Expansion of the Closing the Gap Pharmaceutical Benefits Scheme Co‑payment Program –   
Information for Community Pharmacies

# What is the Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment Program?

The CTG PBS Co-payment Program improves access to affordable PBS medicines for First Nations people living with, or at risk of, chronic disease, and who in their doctor’s opinion, would experience setbacks in the prevention or ongoing management of chronic disease if they did not take their prescribed medicine and would be unlikely to adhere to their medicines regimen without assistance through the program.

The cost of medicines remains a significant barrier to access for First Nations people. Under the CTG PBS Co-payment Program, eligible First Nations people who are registered on the CTG PBS Co-payment Register and who would normally pay the full general PBS co-payment amount, pay the concessional rate when obtaining PBS medicines from their local community pharmacy, approved medical practitioner, or private hospital. Eligible patients who would normally pay the concessional rate receive their PBS medicines for free, without having to pay a co-payment.

# What is changing?

* Prior to 1 July 2024, the CTG PBS Co-payment Program only applied to section 85 or ‘general schedule’ PBS medicines, when dispensed by a community pharmacy, approved medical practitioner or private hospital.
* From 1 July 2024, the program has been expanded to also apply to section 100 PBS medicines dispensed by community pharmacies, approved medical practitioners and private hospitals.
* This also includes all section 100 PBS medicines supplied under Continued Dispensing arrangements.
* From 1 January 2025, the CTG PBS Co-payment Program will be further expanded to include all PBS medicines (including section 85 and section 100 medicines) dispensed by public hospitals.

# What additional PBS medicines are now covered under the CTG PBS Co-payment Program?

* Additional PBS medicines covered under the expanded CTG PBS Co-payment Program encompass all PBS medicines included under the following five Section 100 Programs:
  + **Highly Specialised Drugs Program** – which includes opioid dependence treatment, hepatitis B, and HIV antiretroviral medicines.
  + **Efficient Funding of Chemotherapy Program**
  + **Botulinum Toxin Program**
  + **PBS Growth Hormone Program**
  + **In Vitro Fertilization (IVF) Program**

Details of each of these programs can be found on the PBS website at: [www.pbs.gov.au](http://www.pbs.gov.au/)

# What do the changes mean for patients?

* Eligible CTG patients will now benefit from a reduced co-payment or no co-payment for all their PBS medicines in all treatment settings and locations where PBS medicines are available.

# What is not changing?

* Any PBS prescriber or Aboriginal and Torres Strait Islander Health Practitioner registered with Medicare as a provider can register eligible First Nations people for the CTG PBS Co-payment Program, via Health Professional Online Services (HPOS) if they are not already registered.
* PBS prescribers are no longer legally required to write or electronically print ‘CTG’ on eligible PBS scripts for registered First Nations patients. However, annotation of a PBS script will help pharmacists recognise that a patient is registered for the CTG PBS Co-payment Program when dispensing a patient’s PBS medicines.
* If an eligible First Nations person is registered for the program the PBS Online claiming system will verify this in real time. If the ‘Closing the Gap’ field has been completed in the dispensing system, this will trigger the correct pricing and the claim will be processed. If that field has not been completed, a claim will be rejected and will need to be resubmitted.
* Pharmacists will be able to confirm if a First Nations person is registered for the CTG PBS Co-payment Program via HPOS.
* New reason codes are being provided for PBS claiming which will also indicate to a pharmacist whether or not a First Nations person is registered for the CTG PBS Co-payment Program when dispensing a general schedule PBS script or section 100 PBS script.
* PBS scripts issued by public hospital prescribers will continue to be eligible under the program when dispensed by a community pharmacy.

**Please note:**

* The changes to the CTG PBS Co-payment Program only relate to the range of available PBS medicines covered by the program. There will be no changes to current PBS medicine supply arrangements for community pharmacies, approved medical practitioners, or private and public hospitals.
* Where a brand premium applies to a PBS medicine covered under the CTG PBS Co-payment Program, CTG registered patients will need to pay the brand premium at the time of dispensing.
* CTG claiming is based on date of dispense and not date of prescription. Existing PBS scripts and repeats can be claimed under the CTG PBS Co-payment Program if dispensed after CTG registration.
* Questions regarding changes to the dispensing software used within a community pharmacy should be directed to the respective software vendor.