HSDs.

Further information on the PBS s100 HSD Program is available on the [PBS website](#).

1.5. Prescription acceptability

A prescription written in accordance with the [Poisons and Therapeutic Goods Regulation 2008](#) (NSW) may be dispensed at any NSW Health Service pharmacy, including those issued in another health facility or Local Health District/Specialty Health Network*. Refer to

¹ Note: The *Poisons and Therapeutic Goods Act 1996* (NSW) and *Poisons and Therapeutic Goods Regulation 2008* (NSW) will be repealed and replaced with the *Medicines, Poisons and Therapeutic Goods Act 2022* (NSW) and *Medicines, Poisons and Therapeutic Goods Regulation 2026* on 5 November 2026. On and from this date, all references in this Policy Directive to the repealed Act and Regulation should be read as referring to the *Medicines, Poisons and Therapeutic Goods Act 2022* and its Regulation.

section [3.1.2](#) for further details on eligibility of dispensing in non-admitted settings, and section [3.1.3](#) for supply of medicines to non-hospital patients.

**A prescription issued in another state or territory may be dispensed in a NSW Health Service pharmacy in accordance with applicable cross-border or interjurisdictional arrangements, if it complies with requirements of the Poisons and Therapeutic Goods Regulation 2008 (NSW), including obtaining regulatory approvals where relevant.*

2. Medicines governance

All NSW Health staff involved in medicines management are responsible for ensuring safe and quality use. The following individuals and bodies have specific responsibilities for medicines governance to ensure that medicines approved for use in NSW Health Services are equitable, effective, safe and sustainable.

2.1. Clinical Excellence Commission

The Clinical Excellence Commission (CEC) leads, supports and promotes improved safety and quality use of medicines across NSW Health through consultation and collaboration with clinicians, health consumers, other pillars and the NSW Ministry of Health.

The CEC provides secretariat support to the NSW Medicines Formulary Committee and is responsible for:

- supporting Local Health District and Specialty Health Network Drug and Therapeutics Committees (DTCs) with the implementation of NSW Medicines Formulary Committee decisions
- leading statewide medicines safety priority initiatives
- coordinating responses to system-level risks related to medicine supply, including shortages, discontinuations and recalls
- supporting DTCs in the development and delivery of local quality use of medicines initiatives and priorities
- providing expert advice and support to DTCs in the assessment of medicines use, where matters are escalated for further consideration of safety, appropriateness, or practicality (for example, Individual Patient Use (IPU) approvals and transfer of medicine supply location)
- state-wide monitoring of IPU applications across NSW Health
- collaborating with NSW Health pillars and other health entities (including HealthShare NSW and the Agency for Clinical Innovation [ACI]) to support system-wide medicines governance.

In addition, the CEC is the state-level data sponsor and custodian for IPU statewide data.

2.2. Statewide Medicines Governance: NSW Medicines Formulary Committee

The NSW Medicines Formulary (Formulary) Committee is the peak governance body for the approval to use medicines in NSW Health Services.

The Formulary Committee is responsible for supporting the appropriate, safe and cost-effective use of medicines. It also supports medicines governance in NSW Health Services by:

- maintaining an approved list of medicines for use (the Formulary)
- facilitating evidence-based decision making for the use of medicines
- promoting equitable access to medicines for all patients across NSW
- supporting standardisation and consistency in medicine use and prescribing practices across NSW Health Services
- monitoring medicine use (including non-Formulary medicines)
- supporting supply chain resilience through alignment with statewide procurement processes.

2.2.1. NSW Medicines Formulary

The Formulary is a continuously updated list of medicines that are approved for use in NSW public hospitals and NSW Health Services. The Formulary includes medicines approved for:

- initiation (new treatment) in admitted (inpatient) encounters
- supply from NSW Health Service pharmacies for administration within specialist hospital non-admitted (outpatient) clinics
- supply from NSW Health Service pharmacies which have been prescribed within specialist hospital non-admitted (outpatient) clinics for use by public patients at home.

The Formulary includes the approved formulation(s), indication(s) and prescribing restriction(s) for individual medicines, where applicable. NSW Health clinicians can search and view the medicines included on the Formulary via the [NSW Medicines Formulary platform](#).

All NSW Health Services must adopt and comply with the Formulary. Prescribers working within NSW Health Services are to initiate medicines in accordance with the Formulary restrictions, and/or in accordance with this Policy Directive for medicines not listed on the Formulary.

The types of medicines and clinical settings for medicine supply under the remit of the Formulary Committee's governance, as well as its responsibilities and operating procedures, are outlined in Standard [NSW Medicines Formulary governance and approval processes](#).

2.3. Local Health District/Specialty Health Network medicines governance: Drug and Therapeutic Committees

DTCs provide governance on the quality use of medicines, including the safe procurement, storage, prescribing, supply, administration and recording protocols and procedures for the facilities within their remit.

DTCs are responsible for:

- local adoption and use of the Formulary
- management and approval of:
 - medicines and their use in settings outside of the Formulary Committee's governance and remit, as outlined in Standard [NSW Medicines Formulary governance and approval processes](#)
 - medicines not listed on the Formulary, or for use outside the Formulary criteria (via the Individual Patient Use (IPU) approval pathway) – see [section 2.3.1](#)
 - continuation of medicines in admitted patients that were initiated prior to hospital admission (refer to NSW Health Policy Directive *Medication Handling* [PD2022_032])
 - medicines to be routinely stocked at individual facilities based on patient case mix, local services and demographics. Medicines not routinely stocked but listed on the Formulary are expected to be obtained in a timely manner when required for initiation, where no suitable alternative is available.
- escalating matters to the CEC for support in the assessment of medicines use, including IPU approvals and transfer of outpatient medicine supply, where further consideration of safety, appropriateness or practicality is required.

2.3.1. Management of Individual Patient Use applications

IPU approvals are required when a therapeutic need exists for a medicine or indication not listed on the Formulary. IPU applications are to be submitted via the [NSW Medicines Formulary platform](#).

DTCs are to follow a standard process for the clinical evaluation and assessment of IPU applications. The following factors need to be considered collectively, and not in isolation, to inform decision making:

- critical review of the medicine's efficacy and safety
- cost analysis
- expected benefits for the patient and health system (including clinical and non-clinical outcomes)
- equity (including, but not limited to, factors affecting rural, remote, Aboriginal and Torres Strait Islander and/or other vulnerable, high-need patient groups).

Where there is a clinical decision to support an IPU application, the DTC is responsible for ensuring the appropriate approval is obtained from the relevant finance or executive authority in accordance with local delegations.

The management, assessment and monitoring of IPU applications is outlined in Standard [Individual Patient Use](#).

2.4. NSW Health clinicians and health care workers

Clinical staff working within NSW Health Services who are involved in prescribing, dispensing and administration of medicines are responsible for:

- obtaining approval for use of medicines in accordance with this Policy Directive
- prescribing, supplying and administering medicines in line with Formulary restrictions and/or DTC approved restrictions.

3. Supply of medicines

3.1. Medicine supply from NSW Health Service pharmacies

In addition to the governance and approval processes outlined above, the responsibility and requirements for the supply of medicines from a NSW Health Service pharmacy is dependent on the patient's care status (for example, admitted, day admitted (same day) or non-admitted).

3.1.1. Admitted patients (inpatients) and day-admitted (same day)

NSW Health Services are responsible for the supply of medicines used within their facilities for admitted patients, including:

- medicines used in accordance with the NSW Medicines Formulary (Formulary)
- categories of medicines that are not included on the Formulary (or under the remit of the Formulary Committee) and have been approved for use by the local DTC
- a patient's existing pre-hospital medicines, if clinically appropriate to continue
- medicines approved on an IPU basis by the local DTC (or delegate).

For further details on the handling of medicines and suitability for the use of a patient's own medicines, refer to the NSW Health Policy Directive *Medication Handling* ([PD2022_032](#)).

Additional information for the supply of medicines to admitted patients on discharge

NSW Health Services are responsible for ensuring continuity of care by providing or facilitating timely access to **an adequate quantity of medicine(s) on discharge**. This is generally a 7-day supply or the quantity required to complete a short course of treatment in accordance with local facility procedures.

Where a Pharmaceutical Benefits Scheme (PBS) prescription for a Section 100 Highly Specialised Drug (s100 HSD) is provided, NSW Health Services may supply up to the PBS authorised quantity, where clinically appropriate.

Repeats must not be authorised on a discharge prescription.

3.1.2. Non-admitted patients (outpatients)

The following medicines are authorised for supply from NSW Health Services to non-admitted public patients for use in their home:

- Formulary medicines in accordance with the restriction criteria
- medicines approved for supply on an Individual Patient Use (IPU) basis from their local DTC (or delegate)
- categories of medicines that are not included on the Formulary (or under the remit of the Formulary Committee) and have been approved for use by the local DTC
- small quantities of medicines supplied to support transition of care (including, but not limited to, community mental health and drug and alcohol settings) under local service models or arrangements approved by the Chief Executive (or nominated delegate).

Refer to the Standard [Medicine supply to non-admitted patients \(Outpatients\)](#) for further details on the quantity of medicines supplied to non-admitted patients.

3.1.3. Supply of medicines to non-hospital patients

NSW Health Service pharmacies must not provide medicines to individuals who are not public hospital patients, except when supplied in accordance with:

- a NSW Health [control guideline](#) for the treatment of infectious diseases on the direction of the Chief Health Officer (or delegate)
- an exemption issued by the Secretary, NSW Health (or other person authorised by the Secretary, NSW Health, to issue exemptions)
- an applicable cross-border or interjurisdictional arrangement
- an approval for supply by the Chief Executive or Director of Medical Services (or their nominated delegate) on an individual basis and/or in accordance with a local service agreement.

4. Transferring outpatient medicine supply between NSW Health Services

This section outlines the principles and processes for transferring outpatient medicine dispensing and supply functions between NSW Health Service hospital pharmacies.

The location of the treating clinician or outpatient service, relative to the dispensing health service pharmacy, determines the transfer process.

4.1. Outpatient medicine supply from a non-treating NSW Health Service pharmacy

Where outpatient medicines are supplied as part of specialist outpatient treatment at a NSW Health Service, the following principles apply. These principles guide whether a patient can access supply of medicines at a facility near their place of residence (that is, specialist care and the prescriber remain at the treating health service and dispensing of medicines occurs in another health service):

- Non-admitted patients should have access to supply of medicines at a facility near their place of residence, where practicable, and in line with the patient's preference.
- Safe and effective use and supply of medicines is paramount and guided by the level and availability of specialist expertise and monitoring required. Treatment interruption is to be avoided.
- Collaborative decision making between Local Health Districts (LHDs)/Specialty Health Networks (SHNs), care settings and jurisdictions is required to support consistent and coordinated care prior to the transfer of medicine dispensing to another health service.
- Effective information transfer and coordination during transitions of care is required between clinicians, hospital pharmacies and Drug and Therapeutic Committees (DTCs).
- The transfer of medicine supply to a facility closer to a patient's place of residence must not be refused on the basis of the medicine's cost.

Refer to Standard [Transfer of outpatient medicine supply between Health Services](#) for additional information to determine whether it is safe, appropriate, and practicable to supply a medicine at a NSW Health Service pharmacy closer to the patient's residence.

4.1.1. Financial considerations

Once it is determined that a patient is eligible to access medicine supply at a facility closer to their place of residence, subsequent financial considerations and processes must not delay or disrupt the supply of medicines required for patient care.

The treating hospital, prescriber and pharmacy are to provide information to the proposed dispensing location regarding the expected cost of the medicine. This information is used to support an assessment of financial implications, including materiality (significance), and the requirement for escalation to the Director of Finance to highlight potential cost centre implications.

Where the financial impact is projected to have a material impact on the overall LHD/SHN budget and internal cost recovery strategies are not considered feasible, the Director of Finance may consider further escalation to the Finance and Corporate Services Division at the NSW Ministry of Health.

It is acknowledged that the materiality of transferred responsibility for medication supply may be interpreted differently across LHDs/SHNs. Materiality thresholds should be developed by the NSW Ministry of Health and revised over time to support policy implementation.

4.2. Transfer of prescriber and outpatient medicine supply to a new NSW Health Service

When a patient is referred to a new treating clinician and medicine supply is transferred to a different NSW Health Service pharmacy, the following principles apply:

- Appropriate medical referral to, and acceptance by, the new treating clinician. Refer to NSW Health Guideline *Management of Outpatient (Non-Admitted) Services* ([GL2023_014](#)) for further information on transfer and referral of patients.
- Non-admitted patients should have access to supply of medicines at a facility near their place of residence, where practicable.
- Safe use and supply of medicines is paramount and guided by the level and availability of specialist expertise and monitoring required.
- Collaborative decision making between LHDs/SHNs, care settings and jurisdictions is required to support consistent and coordinated care prior to the transfer of treating prescriber responsibilities and medicine supply locations.
- Effective information transfer and coordination during transitions of care is required between clinicians, hospital pharmacies and DTCs.

Additional information to support the coordinated transfer of medicine supply responsibilities are outlined in Standard [Transfer of outpatient medicine supply between Health Services](#).

5. Charges for medicines

This section outlines charging arrangements for the supply of medicines within NSW Health Services, including where co-payments are applied, waived or not permitted.

5.1. Patient co-payments for medicine supply

Where a co-payment is charged for medicine supply for Medicare eligible patients, it must be at a level consistent with the [Pharmaceutical Benefits Scheme \(PBS\) statutory co-payments](#). Refer to the NSW Health Information Bulletin *Pharmaceutical Charges for Hospital Outpatients and Safety Net Thresholds* ([IB2026_001](#)) for current co-payment rates and additional information.

NSW Health pays the co-payment for some PBS Section 100 (s100) Highly Specialised Drugs (HSD) and s100 injectable and infusible chemotherapy medicines for eligible patients. For further information on eligibility criteria, consent and the co-payment reimbursement process, refer to NSW Health Information Bulletin *NSW Section 100 Co-Payment Program* ([IB2025_031](#)).

A patient's co-payment may be waived by the Director of Finance (or their nominated delegate) in cases of financial hardship (on an individual basis and/or in accordance with a local procedure).

5.1.1. Closing the Gap Co-Payment Program

The Closing the Gap (CTG) PBS Co-payment Program supports access to affordable PBS medicines for Aboriginal people who, in the prescriber's opinion, may experience setbacks in the prevention or ongoing management of chronic disease without their medicines and are unlikely to adhere to treatment without assistance through the program.

The CTG PBS Co-payment Program was expanded from 1 January 2025 to apply to all PBS medicines, including those in the s100 HSD Program, dispensed by public hospitals. Patients who are eligible for the CTG PBS Co-payment Program will have their co-payment reduced.

NSW Health will also extend the reduced co-payment principles to non-PBS medicines supplied through NSW Health Service hospital pharmacies.

Eligible Aboriginal patients who would normally pay:

- the full general co-payment amount will pay the concessional rate
- the concessional rate will receive their medicines for free.

Refer to the [PBS website](#) for further information on the CTG PBS Co-payment Program.

5.1.2. Subcutaneous Immunoglobulin

Information on the supply and co-payments applicable for subcutaneous immunoglobulin hospital programs are detailed in the NSW Health Guideline *Establishing a Subcutaneous Immunoglobulin (SCIg) Hospital Program* ([GL2026 004](#)).

5.1.3. Medicine Access Programs (MAP)

Medicines Access Programs (MAP) are offered by pharmaceutical sponsors to support access to medicines for specific patients or patient groups. Each MAP is an agreement between the pharmaceutical sponsor, the prescriber(s) and individual hospital(s). MAPs include, but are not limited to, compassionate use and product familiarisation programs.

When supplying medicines to non-admitted patients (outpatients) under a MAP, co-payments are charged per one-month supply for each item dispensed. A different strength or formulation of the same medicine will be considered as a separate item.

Refer to NSW Health Information Bulletin *Pharmaceutical Charges for Hospital Outpatients and Safety Net Thresholds* ([IB2026 001](#)) for standard co-payment charges.

5.1.4. Safety Net Arrangements

The [Safety Net Scheme](#) financially supports patients and families requiring large numbers of prescription items. When eligible patients reach a monetary threshold of prescriptions in a calendar year, the Safety Net Scheme can be accessed to lower co-payments.

The Safety Net Scheme covers PBS and non-PBS listed medicines supplied to a patient through a NSW Health Service outpatient pharmacy. The following arrangements apply to the treatment of co-payments for the purposes of the PBS Safety Net:

- Co-payments paid by NSW Health will contribute towards the Safety Net Scheme.

- Co-payments made by Aboriginal people under the CTG PBS Co-payment Program will contribute toward the PBS Safety Net. To ensure patients are not disadvantaged by their reduced co-payment, the amount recorded towards the Safety Net threshold is the higher, standard co-payment value.
- Co-payments waived for the supply of Opioid Treatment Program (OTP) medicines to patients in a NSW Health Service will not contribute towards the Safety Net Scheme.
- Patients who reach the PBS safety net threshold can apply for an entitlement/concession card in line with the Australian Government Safety Net Scheme.

Refer to the [PBS website](#) for further information on the procedures for issue of entitlement.

5.2. Medicines and patients exempt from charges

Patients **must not** be charged for the supply of medicines in the following circumstances:

Routine care and continuity of treatment

- Medicines associated with admitted patients (inpatient) and day admitted (same-day) care, irrespective of whether they are public or private patients.
- Medicines supplied to admitted patients on discharge.
- Small quantities of medicines supplied to patients (such as pre-packs) to support transition of care, including but not limited to hospital emergency departments, and community mental health and palliative care settings.

Specific programs and patient cohorts

- Supply of treatments as determined by emerging public health risks and specific directions issued by the Chief Health Officer, Health Protection NSW, or local public health unit directors.
- Supply of medicines for the treatment of presumptive or confirmed Tuberculosis (active or latent) and treatment-related complications, in accordance with NSW Health Policy Directive *Principles for the Management of Tuberculosis in New South Wales* ([PD2022_007](#)).
- HIV treatment for people in NSW who are not eligible for Medicare, in accordance with NSW Health Guideline *HIV treatment for people in NSW who are not eligible for Medicare* ([GL2024_003](#)).
- Supply of HIV pre-exposure prophylaxis (PrEP) to patients who are not eligible for Medicare, in line with NSW Health Guideline *Access to HIV pre-exposure prophylaxis (PrEP) for people in NSW who are not eligible for Medicare* ([GL2025_020](#)).
- Methadone and buprenorphine dispensed in the public sector under the NSW Opioid Treatment Program (OTP), in accordance with the NSW Health Guideline *NSW Clinical Guidelines: Treatment of Opioid Dependence* ([GL2018_019](#)).
- Depot injectable preparations of antipsychotic medicines for patients under a Community Treatment Order under the [Mental Health Act 2007](#) (NSW).

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- Patients attending a Sexual Assault Service, in accordance with NSW Health Policy Directive *Responding to Sexual Assault (adult and child) Policy and Procedures* ([PD2020_006](#)).
 - Medicines supplied for the purposes of a clinical trial.
 - Supply of medicines to Medicare ineligible asylum seekers, in accordance with NSW Health Policy Directive *Medicare Ineligible Asylum Seekers – Provision of Specified Public Health Services* ([PD2020_039](#)).
 - Supply of medicines to prisoners in a NSW public hospital, in line with NSW Health Policy Directive *Charging Arrangements for Hospitals and Other Health Services* ([PD2022_024](#)).
 - Supply of medicines under the Commonwealth [Life Saving Drugs Program](#) (LSDP).

5.3. Brand premium

Outpatients and admitted patients on discharge must not be charged a brand premium for any medicines supplied to them by NSW Health Service pharmacies.