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# Supply of Pharmaceuticals and Medical Supplies Procedure

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## 1. Guiding Principles

In general, pharmaceuticals and other medical supplies should not be supplied to consumers of the Midwest Mental Health and Community Alcohol and Drug Service (MMH&CADS) however pharmaceuticals may be supplied to disadvantaged clients where specific criteria are met and approved by the Clinical Director or Team Leader.

This practice is supported by the WA Country Health Service (WACHS) [Outpatient Supply of Non-PBS Medications Policy](#). Non-PBS Pharmaceutical or Other Medical Supplies to WACHS Outpatients Policy, the approval for which is required from the WACHS Midwest Medical Director after prior approval from the Clinical Director MMH&CADS.

This procedure outlines the criteria and approval processes required by MMH&CADS to authorise co-payments for PBS pharmaceuticals, escalate approval for non-PBS pharmaceuticals, or pay for other medical supplies for disadvantaged clients of the service.

If the criteria and approval process below is met, the pharmaceuticals and/or medical supplies are to be supplied via agreed on local protocols (e.g. client's choice of pharmacy with invoice sent to MMH&CADS or via WACHS Midwest Pharmacy and costed to the relevant mental health department).

## 2. Procedure

### 2.1 Criteria

- The pharmaceuticals/supplies are essential to the psychiatric treatment of the patient
- The pharmaceuticals form part of the treatment the person is receiving under the [Mental Health Act 2014](#) (WA) and/or disadvantage is substantiated
- The severity of symptoms of the client's condition or their age prevents them from accessing employment and/or effectively managing their finances to enable payment for the pharmaceuticals from their own resources
- A plan is in place to treat and stabilize the client's symptoms and/or develop processes to assist them to manage their finances in the longer term
- Provision of pharmaceuticals is to be limited to psycho-pharmaceuticals unless there are exceptional circumstances that have prior approval from the Clinical Director or the Regional Manager
- Provision of other medical supplies (unrelated to psychiatric treatment) is to be limited to exceptional circumstances which place the client's health at risk and which have prior approval from the Regional Manager
- Use of the cheapest generic brand medication is to be supplied.

### Depot medication

- Is to be paid for if MMH&CADS is requiring the client to receive depot i.e. under Community Treatment Order (CTO)
- Is to be paid for if a client has a health care card and the treating clinician judges this payment for medication to be appropriate
- A once-off application form is to be completed in these instances rather than the six (6) month approvals process.

### 2.2 Approval Process

1. Approvals are to be granted for a maximum of six (6) months (with the exception of depot medications as above) using a Welfare application form which can be accessed via the Administration Assistant. This form is to be approved by the Clinical Director MMH&CADS or Team Leader
2. If an extension is required, the Treating Psychiatrist or Team Leader is required to consult with the Clinical Director for approval and co-signing of the approval form
3. If the medication required is non-PBS, approval is required in the first instance by the Clinical Director MMH&CADS and secondly by the WACHS Midwest Medical Director
4. A copy of the signed form is to be saved within the corporate filing system and the original kept in the client's medical record

### 3. Definitions

<b>Non-PBS Pharmaceuticals</b>	Drugs where the drug or supply is not available under any scheme e.g. PBS, Silver Chain programs, Stoma Appliance Scheme
<b>PBS</b>	PBS Schedule lists all of the medicine available to be dispensed to patients and a Government-subsidised price. The PBS Schedule is part of the wider Pharmaceutical Benefits Scheme managed by Department of Health and administered by Department of Human Services. The scheme is available to all Australian residents who hold a current Medicare card.

### 4. Roles and Responsibilities

#### Treating Psychiatrist

- To assess whether patients meet the criteria for the supply of pharmaceuticals or medical supplies in conjunction with the case manager
- To seek approval from the Team Leader for up to a six (6) month supply of pharmaceuticals or medical supplies
- Supply the Team Leader with a copy of the approval form (see Appendix 1) for approval and entering onto the register
- To seek approval via the Clinical Director for the supply of pharmaceuticals or medical supplies that exceeds six (6) months

### Team Leader

- To assess whether patients meet the criteria for the supply of pharmaceuticals or medical supplies in conjunction with the Case Manager
- To approve up to a six (6) month supply of pharmaceuticals or medical supplies and keep a copy of the approval form (see Appendix 1) for entering onto the register
- To seek approval via the Clinical Director for the supply of pharmaceuticals or medical supplies that exceeds six months

### Clinical Director

- To ensure that Treating Psychiatrists work within the criteria outlined in this procedure
- To assess and approve applications for supplies that exceeds six (6) months

### Case Manager

- To liaise with Treating Psychiatrist or the Team Leader if recommending that a patient be supplied with pharmaceuticals or medical supplies to ensure that the criteria for approval is met
- Initiating review of arrangements and making a recommendation for continuation or cessation of supply, within the six month approval timeframe

## 5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

## 7. Evaluation

Monitoring of compliance with this document is to be carried out by MMH&CADS budget management and incurring of expenses as part of monthly finance processes. This procedure is to be reviewed at least every 2 years

## 8. Standards

[National Safety and Quality Health Service Standards](#) - 4.01, 4.02, 4.03, 4.05, 4.15  
[National Standards for Mental Health Services](#) - 10.5.6, 10.5.7, 10.5.10

## 9. Legislation

[Mental Health Act 2014](#)

## 10. References

[WACHS Great Southern Mental Health Service Supply of Pharmaceuticals and Medical Supplies Procedure](#)

## 11. Related Forms

[Application for Supply of Pharmaceutical or Medical Supplies Form \(Appendix 1\)](#)

## 12. Related Policy Documents

[WACHS Outpatient Supply of Non-PBS Medications Policy](#)

## 13. Related WA Health System Mandatory Policies

Nil

## 14. Policy Framework

[Mental Health Policy Framework](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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**Appendix 1: Application for Supply of Pharmaceutical or Medical Supplies Form**

Midwest Mental Health and Community Alcohol and Drug Service <b>APPLICATION FOR SUPPLY OF PHARMACEUTICAL OR MEDICAL SUPPLIES FORM</b>	[affix patient sticker if available] <b>Patient Name: DOB:</b>
<b>NAME OF STAFF MEMBER:</b>	<b>DATE OF APPLICATION:</b>
<b>RATIONALE FOR APPLICATION</b> Provide details of pharmaceuticals or medical supplies required:  Provide rationale for supply:	
Please put a commencement and expiry date for each medication/item listed. <b>DATE OF COMMENCEMENT OF SUPPLY:</b>  <b>DATE OF EXPIRY OF SUPPLY:</b>	
<b>Applicant's signature:</b>	<b>Date:</b>
<b>TREATING PSYCHIATRIST OR TEAM LEADER SIGN OFF</b>	
<b>Signature:</b>  <b>Name:</b>	<b>Date:</b>
Application Supported <input type="checkbox"/> Application Not Supported <input type="checkbox"/>	
<b>Comments</b>	
<b>APPROVALS OVER SIX MONTHS – CLINICAL DIRECTOR APPROVAL</b>	
<b>Name:</b>	Application supported <input type="checkbox"/> Application not supported <input type="checkbox"/>
<b>Signature:</b>	<b>Date:</b>
<b>Comments from Clinical Director:</b>  <b>Date for review of supply:</b>	