



Government of **Western Australia**  
Department of **Health**  
**Public and Aboriginal Health Division**

## Communicable Disease Control Directorate Guideline

# Provision of HIV Treatment in Western Australia under the Federation Funding Agreement (Access to HIV Treatment for People Who Are Not Eligible for Medicare)

Guideline 0016 / July 2023

[health.wa.gov.au](http://health.wa.gov.au)

*These guidelines have been released by the Communicable Disease Control Directorate, Public and Aboriginal Health Division, Western Australian Department of Health, to provide consistent and evidence informed advice to agencies involved in the prevention of infections and management of communicable diseases in Western Australia.*

*This Guideline was developed in consultation with HIV GP S100 prescribers; Armadale Kalamunda Group; Fiona Stanley Hospital; Royal Perth Bentley Group; Sir Charles Gairdner Osborne Park Health Care Group and the WA Country Health Service.*

## **ACKNOWLEDGEMENT OF COUNTRY AND PEOPLE**

The Communicable Disease Control Directorate at the Department of Health acknowledge the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

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## 1.1 Definitions

Term	Definition
<b>Health service provider</b>	<ul style="list-style-type: none"> <li>A health service provider as established by an order made under section 32(1)(b) of the <i>Health Services Act 2016</i></li> </ul>
<b>Public hospital</b>	<ul style="list-style-type: none"> <li>As per the definition in section 8(6) of the <i>Health Services Act 2016</i>, a public hospital is               <ul style="list-style-type: none"> <li>a hospital controlled or managed by a health service provider or the Department of Health CEO (Director General); or</li> <li>a hospital declared to be a public hospital under subsection (7) of the <i>Health Services Act 2016</i>.</li> </ul> </li> </ul>
<b>The Program</b>	<ul style="list-style-type: none"> <li>Refers to the Federation Funding Agreement (FFA) – Health – Schedule for communicable diseases of public health concern – Access to HIV treatment for people who are not eligible for Medicare.</li> </ul>

## 1.2 Acronyms

Term	Definition
<b>Antiretroviral therapy medications</b>	ART
<b>Commonwealth Department of Health</b>	CDOH
<b>Federation Funding Agreement</b>	FFA
<b>Health Service Providers</b>	HSPs
<b>Medicare Ineligible ART Commonwealth Funded</b>	MIACF
<b>People living with HIV</b>	PLHIV
<b>People living with HIV who are Medicare Ineligible</b>	PLHMI
<b>Pharmaceutical Benefits Scheme</b>	PBS
<b>The Sexual Health and Blood-borne Virus Program</b>	SHBBVP
<b>Western Australia</b>	WA
<b>The Western Australian Department of Health</b>	DOH

## 2. Purpose

This Guideline outlines the eligibility criteria, prescribing and reimbursement requirements for prescribers and Health Service Providers (HSPs) under the Federation Funding Agreement (FFA) – Health – Schedule for communicable diseases of public health concern – *Access to HIV treatment for people who are not eligible for Medicare [‘the Program’] in Western Australia (WA)*.

## 3. Introduction and Background

Under the Program, people living with HIV (PLHIV) who are not eligible for Medicare (PLHMI) will continue to be able to access antiretroviral therapy (ART) medications listed on the Pharmaceutical Benefits Scheme (PBS) free of charge from public hospitals in WA.

In WA, in line with the rest of Australia, HIV is a notifiable disease. Treatment of a notifiable infectious disease in any patient classification and any patient eligibility are non-chargeable under the *Public Health Act 2016 (WA)*, when it is provided by a public official and the treatment is still required to prevent transmission of the disease to another person. The Program runs alongside this legislative requirement.

The Western Australian Department of Health (DOH) will disperse funding received from the Program to Health Service Providers to cover some of the costs of ART medications dispensed to PLHMI. The Program does not cover the cost of care or treatment related to diagnosing HIV, comorbidities, or any health condition arising from taking HIV medications.

The Australian Government has committed \$15 million per year to states and territories until June 2026 for this Program. The Program is expected to continue beyond 2026. The Program replaces compassionate access schemes for HIV ART operated by pharmaceutical companies.

The Program will enable PLHIV to meaningfully reduce their viral load and risk of ongoing transmission of HIV in WA and Australia for the duration of their stay in Australia or until they transition to another program (for example, by a change of visa status), such as Medicare.

The Western Australian HIV Strategy 2019 – 2023 seeks to virtually eliminate HIV transmission in WA. The Program will support this goal.

## 4. Requirements (of the Guideline)

### 4.1 Prescribing Clinicians Eligibility

Clinicians prescribing HIV ART under the Program must be accredited s100 prescribers under section 100 of the *National Health Act 1953 (Commonwealth)*.

### 4.2 Patient Eligibility

To be eligible for the Program, a patient must:

- be ineligible for Medicare
- not currently be serving a custodial term in prison (refer to [WA Health Patient Fees and Charges Manual 2023/24](#))
- be receiving appropriate specialist medical care as an inpatient or outpatient in a public hospital
- report that Australia is their usual place of residence

- be assessed by the prescribing clinician as there being public health benefit for the patient to receive ART while in Australia (prescriber perceives patient to be at risk of HIV transmission and/or potential for patient to achieve undetectable viral load while residing in Australia).

### 4.3 Medication Eligibility for Prescribing under the Program

ART dispensed for HIV treatment under this Program are restricted to PBS listed medications, including injectable ART.

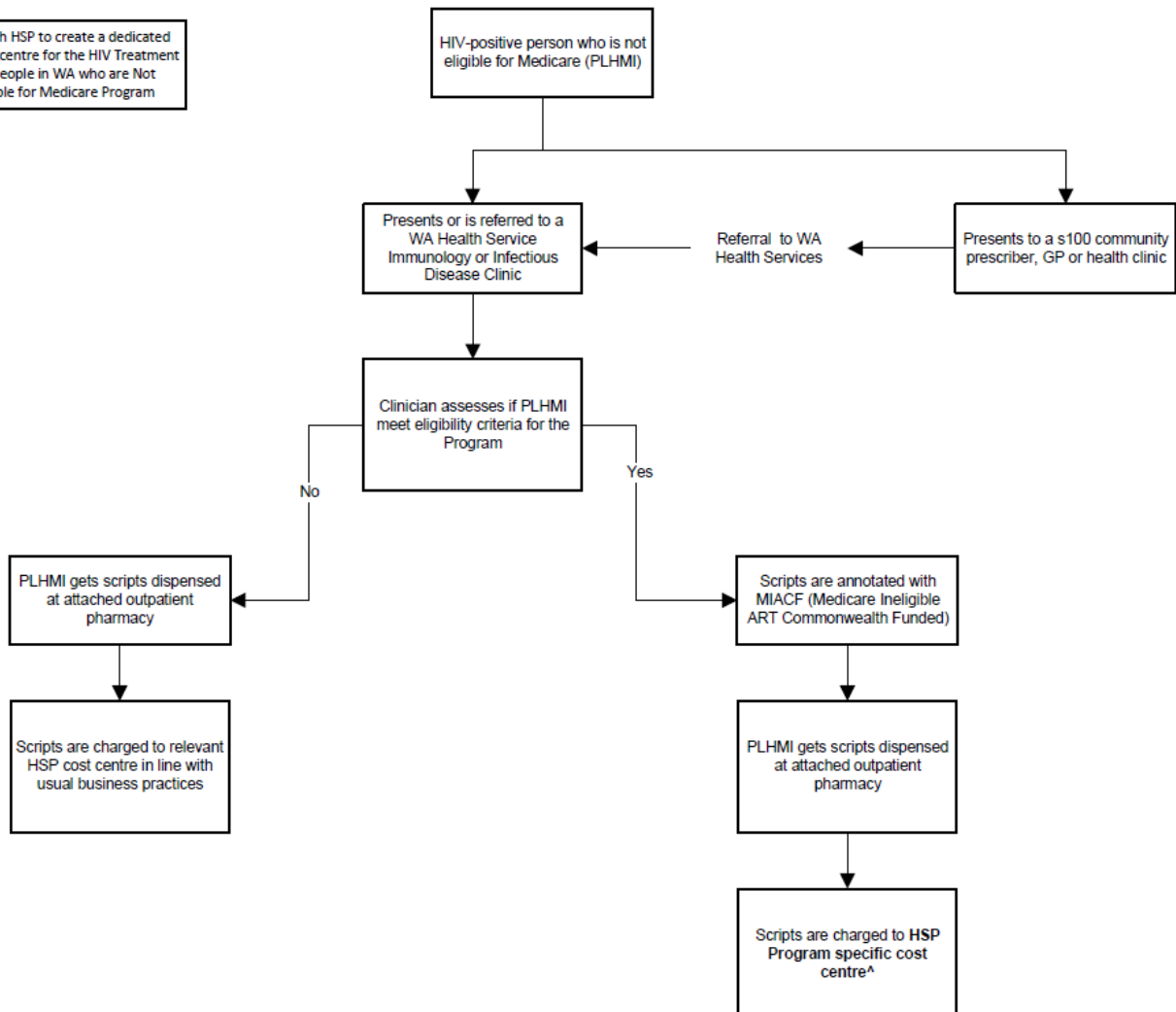
Each Health Service Provider as an entity is responsible for determining their own policy for eligible medications from the PBS, including the quantity that can be prescribed, up to the PBS authorised maximum quantity and number of repeat prescriptions. Please refer to the [Statewide Medicines Formulary Policy](#) and [Formulary One](#) for prescribing information.

### 4.4 Process for prescribing and dispensing medications under the Program

#### 4.4.1 Outpatients

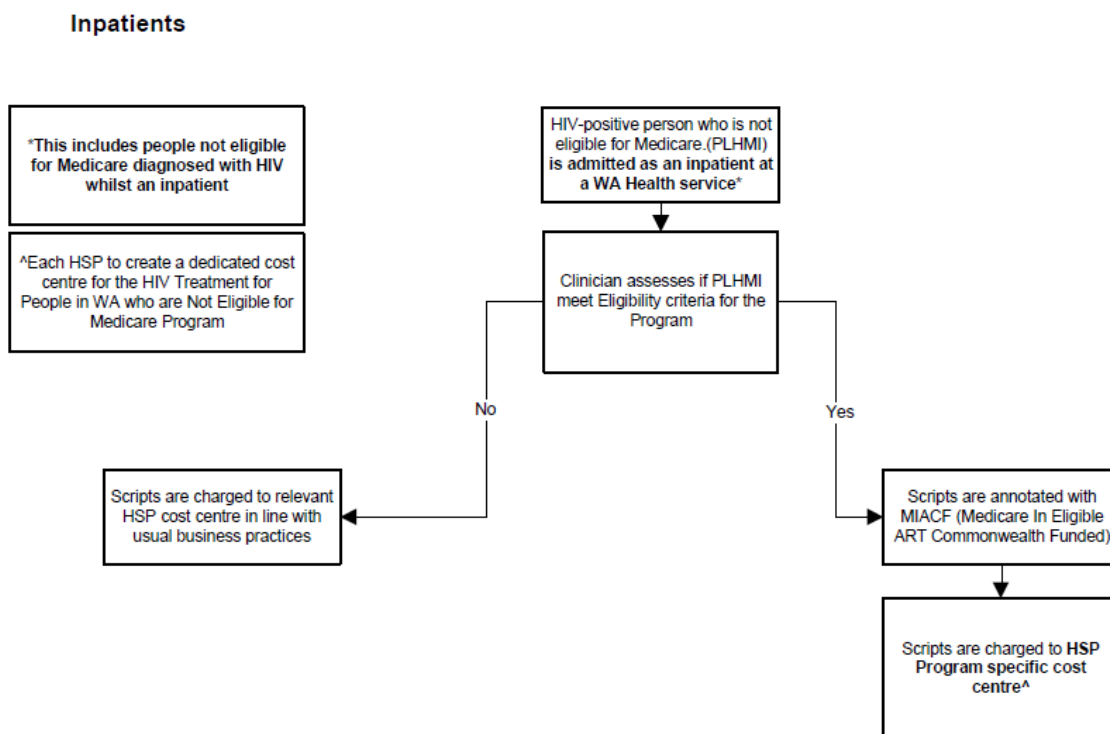
##### Outpatients

^Each HSP to create a dedicated cost centre for the HIV Treatment for People in WA who are Not Eligible for Medicare Program



1. PLHMI presents to a WA Health Immunology or Infectious Disease clinic or is referred by a GP or Health Clinic.
2. Clinician assesses if PLHMI meets eligibility criteria for the Program.
3. If the PLHMI is eligible, the prescriber will annotate their prescriptions with “MIACF” (Medicare Ineligible ART Commonwealth Funded).
4. Script is to be dispensed at associated Outpatient Pharmacy and charged to a dedicated Program cost centre, created by each HSP.

#### 4.4.2 Inpatients and Day patients



1. PLHMI presents to a WA Health service and is admitted as an inpatient or day patient.
2. If patient is continuing or beginning ART whilst an inpatient, clinician assesses if PLHMI meets eligibility criteria for the Program.
3. If the PLHMI is eligible, the prescriber will annotate their prescriptions on the medication chart with “MIACF” (Medicare Ineligible ART Commonwealth Funded).
4. Inpatient Pharmacy dispensary is to dispense medication and charge to a dedicated Program cost centre, created by each HSP.
5. When the PLHMI is discharged, eligible discharge medications are to be charged to the dedicated Program cost centre.

#### 4.5 Reporting Requirements

Reporting, as per the criteria in Table 1 and due dates in Table 2, will be organised through Health Support Services. This will be reviewed, compiled and submitted by the Sexual Health and Blood-borne Virus Program (SHBBVP), DOH to the Commonwealth Department of Health (CDOH). The report will be sent to the email [HIV@Health.gov.au](mailto:HIV@Health.gov.au).

For quality assurance, the SHBBVP may contact Chief Pharmacists and clinicians to check the accuracy of reported costs and patient numbers before submission to the CDOH.

**Table 1. Reporting criteria for Activity Reports**

	Activity Report (by HSP)	Input
1	Total number of people who received antiretroviral therapy (ART) medications for the treatment of HIV under this program for the period.	<Total number of people>
2	Total cost of ART medications for the treatment of HIV under this program for the period.	<Total expenditure – no rounding>
3	Types of ART medications dispensed under this program for the period; and if possible, number of scripts dispensed per medication type.	<Provide a list as an attachment>
4	Total number of scripts dispensed under this program for the period.	<Total number of scripts>
5	Total number of sites dispensing HIV treatment to people who are not eligible for Medicare at end of reporting period (30 June).	<Total number of sites>

**Table 2. Reporting periods and report due dates for funding**

Reporting Period	Report Due date
July 2022- June 2023	10 July 2023
July 2023- June 2024	10 July 2024
July 2024- June 2025	10 July 2025
July 2025- June 2026	10 July 2026

#### 4.6 Reimbursement of Health Service Providers

DOH will receive funding from the CDOH annually as part of the FFA associated with the Program. This funding will be dispersed pro-rata among HSPs based on total expenditure reported in the prior financial year of medications dispensed under the Program.

Please note it is anticipated the Program will not cover the full cost of medications purchased by HSPs for dispensing to PLHMI. HSPs will take responsibility for the outstanding expenses.

#### 4.7 Evaluation of the Program

The SHBBVP, DOH will coordinate the WA response to the evaluation of the Program.

HSPs and other stakeholders will be asked to provide voluntary biannual feedback on the Program including:

- issues encountered or suggested improvements
- activities undertaken to promote the initiative.

Any feedback of the Program that HSPs wish to provide out of the evaluation reporting period can be sent directly to the Manager, SHBBVP at [shbbvp@health.wa.gov.au](mailto:shbbvp@health.wa.gov.au).



## 5. Relevant Legislation

- [Public Health Act 2016](#)
- [Health Services Act 2016](#)

## 6. Additional Resources

- [WA Health Patient Fees and Charges Manual 2023/24](#)
- [Statewide Medicines Formulary Policy](#)
- [Formulary One](#)

## 7. Guideline Contact

Enquiries relating to this Guideline may be directed to:

The Manager

Sexual Health and Blood-borne Virus Program

Communicable Disease Control Directorate

Email: [shbbvp@health.wa.gov.au](mailto:shbbvp@health.wa.gov.au)

## 8. Document Control

Guideline number	Version	Published	Review Date	Amendments
0016	V.1.	18/07/2023	18/07/2024	Original version

## 9. Approval

<b>Approved by</b>	Dr Jelena Maticevic, Director, Communicable Disease Control Directorate, Department of Health
<b>Approval date</b>	21 July 2023

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