

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2019 - 2020, 23 October 2019

Ref No: SQ19-000787

OUTCOME: 4 - Individual Health Benefits

Topic: Pharmacy prescribing

Type of Question: Written Question on Notice

Senator: Stirling Griff

Question:

Can you confirm that Minister Hunt has instructed the Chief Medical Officer to examine a proposal for "supervised prescribing" by pharmacists?

Did the supervised prescribing proposal come from the Pharmacy Guild or the Pharmacy Board?

Does the proposal recommend a separate payment to pharmacists? What has been proposed?

What is the cost of the alternative option of providing more than one months' supply for such low risk medications? I understand this has also been assessed by the department.

Answer:

1.

- The Chief Medical Officer has not been instructed to examine a proposal for "supervised prescribing" by pharmacists.

2.

- On 15 October 2019, the Pharmacy Board of Australia released its position statement on Pharmacist Prescribing.

3.

- No comments were made regarding a separate payment to pharmacists. Further information about the position statement is available at <https://www.pharmacyboard.gov.au/News/2019-10-15-position-statement.aspx>

4.

- In August 2018, the independent and expert Pharmaceutical Benefits Advisory Committee (PBAC) provided a proposal to government for doctors to be given the choice to prescribe larger medicine quantities for some patients who have chronic stable conditions. The PBAC outcome statement related to this proposal has been published by the Department of Health at <http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes/recommendations-made-pbac-august-2018>.
- This proposal is complex. The Government will carefully consider the proposal and is not proposing to change the quantities for PBS medicines at this stage. The proposal would be the subject of extensive consultation with consumers, the medical community and including the pharmacy sector.
- Savings to consumers and taxpayers would vary according to the number of PBS medicines with maximum dispensed quantities changed (note this proposal is still subject to consultation, so this is not currently clear), the prices of those medicines, respective pharmacies' discretionary mark-ups and discounts, whether prescribers consider that individual patients' clinical conditions were suitable for two months' supply for those medicines, and whether community pharmacies respond by increasing discretionary mark-ups or reducing their uptake of the optional \$1 discount initiative.