

Review of Pharmacy Remuneration and Regulation
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25 July 2017

Professor Stephen King
Panel Chair
Pharmacy Remuneration and Regulation Review
Department of Health
Australian Government
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Dear Professor King,

RE: Feedback - Interim Report for the Review of Pharmacy Remuneration and Regulation

Thank you for the opportunity to provide feedback regarding the interim report of the *Review of Pharmacy Remuneration and Regulation*.

As the peak Medicines Governance body for the Metro South Hospital and Health Service in Queensland, the Metro South Health Medicines Management Committee took a keen interest in the findings handed down as part of the interim report. On behalf of the Committee, we wish to provide the following discussion points in the hope that it will assist the Panel in the development of a final report which considers all aspects of the medicines supply chain.

CTG PBS Co-payment measure

The Metro South Health Medicines Management Committee welcomes the proposed reforms to the CTG PBS Co-payment measure. Currently hospital prescribers are unable to provide patients with CTG eligible prescriptions on discharge from hospital or within a hospital outpatient setting. Hospital pharmacies are also unable to dispense CTG prescriptions.

This necessitates patients needing to either pay the full co-payment owed or arrange an appointment with their Primary Care Prescriber to have the prescription re-written, and then take this prescription to a Community Pharmacy for dispensing. In a population with established health literacy issues and poor medication compliance, this creates undue barriers to access of medications and is an inefficient use of finite health care resources.

To support equity of access to our Aboriginal and Torres Strait Islander patients, we strongly recommend the Panel include in the final report that:

- Hospital prescribers be permitted to issue eligible patients with CTG prescriptions
- Hospital pharmacies be permitted to dispense CTG prescriptions and claim co-payment reimbursement
- CTG eligibility is linked to Medicare cards

Access to High Cost Medications

Supply of High Cost Medications to patients transitioning between the Community-Hospital interface is complex. Due to the lack of a formal funding mechanism, Public Hospitals are obliged to cover the costs associated with use of:

- S100 Highly Specialised Drugs (HSD) for inpatients
- S100 HSDs for exceptional or lifesaving indications but which are not funded under classical S100/PBS conventions
- Cancer therapy for prisoners

For smaller hospitals, rural and remote centres where the cost of such drugs may constitute a large proportion of the facility drug budget, the requirement to fund these drugs impacts upon the ability for the service to procure further medication.

Furthermore, there is evidence to suggest that the current lack of appropriate funding models and evidence-based frameworks to support use of High Cost Medications in highly specialised indications may be resulting in inappropriate or inequitable access to these medicines.¹

To support equity of access to patients requiring High Cost Medications, we suggest that the Panel consider exploring the possibility of:

- Revising funding models for High Cost Medications to ensure fair and equitable access, regardless of the location in which care is provided
- Establishing a Federal High Cost Medicines budget, similar in form and function to the Exceptional Circumstances Program within the New Zealand Health System. This program is arbitrated by an expert panel (The Exceptional Circumstances Panel) who review and support provision of extremely expensive pharmaceuticals to patients under exceptional circumstances. In Australia, this could be limited to use of such items outside of the classical PBS/S100 criteria. Examples where this may be useful include
 - Where there is good evidence for efficacy in a particular patient population
 - Where the drug is expected to be lifesaving or provide significant morbidity benefits

Integrated Medication Records System

The Medicines Management Committee strongly supports the development of an integrated medication record which is accessible across all health care settings, including within hospitals and community pharmacies. This has been implemented in New Zealand with good success and enables complete transparency of medication records across the healthcare continuum.

Discharge Medication Provision

Finally, the Metro South Health Medicines Management Committee acknowledges and supports the concept of consistent hospital discharge processes which ensure adequate supply of medication is provided to the patient. Given that a number of Public Hospitals have now implemented PBS dispensing, discharge packs have largely been superseded by the provision of full-month PBS supply of required medicines at the point of discharge. Hence, the Committee feels that the use of discharge packs should solely be reserved for use in exceptional circumstances or in places where this might be necessary for the wellbeing of patients (e.g. rural/remote centres).

Thank you for the opportunity to provide comment on the interim report. If you would like to discuss the matter further, please do not hesitate to contact me.

Yours sincerely



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1. O'Connor K, Liddle C. Prospective data collection of off-label use of rituximab in Australian public hospitals. Intern Med J. 2013 Aug;43(8):863-70.

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