



Independent
Review Office

IRO Inquiry Report
Pharmacy Accounts
May 2024

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1. Background

Clause 6 of Schedule 5 to the *Personal Injury Commission Act 2020* (NSW) (PIC Act) provides that a function of the Independent Review Officer is to inquire into and report to the Minister on any matters arising in connection with the operation of laws (including workers compensation (WC) and Compulsory Third Party (CTP) legislation) as the Independent Review Officer considers appropriate.

Clause 7 provides that the Independent Review Officer may request from insurers specified information that is reasonably required for the purpose of exercising these functions.

2. What are pharmacy accounts?

The effect of section 60 of the *Workers Compensation Act 1987* (NSW) (WCA) is that if, as a result of a compensable injury received by a worker, it is reasonably necessary that medicines or medical supplies (medications) be given, the insurer is liable to pay the cost of this treatment. There are rules for this supply – such as that the medications must be prescribed by a medical practitioner or dentist and supplied by a pharmacist.

Section 3.24 of the *Motor Accident Injuries Act 2017* (NSW) (MAIA) is to a similar effect, in that a person injured in a motor accident is entitled to statutory benefits for the reasonable cost of treatment and care expenses (including pharmaceutical expenses) incurred in connection with providing treatment and care, unless the treatment was not reasonable and necessary or did not relate to the motor accident injury. Additionally, clause 4.113 of the *Motor Accident Guidelines*¹ provides that '*insurers should request details of regular service providers to establish direct billing and reimbursement between the insurer and provider to reduce the financial burden on the claimant*'.

The State Insurance Regulatory Authority (SIRA) Better Practice Guide, *Medication Management in the NSW personal injury schemes*² – which applies to both the WC and CTP schemes – provides for the invoicing by pharmacies for medication, including for direct billing accounts (also known as pharmacy accounts), where medication costs are billed directly to the insurer.

Insurance and Care NSW (icare)³ has published a fact sheet, *Medication in the workers compensation scheme* (2021)⁴, that sets out the ways to pay for claim related medication, including direct billing by the pharmacist (noted as the preferred method). The fact sheet notes: '*You can request that a pharmacy account be set up for medications approved for your*

¹ *Motor Accident Guidelines* (version 9.2, effective 10 November 2023), accessed at: https://www.sira.nsw.gov.au/_data/assets/pdf_file/0010/1209997/Motor-Accident-Guidelines-version-9.2.pdf

² *Medication management in the NSW personal injury schemes* – SIRA, accessed at: <https://www.sira.nsw.gov.au/resources-library/motor-accident-resources/publications/for-professionals/medication-management-in-the-nsw-personal-injury-schemes-better-practice-guide> and <https://www.sira.nsw.gov.au/for-service-providers/treatment-advice-centre/medication-management-in-the-nsw-personal-injury-schemes-better-practice-guide?msclkid=7e06ce7fc77e11ec865cbe155e55e933>

³ IRO has reviewed CTP websites of CTP insurers NRMA, QBE and GIO (29 Apr 2022) and has not identified similar published information.

⁴ [Medication in the Workers Compensation Scheme \(1\).pdf](#)

compensable injury. This will allow for medications to be supplied to you with payment made directly to the pharmacist by the insurer.'

The Independent Review Office (IRO) is also aware of at least one CTP insurer that utilises the services of *Claims Pharmacy*. Claims Pharmacy couriers medication to injured persons, at no cost to the person, and medication costs are billed directly to the insurer. Details of how the program operates are outlined below:

The service works by using data to monitor an injured worker's medication use. It also helps to simplify their recovery journey by making it easy for them to access prescribed medication without being out of pocket. Once a script is received, Claims Pharmacy will dispense and deliver medication directly to the worker's home, then submit an invoice to [the insurer].

At its simplest level, the Claims Pharmacy program streamlines how injured workers can access the medication they need. It does this in a time-efficient manner to support them in their recovery journey, as well as making sure their consumption is safe. But it plays another essential role by removing the need to ask for payment of out-of-pocket expenses.

...

Claims Pharmacy has a prescription monitoring system. It helps identify patients who are on high doses of high-risk medication or at risk of combining dangerous doses of medication prescribed by multiple providers.⁵

This initiative can substantially improve the experience for injured persons on the recovery journey, as it removes the need to ask for out-of-pocket payment and promotes monitoring of prescriptions, for example, to identify potential drug dependency issues.

Other jurisdictions around Australia also adopt pharmacy accounts. For example, the Commonwealth Comcare scheme enables an employee who has an accepted claim for compensation under the legislation to apply for pharmaceutical services, supported by information from their medical practitioner.⁶

WorkCover in Western Australia also adopts a similar scheme, with invoices for medications usually submitted to the relevant insurer for payment.⁷ Similarly, WorkSafe Victoria provides for an injured worker to be able to ask a registered pharmacy if they are willing to send invoices

⁵ <https://www.allianz.com.au/news-and-articles/workers-compensation-articles/claims-pharmacy-helps-to-speed-up-worker-recovery-processes.html>

⁶ <https://www.comcare.gov.au/service-providers/medical-allied-health/pharmacists>

⁷ <https://www.workcover.wa.gov.au/health-providers/pbs-medications/pharmacy-info-sheet-2021/>

directly to the insurer (known as an Agent)⁸, with detailed invoicing requirements outlined in guidance for pharmacists.⁹

IRO Data

The IRO collects information on complaints made by injured persons (that is, persons injured at work or in motor accidents).

Injured persons make complaints about delays by insurers in reimbursing them for medication expenses. In addition, injured persons may complain about delays in weekly payments, and inform the IRO about impacts including that they cannot afford medications because of the delayed payments.

Data in relation to both WC and CTP schemes was extracted from Resolve, IRO's case management system, including the 'summary' section of cases which referred to various keywords (including 'pharmacy', 'medicine', 'chemist'). Where a complaint related to a pharmacy account, this was verified as a relevant complaint and counted in the totals.

Data analysis conducted by the IRO indicated that:

- 40 CTP complaints were received from March 2021 to July 2022 in relation to medication expenses, and
- 723 WC complaints were received from July 2019 to July 2022 which were about, or related in part to, medication expenses.

3. Stakeholder feedback

IRO received feedback following an information request from five insurers regarding the use of pharmacy accounts between March 2022 to March 2023 including:

- Coles Group Limited (WC self-insurer)
- QBE Insurance (CTP insurer)
- the Nominal Insurer (icare)¹⁰
- Suncorp¹¹
- StateCover Mutual Limited (WC specialised insurer)

In addition, general feedback was also sought from Guild Insurance, an insurance provider for allied healthcare professionals across Australia. Guild Insurance was contacted with an invitation to provide general feedback.

⁸ https://www1.worksafe.vic.gov.au/vwa/claimsmanual/Claims_Manual/4-medical-and-like/4.5_A-Z_medical_and_like/Pharmacy/4.5.34.1.htm

⁹ *Requirements for Invoicing, WorkSafe Victoria*, accessed at: <https://content-v2.api.worksafe.vic.gov.au/sites/default/files/2021-07/ISBN-Requirements-for-invoicing-wsv-information-for-pharmacists-2021-07.pdf>

¹⁰ icare acts for the Nominal Insurer and engages Claims Service Providers to manage claims on behalf of the Nominal Insurer. It also acts for the Self-Insurance Corporation (SiCorp) to manage Treasury Managed Fund claims and is responsible for Workers Care and CTP Care.

¹¹ Suncorp is the parent company of GIO, which is a claims service provider for icare as well as a licenced CTP insurer, and AAMI, which is another licenced CTP insurer.

Based on the data from the five insurers, over 10,900 injured persons accessed pharmacy accounts and over 3,800 pharmacies had pharmacy accounts between March 2022 and March 2023.

Given the variable uptake of pharmacy accounts by injured persons and insurers across NSW, stakeholders were invited to outline their approach to pharmacy account use.

The most common methods, based on responses from all insurers (with Coles subsequently clarifying that they offer pharmacy accounts to injured workers), were to offer a pharmacy account in the initial stakeholder contact with an injured person by their claim service provider or manager, through telephone, email and follow up correspondence. icare also indicated that a pharmacist may suggest setting up an account in various circumstances.

Responses from QBE, icare TMF, icare claims service providers and icare Workers Care indicated that pharmacy accounts were also offered during the progress of the claim where it was clear that the injured person may benefit from this arrangement.

StateCover reported that an account is offered when the injured person is experiencing financial hardship, difficulty accessing the pharmacy in their location, or where a high volume of medications are prescribed and dispensed. Similarly, Suncorp outlined the circumstances in which an account is offered, as follows:

- Vulnerable customers with high medication or medical needs
- Financial constraints experienced by the injured person, such as not being able to pay out of pocket and then claim reimbursement from Suncorp
- Injured persons having trouble remembering their medications and/or remembering what Suncorp is able to cover versus medications which are their own responsibility
- Customers trying to claim non-accident related medications on a repeated basis
- Suncorp set up the account with an approved list of medications for which it will pay
- Concerns about high medication use or using medications concurrently that are impacting on wellness.

Based on the information provided, it is apparent that some insurers are already adopting a targeted approach to promoting the use of pharmacy accounts by particular groups of injured persons.

Part 10 of the General Insurance Code of Practice¹² addresses financial hardship. While the Code does not apply to most workers compensation insurers, it contains useful information including guidance on identifying people who may be experiencing financial hardship.

¹² General Insurance Code of Practice, Part 10, accessed at:
<https://insurancecode.org.au/resources/general-insurance-code-of-practice-2020/#section-divider9>

Insurer	Pharmacy Account Use	Criteria to request an account (Reasonable and necessary (CTP) or reasonably necessary (WC), and causally related to the claim, that is, the medication must be for the treatment of the person’s compensable injury. ¹³)	Information provided
Coles	<p>All injured workers may elect to set up a pharmacy account.</p> <p>Either provide approval and pay the pharmacy invoice directly or reimburse the injured worker.</p> <p>Will consider pharmacy accounts if requested by the injured worker and if the pharmacy was agreeable.</p>	N/A	<p>Adopts a pharmacy management plan for injured workers who are taking multiple or complex combinations of medications:</p> <ul style="list-style-type: none"> • This document is sent to all prescribers on the claim and asks them to provide the current dose. • For schedule 8 medications the document also asks the prescriber to comment on a plan for weaning the medication. • A copy is then sent to the pharmacy, to make it aware of the medications that are covered under the claim.
QBE	From March 2022 to March 2023, QBE CTP and Claims Pharmacy helped facilitate	The request for treatment must be reasonable and necessary, and causally related to the claim.	<ul style="list-style-type: none"> • Email is sent to the injured person advising them how to access the service.

¹³ The test for whether a treatment expense is payable is 'reasonably necessary' for workers compensation matters and 'reasonable and necessary' for CTP matters.

	<p>medication supply through pharmacy accounts to 124 injured persons.</p>		<ul style="list-style-type: none"> • When arranging a direct account with a pharmacy the injured person will receive approval correspondence. • If the medication is not approved, correspondence will be sent to the injured person explaining why.
<p>StateCover</p>	<p>Between March 2022 and March 2023, StateCover reported that it paid pharmacy expenses on 486 claims. Of those 486 claims:</p> <ul style="list-style-type: none"> • 25 had pharmacy accounts (5%) • 427 were reimbursements directly to workers • 31 were paid directly to hospitals on behalf of workers following treatment • three were paid as reimbursement to the employer <p>12% of pharmacy expenses were paid either to a pharmacy directly, or hospitals or employers, with the remaining 88% of pharmacy expenses reimbursed directly to injured workers.</p>	<p>Unusual for a request to be denied, given that it provides efficiency for the worker and cost effectiveness for StateCover in most cases.</p> <p>StateCover noted that it advises the relevant pharmacy that it will only pay for reasonably necessary medication required for the person’s work-related injury.</p>	<ul style="list-style-type: none"> • Arrangements are generally kept informal, however if requested, it will provide a formal approval letter to the pharmacy. • It is a financial transaction account arrangement between the pharmacy and StateCover with an assessment carried out as to whether the treatment is reasonably necessary.
<p>Suncorp</p>	<p>Suncorp noted that GIO WC and NSW CTP Claims are aligned in terms of offering pharmacy accounts on a case-by-case basis and as needed.</p>	<p>Decided on a case-by-case basis, and if the medication use was not accident-related it would be refused.</p>	<p>Injured person provided with a copy of the approval document that it has sent to the pharmacy to ensure that they can also see the list of approved medications and items.</p>

Eight pharmacy accounts for eight customers, however, noting that this varies from month to month.

For pharmacy accounts, the majority of expenses would be billed through the pharmacy account (estimate of around 85% to 90%).

<p>icare (providing data for claims service providers, CSPs)</p>	<ul style="list-style-type: none"> • Allianz (TMF portfolio) advised of the following data, which it noted to be approximate: <ul style="list-style-type: none"> ○ 97 pharmacies/chemists had pharmacy accounts ○ 190 injured workers utilise pharmacy accounts ○ 11% of the claims are billed directly to a pharmacy ○ 89% of the claims are reimbursed directly to the injured person • EML (TMF portfolio) advised it does not specifically track or hold pharmacy account data. It was, however, able to provide estimates as follows: <ul style="list-style-type: none"> ○ 1,608 claims had pharmacy accounts ○ 1,393 had accounts open as at 30 March ○ 68% of the claims are billed directly to a pharmacy ○ 32% of the claims are reimbursed directly to an injured person 	<p>icare TMF</p> <ul style="list-style-type: none"> • CSP would not refuse a request to set up a pharmacy account if the injured worker's chosen pharmacy agrees, however, consideration is given to the approved list of medication that the worker is taking. 	<p>icare TMF</p> <ul style="list-style-type: none"> • An injured worker will be contacted by telephone, email or letter to advise that the pharmacy account has been established, confirmation of the medications covered and the duration of coverage, and that the accounts will be settled with the pharmacy directly.
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	icare CSPs	icare CSPs	icare CSPs
	<ul style="list-style-type: none"> • Pharmacy expenses were paid to 1,917 unique vendor/supplier Australian Business Numbers (ABNs) • The number of injured workers for whom pharmacy expenses were paid to a vendor/supplier was 9,156 • The proportion of injured workers who claim pharmacy expenses who had expenses paid to a vendor/supplier was 38% • Proportion of expenses paid to: <ul style="list-style-type: none"> ○ a vendor or supplier was 52% ○ reimbursed to injured persons was 48%. 	<ul style="list-style-type: none"> • Reported that the use of pharmacy accounts is encouraged and all CSPs are advised there is no set criteria and that they would not refuse setting up an account. • The circumstances that an injured worker would be offered a pharmacy account includes: <ol style="list-style-type: none"> 1. Where an injured worker is on regular medications with ongoing prescriptions, 2. An injured worker with high risk medications from the data, 3. As an outcome of a pharmacy review from Claims Pharmacy, 4. For direct accounts with pharmacies, it is often in response to a worker's request, 5. Where an injured worker has experienced financial hardship. 	<ul style="list-style-type: none"> • The injured worker is advised that the account is established for the list of approved medications and that the relevant pharmacy will invoice the CSP directly. • CSPs are also advised that for Claims Pharmacy, they may communicate directly with the injured worker. • One CSP also advised that it will inform the injured worker that medications not on the approved list will not be covered, and any additional required medications need to be notified to the CSP.

	<p>icare Workers Care</p> <ul style="list-style-type: none"> • 142 pharmacies/chemists had pharmacy accounts • 146 injured workers utilise pharmacy accounts • 91.5% of workers with pharmacy expenses have these costs met through an account • 95.3% of total pharmacy expenses are paid to pharmacies through accounts 	<p>icare Workers Care</p> <ul style="list-style-type: none"> • Outlined that as the model of support provided by the Workers Care program aims to reduce the impact of a catastrophic workplace injury on the injured worker, all injured workers are offered the option to set up a pharmacy account and this is unlikely to be refused. <p>icare CTP Care</p> <p>There may be reasons why establishing a direct pharmacy account would not be approved. This includes, but is not limited to:</p> <ul style="list-style-type: none"> • If the location is not reasonably accessible by the client • If the client already had an established direct pharmacy account. Multiple pharmacy accounts on a claim would not be set up unless in exceptional circumstances. 	<p>icare Workers Care</p> <ul style="list-style-type: none"> • The injured worker has an icare contact or case manager who will explain the process for funding injury-related medication and the option is provided to set up a pharmacy account with a pharmacy chosen by the injured worker. • The injured worker receives an Approval Notice from Workers Care that lists the injury-related medications that are approved to be funded through the selected pharmacy. The injured worker is advised that the pharmacy also has the approved medication list. <p>icare CTP Care</p> <ul style="list-style-type: none"> • The pharmacy selected is agreed to with the injured person and they are provided with an approval notice for the medications approved with the pharmacy, along with an approval to the pharmacy, so both parties are familiar with the funding arrangement.
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4. Benefits of pharmacy accounts

There may be many different reasons for establishing a pharmacy account and they can contribute to different system objectives, including:

Providing prompt treatment and payment for reasonable treatment¹⁴:

- for an injured person in financial hardship, establishing a pharmacy account avoids the need to pay for medications upfront and ensures the person can obtain medication even if they cannot afford it upfront
- a pharmacy account may overcome any difficulty faced by an injured person in accessing the pharmacy in or near their location for ease and convenience
- for an injured worker who is on regular medications with ongoing prescriptions, an account can assist them to have peace of mind that access is ongoing, and
- for an injured worker with a high-risk medication, as determined from the data available to the claim service provider/insurer, accessing the medication safely through oversight of medication use (benefit from a single dispenser who has oversight).

Contributing to system objectives focused on efficiency¹⁵:

- a pharmacy account may reduce the administrative burden of managing a claim for both the injured person and the insurer
- an account may also be more cost effective and efficient where a high volume of medications are prescribed and dispensed for treatment
- billing being on a regular basis (most often it is monthly, but may be weekly for high-cost medication), with the frequency of billing determined by the pharmacy, and
- medication being more cost effective when provided through a pharmacy account arrangement.

A significant benefit to the injured person is the reduction (or entire removal of) the significant administrative burden of having to purchase medication at a pharmacy and then claim for medications directly with the insurer. Where the insurer has proactively arranged a pharmacy account on their claim, an injured person is also not having to manage large upfront medication costs or expenses.

Contributing to system objectives focused on quick and cost-effective dispute resolution¹⁶:

- if efficiently administered¹⁷, a pharmacy account may reduce the potential for unnecessary complaints about delayed reimbursements.

¹⁴ MAIA subparagraphs 1.3(2)(a) and (b); *Workplace Injury Management and Workers Compensation Act 1998* (NSW) (WIMA) sections 3(b) and 3(c)

¹⁵ WIMA section 3(f)

¹⁶ MAIA subparagraph 1.3(2)(g)

¹⁷ The IRO receives complaints from some injured persons that insurers are not prompt in paying pharmacies for medication, resulting in the pharmacies refusing to provide further medications until an account is paid.

A solution canvassed in some of the complaints made by injured persons to IRO, in addition to resolving the substantive issue of delayed reimbursement or payment, is to ask the insurer to establish a pharmacy account.

Case Study – Workers Compensation – Reimbursement of medical expenses and recommendation to establish a pharmacy account

The injured worker contacted IRO stating that reimbursement for various medical expenses had been outstanding for up to several months. Following enquiries undertaken by IRO, the insurer conceded that they had paid the invoices directly to the pharmacy and apologised for this error and arranged to pay the injured worker over \$300 for his out of pocket expenses. IRO suggested that the insurer may wish to recommend the establishment of a pharmacy account for this worker with his preferred pharmacy.

In more than 10 complaints resolved by the IRO between January and April 2022, the IRO requested the WC or CTP insurer consider establishing a pharmacy account as a solution to an injured person's complaint about matters such as a delay or failure of the insurer to promptly reimburse expenses, or in response to financial hardship impacting on an injured person's capacity to afford medications upfront. In our experience, insurers are very open to establishing these accounts, and injured persons welcome this suggested solution.

Pharmacies stand to benefit from using these accounts, with participation resulting in the potential increase in business for them, more efficient administration where a regular invoicing schedule is agreed with the insurer, or a better service for pharmacy customers to promote goodwill and more returning customers.

Case Study – CTP – Establishment of a pharmacy account

The injured person contacted IRO in distress and advised that she was experiencing financial hardship, stating that the insurer had not processed her medical expenses from her treating doctor. The injured person advised that payment of approximately \$1000 of medical expenses was outstanding. IRO raised a complaint with the insurer, who responded that a delay arose with the outstanding invoices due to a technical issue with the insurer's document scanning system. IRO suggested that the insurer may consider setting up a pharmacy account for the injured person in respect of claim-related medical expenses. The insurer noted that the injured person had previously been offered Claims Pharmacy, and confirmed willingness to use this service provided that pre-approval was granted for the medications that the nominated treating doctor prescribed. Through IRO's intervention, the injured person was provided with detailed information about how to set up an account for the costs of medication relating to her motor accident injury to be paid directly, avoiding out of pocket expenses.

5. Barriers to use of pharmacy accounts

Responses received identified a broad range of barriers which may be impacting on the uptake of pharmacy accounts across the schemes.

Not using the service

- Not all pharmacies offer this service, with reasons including the administrative burden on a pharmacy which may be using an older or outdated accounting system. Another reason may be that pharmacies do not wish to be involved in any disputes which arise where an injured person obtains pharmacy items that are both claim related and for personal use. Where issues arise, the pharmacists may be called upon to address concerns and this may be one reason that some pharmacies prefer not to offer this service
- an injured person may not want a pharmacy account, especially if they regularly travel or undertake shift work. Not having a pharmacy account enables them to pick up medication where and when it is convenient for them rather than returning to a specific pharmacy, and
- similarly, injured workers may pick up medications from multiple pharmacies and having an account may not be their preferred choice.

Pricing of medications

- some providers charge excessive private rates for medication, including for over-the-counter medications such as paracetamol. Some responses provided examples, such as a cost mark-up of 200% with a claimant being charged over \$25 for a box of paracetamol or ibuprofen tablets, and
- inconsistent pricing of medications makes it difficult to determine what fee is reasonably necessary and therefore, what fee is appropriate to approve on a pharmacy account.

Billing and accounting practices

- some pharmacies are using an old accounting system software that may make reading the accounts confusing which adds additional administrative burden for insurers when processing accounts, and
- billing systems do not always align with SIRA's invoicing and reporting requirements, with delays and additional resourcing strain arising when insurers have to seek additional information from the pharmacy to confirm details.

Claim-related expenses and medication safety controls

- issues may arise when an injured person obtains pharmacy items that are both claim-related and for personal use. This may also be the reason why a pharmacy would not wish to offer the service, so as to avoid being involved in any disagreement between an injured person and insurer with respect to whether an item is claim-related or for personal use
- delays may occur when an injured person commences a new medication without any advice to the claim service provider or manager, and
- there is no formal process about safe controls and best processes when multiple medications are provided through a pharmacy account, for example, consideration of the impact if taken with other medication, reduction of medication and monitoring to ensure correct prescriptions and amounts are administered.

6. Observations and opportunities

Promoting the use and benefits of pharmacy accounts

Some pharmacies are reluctant to establish accounts or be involved in the compensation schemes in NSW. This may be, for example, because of the administrative burden in managing accounts from the perspective of a pharmacy, especially where it may be a small business.

Promoting the benefits of using these accounts directly with pharmacies may increase the willingness of providers to participate in the scheme and, in turn, to contribute to the system objectives focused on efficiency and providing prompt treatment and payment for reasonable treatment. Where pharmacies have an authorised, pre-approved medication list for an injured person and a regular invoicing cycle arranged with an insurer, they are more likely to engage with the scheme and promote the use of pharmacy accounts where the opportunity is available.

For example, QBE's response to the request for information stated:

Since 2017, QBE has partnered with Claims Pharmacy to ensure injured people are taking medication safely and appropriately.

In partnership with Claims Pharmacy, QBE developed a Medication Management Program which accesses a suite of services and expertise to closely monitor and manage medication use. The program has continued to evolve which now includes pharmacy reviews, case conferencing, care planning and withdrawal programs. QBE and Claims Pharmacy work in collaboration to offer an end-to-end medication program on all claims. This program is a comprehensive model designed to assist and protect injured people.

The medication supply arm of the program exists to make it easier for injured people to obtain medications required to help manage their injury through mail order medication supply. This allows for monitoring of prescription patterns for best practice medication usage to be implemented, whilst also identifying 'at risk' injured people/high risk claims in need of additional support. Key successes of the collaboration between QBE and Claim[s] Pharmacy on the Medication Management program include:

1. Identifying over prescription and ensuring only medications associated with the claim related injury are supplied.
2. Supplying medications directly to the injured person at PBS rates, which is not the current experience in most schemes.
3. Monitoring of the use of opioids to reduce overuse and support injured people to use medication correctly and achieve a better injury/claims outcome.

In contrast, Coles outlined that it currently does not have any pharmacy accounts on its claims, stating:

We may have had some in the past, but this would have been on an ad-hoc basis and only on tail claims where medication is consistent and ongoing.

Our current process is to either provide approval and pay the pharmacy invoice directly or reimburse the injured worker. This process works well. We haven't had any recent issues or complaints raised that would lead us to change or review this method.

We are not against using pharmacy accounts. We would be happy to consider if it was requested by the injured worker and if the pharmacy was agreeable.

The use of pharmacy accounts, rather than direct billing to injured persons, promotes consistency and a uniform approach. Their use can reduce or remove upfront costs for those needing medications and minimise the administrative burden for injured persons.

There may be instances where a pharmacy dispenses the medication before approval is given by an insurer, which may create a risk that the medication will not be approved. Pharmacy accounts have the advantage of ensuring there is a pre-approved list of treatment-related medications which encourages timely approval, oversight of prescriptions for drugs of addiction and other high-risk medications and promotes the proactive and regular monitoring of supply and dispensing by the relevant pharmacy.

Communication and improved awareness across the schemes for existing participants

In the feedback received, many stakeholders recognised that a greater level of communication with pharmacies that are already using accounts on some general aspects of the WC system would provide benefits in the administration of accounts. This includes clarity around pre-approval concepts and what is generally payable, and what the worker would need to pay for.

This could be achieved through raising awareness for insurers, workers, nominated treating doctors/treating doctors and pharmacies about whether items are charged under the Pharmaceutical Benefits Scheme (PBS), and simultaneously improve pharmacy awareness of WC and CTP requirements and processes. Doctors could be further educated that injured workers receiving medications under a claim are entitled to PBS. Coles reported that in some instances, a doctor might issue a private prescription for a patient, which increases the costs to the scheme if a pharmacy then charges above the dispensed price for the maximum quantity.

SIRA has published its *Guidelines for the Provision of Relevant Services (Health and Related Services)*¹⁸ which outlines invoicing requirements for pharmaceutical services at Part 7.

In reviewing and developing guidelines made under the *State Insurance and Care Governance Act 2015* (NSW), it is recommended that SIRA consider these improvement opportunities in upcoming work programs relating to pharmaceutical services.

Promoting medication safety and controls

Some injured persons are prescribed high-risk medications, or multiple medications which may have contraindications if taken together. Establishing a formal process for safe controls and best practice processes would encourage a greater focus on monitoring and claimant safety.

¹⁸ *Guidelines for the Provision of Relevant Services (Health and Related Services)* accessed on 11 December 2023 at: https://www.sira.nsw.gov.au/fraud-and-regulation/new-regulation-for-health-and-related-services-in-workers-compensation-and-ctp-schemes/guidelines-for-the-provision-of-relevant-services-health-and-related-services?SQ_VARIATION_1214110=0

Monitoring by pharmacists

Medication and prescription monitoring provides an opportunity to improve safety by helping to identify potential interactions between monitored medicines and to reduce the risk of overdose. The value of this monitoring is being realised by QBE through its adoption of the Claims Pharmacy, as discussed earlier in the section titled '*Promoting the use and benefits of pharmacy accounts*'.

Pharmacists administering pharmacy accounts could be encouraged to be involved in identifying those who may be at risk of harm from drug dependence within the scheme. The promotion and use of pharmacy accounts could provide better support for injured persons, especially those who may be taking several medications or higher doses of medications which are identified as high-risk.¹⁹ Importantly, monitoring does not prevent or inhibit the dispensing of medications, but rather, enables a pharmacist administering the account to potentially have a conversation with an injured person should they identify any concerns about their use of medication.²⁰

Benefits may also arise from the injured person having an ongoing relationship with a specific local pharmacy through regular engagement on other aspects of their health that are not necessarily connected to the claim-related injury. Monitoring contraindications with prescribed and over-the-counter medication may, for instance, result in an unanticipated but significant benefit for the health outcomes of the injured person.

For another example, in its response to the request for information, QBE confirmed that it offers Claims Pharmacy on all new WC and CTP claims and identified how this initiative reduces harm, noting that:

If Claims Pharmacy is involved, they will provide a medication summary report highlighting any risks associated with the prescriptions e.g. titration plans, reducing medications or whether there is a risk of over prescribing...

Coles noted that SafeScript NSW²¹ provides 'real time prescription monitoring and approval management'. As outlined on the website, SafeScript NSW intends to:

- help prescribers and pharmacists to make safer clinical decisions
- improve compliance, and
- reduce the incidence of harm, including death, from the unsafe use of monitored (high risk) medicines.

SafeScript NSW is not yet mandatory in NSW, but prescribers can register for the system and either use the software which is integrated into the clinical workflow, or otherwise use the portal.

¹⁹ <https://adf.org.au/insights/rtpm-in-australia/>

²⁰ <https://adf.org.au/insights/rtpm-in-australia/>

²¹ <https://www.safescript.health.nsw.gov.au/health-practitioners/about-safescript-nsw/what-is-safescript-nsw>

Opportunities for claims managers, the regulator and industry bodies

There may also be opportunities to improve the uptake of pharmacy accounts, and to promote safer outcomes for injured persons by the regulator and industry bodies which are outlined below.

Regulator

SIRA has access to data and information about the administration of the WC and CTP schemes in NSW which may enable identification of emerging trends in pharmacy account uptake, as well as opportunities to raise awareness and improve administration of the scheme (such as promoting better record keeping and greater engagement with pharmacists through industry bodies).

SIRA has expanded the data collected from insurers around pharmaceutical drugs in recent years, with data reported in various categories with a focus on high-risk medication such as opioids, benzodiazepines, and Z drugs. SIRA has advised that it will continue to work with insurers in the personal injury schemes to improve medication management in accordance with the *Medication management in the NSW personal injury schemes: Better practice guide*.

In encouraging the promotion of medication safety and controls, IRO recognises that there may be mutual responsibilities of insurers and pharmacies in managing risks associated with new medications, with medications that are obtained for personal use. SIRA has expressed that it supports further investigation of best practices to manage these risks to injured people's health outcomes.

Claims Managers

icare provided data which indicated that the proportion of pharmacy expenses paid to a vendor or supplier increased the longer the period since the injury. There may be opportunities to promote accounts for claimants with longer claims, as they are most likely to benefit where medication supply is regular and repeated.

Encouraging claims managers to evaluate the injury seriousness at an early stage of a claim, and to target their promotion of pharmacy accounts to those claims, as the insurer would have insights into what injuries require medications and result in longer term claims. Targeted promotion may result in greater uptake of accounts and improve efficiency and ease for an injured person. Offering an account initially and then again at certain stages throughout the life of a claim may be beneficial, particularly when it appears that the claim will be longer-term. For example, at the 13-week review the claims manager may consider making a more targeted repeated offer of a pharmacy account to an injured worker.

Industry bodies

The Australian Medical Association²², which represents registered medical practitioners and medical students across Australia, may be called upon to share insights with a focus on prescription practices. Engaging directly with medical practices that support large numbers of injured workers as their patients through the WC scheme may also present an opportunity to

²² <https://www.ama.com.au/about>

encourage doctors to provide standardised prescription information, such as on Certificates of Capacity, which improves efficiency and understanding for insurers and injured workers.

Similarly, the Pharmaceutical Society of Australia²³ which is the national professional pharmacy organisation that represents pharmacists across Australia, may encourage pharmacists to adopt the use of accounts in the pharmacies where they work. Engaging with the industry body provides a potential mechanism to raise awareness of this service, and to seek feedback from those directly providing the service on how the system could be improved further.

Asking community pharmacists for their views and experiences may allow any proposed reforms to be inclusive and take into account the reality of the operational environment. Similarly, consultation with the industry could provide potential insights into why some pharmacies do not participate in the service at all and what they consider to be the barriers to entry into the scheme.

Similarly, there is an opportunity to engage with unions as a way to promote the use of pharmacy accounts for members that have been injured in the workplace.

Longer term opportunities

Universal billing system for invoicing

One respondent outlined the issues currently facing pharmacies when billing for medication:

With the release of the SIRA Better Practice Guide and the need to apply separate codes for specific medication/items the information provided on many pharmacy accounts does not allow this coding to be managed efficiently ... As pharmacies utilise varied software for billing an account, the medication information is not provided in a consistent way ... For example some can't add the PBS [Pharmaceutical Benefits Scheme] or private prescription information to the account other than by handwriting it on. Pharmacies have two billing systems - Front of house (retail) and Dispensary and this can also have an impact on the information received on the account when it is sent for payment. The operation of pharmacy accounts could be made more efficient if there were standardised account templates that capture all the required information.

Adopting a universal billing system and standardised invoicing requirements would help to promote consistency and transparency across the schemes. This system would allow each pharmacy to have oversight of medications prescribed for a claimant and reduce potential risks and promote monitoring. SIRA has also noted that legislative powers would need to be considered as part of a universal billing option.

Requiring medication codes to be approved will ensure payment is not made for a medication which is not authorised, as well as restricting reimbursement for accounts where the pharmacy's fees are excessive, therefore discouraging the practice of inflating product pricing.

²³ <https://www.psa.org.au/about/about-psa/>

Another respondent outlined the benefits of uniform billing:

...where pharmacies use a uniform billing system that satisfies the SIRA requirements for invoicing (or SIRA changes their billing/invoicing requirements), that also provides the functionality to identify items that are not pre-approved. If pharmacies were to have a central universal system, each pharmacy would have oversight of medications prescribed for a client - therefore potentially reducing the risk of over prescribing of high risk medications.

In the current operating environment, there is no requirement for pharmacies to include the SIRA payment code, and it is up to the CSP to determine which type of medication is claimed and which code applies.

As recognised in SIRA's Better Practice Guide, standardised invoicing allows insurers to see information about the person's injury-related medications, enables preventative and proactive management of high-risk medications and facilitates data collection.²⁴

Centralised billing presents an opportunity to require pharmacies to include the SIRA payment code on invoices, which would provide several benefits, such as:

- assisting claim service providers to understand what is being claimed
- improving the accuracy of coding, and
- allowing for deeper insights to be drawn from regular analysis of the collected data.

Through sharing examples of where pharmacy accounts are working well, more pharmacies across NSW can be encouraged to see that introducing pharmacy accounts may streamline their services for injured persons, as well as providing a regular income stream from insurers. Where medication lists are agreed and invoicing is on a regular schedule, a pharmacy can feel greater confidence that invoices will be paid and that there is less scope for error, or disagreement, in the dispensing and reimbursement process.

As further outlined below, the use of templates can also promote consistency and efficiency in the administration of the system.

Use of templates and reporting across the schemes

Templates and Fact Sheets

Introducing scheme-wide templates and fact sheets would provide pharmacies with consistent information about CTP and WC funding requirements. This could also provide an opportunity to consider a more formalised process to set up and manage pharmacy accounts across the schemes. Using templates can reduce errors, provide consistency and make things simpler for pharmacies, especially smaller family run businesses which may not ordinarily have the resources or capacity to develop templates or operating manuals. The use of fact sheets would also enable the promotion of safe controls and best practice processes, to encourage a greater focus on monitoring and claimant safety especially where high-risk medications are dispensed.

²⁴ [Medication Management in the NSW Personal Injury Schemes: Better practice guide - SIRA](#)

In its response to the request for information, Suncorp shared a copy of its template pharmacy account approval letter, which could be used to inform or build a template for informing pharmacies when an account has been approved by an insurer.

The letter includes:

- the name of the pharmacy
- duration of the approval period for the pharmacy account
- list of approved medications
- list of other approved items
- reasons for the approval, and
- a detailed list of information required to be included in an invoice for fast processing by the insurer (for example, the injured person's name, claim number, payee details, Medicare provider number, ABN number of the provider, the name of the medical practitioner or service provider and the name of the medication/item and the date dispensed).

Similarly, in its response icare noted:

... its fact sheet "*Medication in the Workers Compensation Scheme (2021)*" which informs injured workers of the options for medication payments, including pharmacy accounts. The fact sheet is provided to injured workers in the Nominal Insurer scheme as a mandatory attachment when an approval is sent to an injured worker approving medications, and optionally as an attachment when liability has been provisionally accepted, reasonably excused, or accepted.

icare's records show that the fact sheet has been sent 7,424 times between 1 May 2022 to 30 April 2023.

The use of templates and fact sheets can have quantifiable benefits in the administration of pharmacy accounts, not only through promoting consistency, efficiency and a uniform approach in the set up and operation of accounts, but also through raising awareness with pharmacies and claimants alike.

For insurers that are already adopting templates and fact sheets, reviewing and updating these resources may present an opportunity to implement continuous improvement to further increase the uptake and more efficient administration of pharmacy accounts.

Reporting across the schemes

Adopting a stronger reporting mechanism across the schemes, and utilising pharmacy codes data analysis to garner insights may assist in identifying other claimants who may benefit from establishing a pharmacy account. In circumstances where insurers and icare hold vast volumes of information and data on each claim, conducting targeted data analysis may provide valuable insights about the treatment of injured persons and identify opportunities for targeted action to ensure that accounts are administered for the greatest advantage and ease of injured persons, or more significantly, strong data can support potential future proposals for system-wide reforms.

It is recommended that insurers consider how to track, record and analyse pharmacy account data. Reviewing the data regularly may provide useful insights, as well as assist with identifying

how claims managers may best support injured persons requiring medications to be dispensed regularly. The data may also be used to identify emerging trends, assess the effectiveness of medication use and may even be shared with the relevant pharmacies to provide information about how they can improve their services to customers.

7. Summary of Observations

Promotion and increasing awareness	
1	Promoting the use and benefits of pharmacy accounts to encourage pharmacies to participate in the scheme.
2	Improving communication and awareness across the schemes for existing participants, including on aspects of the WC and CTP system requirements and processes.
3	Promoting medication safety and controls through enabling prescription and medication monitoring by pharmacists.
4	Improving the uptake and administration of pharmacy accounts through claims managers, SIRA and industry bodies independently, and collectively, working to promote accounts to injured persons who are likely to have longer claims where medication is supplied regularly and repeatedly.
Continuous improvement opportunities for scheme participants	
5	Introducing a central universal billing system for invoicing to promote consistency and transparency across the schemes, including the use of payment codes on invoices.
6	Using templates and fact sheets, such as pharmacy account approval letters, to provide consistent information about CTP and WC funding requirements.
7	Improving reporting on pharmacy accounts to provide insurers with the opportunity to track, record and analyse information to draw out insights and to identify how injured persons can be better supported.

Annexure: Request for Information

Five stakeholders were approached and provided responses to the request for information to assist IRO's enquiries about the availability and use of pharmacy accounts

- Coles Group Limited
- QBE Insurance
- the Nominal Insurer (icare)²⁵
- Suncorp²⁶
- StateCover Mutual Limited

General feedback was also sought from the Guild Insurance, an insurance provider for allied healthcare professionals across Australia. Guild Insurance was contacted with an invitation to provide general feedback.

²⁵ icare acts for the Nominal Insurer and engages Claims Service Providers to manage claims on behalf of the Nominal Insurer. It also acts for the Self-Insurance Corporation (SiCorp) to manage Treasury Managed Fund claims and is responsible for Workers Care and CTP Care.

²⁶ Suncorp is the parent company of GIO, which is a claims service provider for icare as well as a licenced CTP insurer, and AAMI, which is another licenced CTP insurer.

Request for information – pharmacy accounts

The Independent Review Officer (Officer) is considering whether it is appropriate to inquire into the use of pharmacy accounts or similar mechanisms by workers compensation (WC) and motor accident injuries (CTP) insurers. The insurer is requested to provide the information outlined in this letter to assist the Officer in deciding whether to commence an inquiry.

IRO functions and powers

Clause 6 of Schedule 5 to the *Personal Injury Commission Act 2020* (the PIC Act) relevantly provides that a function of the Officer is to inquire into and report to the Minister on any matters arising in connection with the operation of laws (including WC and CTP legislation) as the Officer considers appropriate.

Clause 7 provides that the Officer may request from insurers specified information that is reasonably required for the purpose of exercising the Officer's functions. This letter is a request from the Officer under Clause 7, Schedule 5.

Background – pharmacy accounts

The effect of section 60 of the *Workers Compensation Act 1987* (WCA) is that if, as a result of a compensable injury received by a worker, it is reasonably necessary that medicines or medical supplies (medications) be given, the insurer is liable to pay the cost of this treatment. There are rules for this supply – such as that the medications must be prescribed by a medical practitioner or dentist and supplied by a pharmacist.

Section 3.24 of the *Motor Accident Injuries Act 2017* (MAIA) is to a similar effect, in that a person injured in a motor accident is entitled to statutory benefits for the reasonable cost of treatment and care expenses (including pharmaceutical expenses) incurred in connection with providing treatment and care, unless the treatment was not reasonable and necessary or did not relate to the motor accident injury.

The State Insurance Regulatory Authority (SIRA) Better Practice Guide, *Medication Management in the NSW personal injury schemes* (July 2020)¹ – which applies to both the WC and CTP schemes – provides for the invoicing by pharmacies for medication, including for direct billing accounts (also known as pharmacy accounts).

icare² has published a fact sheet, *Medication in the workers compensation scheme* (2021)³, that sets out the ways to pay for claim related medication, including direct billing by the pharmacist (noted as the preferred method). The fact sheet notes: 'You can request that a pharmacy account be set up for medications approved for your compensable injury. This will allow for medications to be supplied to you with payment made directly to the pharmacist by the insurer.'

The Independent Review Office (IRO) is also aware of at least one (1) CTP insurer that utilises the services of *Claims Pharmacy*. Claims Pharmacy courier medication to injured persons, at no cost to the person, and medication costs are billed directly to the insurer.

¹ [Medication management in the NSW personal injury schemes - SIRA](#)

² IRO has reviewed CTP websites of CTP insurers NRMA, QBE and GIO (29 Apr 2022) and has not identified similar published information.

³ [Medication in the Workers Compensation Scheme \(1\).pdf](#)

IRO complaints and solutions – medication payments

The IRO collects information on complaints made by injured persons (that is, persons injured at work or in motor accidents).

Injured persons make complaints about delays by insurers in reimbursing them for medication expenses. In addition, injured persons may complain about delays in weekly payments, and inform the IRO about impacts including that they cannot afford medications because of the delayed payments.

Data analysis conducted by the IRO indicates that:

- 40 CTP complaints were received from March 2021 to July 2022 in relation to medication expenses; and
- 723 WC complaints were received from July 2019 to July 2022 which were about, or related in part to, medication expenses.

A solution canvassed in some of these matters, in addition to resolving the substantive issue of delayed reimbursement or payment, is to ask the insurer to establish a pharmacy account.

Reasons for this include:

- for an injured person in financial hardship, establishing a pharmacy account avoids the need to pay for medications upfront and ensures the person can obtain medication even if they cannot afford it upfront (contributing to system objectives of providing prompt treatment and payment for reasonable treatment⁴)
- a pharmacy account may reduce the administrative burden of managing a claim for both the injured person and the insurer (contributing to system objectives focused on efficiency⁵)
- a pharmacy account – if efficiently administered⁶ – may reduce the potential for unnecessary complaints about delayed reimbursements (contributing to system objectives focused on quick and cost-effective dispute resolution⁷).

For example, in more than 10 complaints resolved by the IRO between January and April 2022, the IRO requested the WC or CTP insurer consider establishing a pharmacy account. In our experience, insurers are very open to establishing these accounts. Our experience is that injured persons also welcome this suggested solution.

Use of pharmacy accounts by insurers – request for information

Reason for request for information

Given the potential positive impacts that flow from the establishment of pharmacy accounts, from both the individual injured person's perspective and from compensation scheme perspectives, the IRO is seeking information about insurer arrangements to establish these accounts. Reasons for this include to identify if there are different approaches between insurers and the reasons for these approaches, and to identify good practice that might be shared amongst insurers to promote system objectives and injured persons' treatment and recovery.

⁴ MAIA subparagraphs 1.3(2)(a) and (b); *Workplace Injury Management and Workers Compensation Act 1998* (WIMA) paragraphs 3(b) and (c)

⁵ WIMA paragraph 3(f)

⁶ The IRO receives complaints from some injured persons that insurers are not prompt in paying pharmacies for medication, resulting in the pharmacies refusing to provide further medications until an account is paid.

⁷ MAIA subparagraph 1.3(2)(g)

How to respond to this request

A response to this request for information is required by **5.00pm on Friday 19 May 2023**.

Please forward your response, by email, to the following email address:

IROinquiries@iro.nsw.gov.au

We have shared a link to an Excel version of the questions noted in the request for information to assist you in providing a response to the request directly in the Excel workbook.

Request for information

1. Do you have arrangements to pay some pharmacies directly for the supply of medications to injured persons?
 - a. If you do, please provide a brief summary of these arrangements.
 - b. If you do not, please provide reasons why this service is not offered.

2. Where these arrangements are available, please provide the following information:
 - a. In what circumstances will an injured person be offered a pharmacy account?
 - b. How are injured people informed about possible access to pharmacy accounts?
 - c. Where an injured person requests a pharmacy account is established, what are the criteria used to decide the request, and in what circumstances would this be refused?
 - d. What person or role in your organisation decides whether a pharmacy account will be offered to an injured person?

3. Where a pharmacy account is established:
 - a. What information is provided to the injured person about the arrangements?
 - b. What information is provided to the injured person, from time to time, about claims made on the account and the payment of those claims?
 - c. Where the insurer does not agree that an item claimed on a pharmacy account should be paid, what information is provided to the injured person, and when (in what timeframe) is this information provided?

4. What is the nature of the arrangements with pharmacies where accounts are established? Your response might include answers to the following questions:
 - a. Do you have preferred pharmacies (such as Claims Pharmacy) that you promote to injured persons when considering the establishment of a pharmacy account?
 - b. What are the arrangements for the payment of pharmacy accounts – for example, are accounts requested to be rendered on a regular basis or at the time expenses are incurred?
 - c. How is information provided to the pharmacy about the medications etc. that will be accepted by the insurer? And is it your view that pharmacies are clear on the expenses that can be claimed on a pharmacy account?
 - d. Where the insurer does not agree that an item claimed on a pharmacy account should be paid, how is this dealt with by the insurer? In addition, what information is provided to the pharmacy, and when (in what timeframe) is this information provided?
 - e. Who is the contact point within the insurer for the pharmacy (for example, the case manager, an accounts department, etc.) – including for circumstances where a pharmacy renders an account and there are delays in the pharmacy receiving payment?

Please also provide a brief summary of any terms and conditions relevant to pharmacy accounts.

5. [For insurers that provide both WC and CTP insurance] Are your arrangements for access to pharmacy accounts by persons injured at work, and those injured in motor accidents, the same? If they are not the same, please briefly outline the differences, and the reasons for these differences.
6. What are your views about the barriers (if any) to establishing pharmacy accounts, from the perspectives of injured persons, pharmacies and insurers.
7. What opportunities exist (if any) to improve access to and the operation of pharmacy accounts.
8. Do you have any other information or views you consider relevant concerning access to pharmacy accounts by injured persons.

Request for data

9. If you do establish pharmacy accounts please answer the following data request. If possible, please provide information as at the end of March 2023 for the preceding 12-month period. If you are unable to provide the information as requested, please provide information that most closely corresponds to the request. If you are unable to answer any of the items at all, please provide reasons for this.
 - a. The number of pharmacies that currently have pharmacy accounts with you.
 - b. The number of injured persons who currently access pharmacy accounts.
 - c. The proportion of injured persons who claim pharmacy expenses who have a pharmacy account.
 - d. The proportion of pharmacy expenses directly billed as against those expenses reimbursed directly to injured persons.

Request for documents

10. Please provide copies of the following documents, if you have them.
 - a. Any policy or procedure you have for the payment of medication expenses, and for the establishment of pharmacy accounts.
 - b. Any internal staff guidance or training that deals with payment of medication expenses and pharmacy accounts.
 - c. Any documents (including template letters) you provide to injured persons about pharmacy accounts (for example, documents that provide information about pharmacy accounts, or that are provided to injured persons where pharmacy accounts are established).
 - d. Any documents (including template letters) you provide to pharmacies when establishing pharmacy accounts (for example, documents that provide information about the terms and conditions of pharmacy accounts, or that are given to pharmacies when accounts are established) including a copy of any standard agreements between the insurer and a pharmacy.
 - e. If your organisation has undertaken a review of arrangements with pharmacies, a copy of the review document.

Enquiries with IRO

If you have any questions about this information request, please contact IRO's Principal Policy Officer at IROinquiries@iro.nsw.gov.au.