

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-312

OUTCOME 2: Access to Pharmaceutical Services

Topic: CONTINUED DISPENSING

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Schedule 1 of the National Health Amendment (Fifth Community Pharmacy Agreement Initiatives ) Bill 2011 currently before the House of Reps would permit the payment of a PBS benefit for a prescription medicine dispensed by a pharmacist without a written prescription on the basis that the pharmacist considers the medication should be 'continued'. What is the policy rationale for allowing pharmacists to independently dispense prescription medication without a script?
- b) The 2008-09 Budget measure permitted medical practitioners to write prescriptions for chronic disease medications for 12 months. Has the Department evaluated the outcomes of this measure?
- c) What is the usual time period that a medical practitioner will write a script for these medicines?

Answer:

- a) The Continued Dispensing initiative, as funded under the Fifth Community Pharmacy Agreement, refers to the supply of an eligible medicine to a consumer under the Pharmaceutical Benefits Scheme (PBS) when there is an immediate need for that medicine but it is not practicable to obtain a prescription, provided:
  - the medicine has been previously prescribed, therapy is stable and there has been prior clinical review by the prescriber that supports continuation of the medicine; and
  - the medicine is safe and appropriate for the consumer.

The overall objective of the initiative is for consumers to have timely and appropriate access to medicines subsidised on the PBS or Repatriation Pharmaceutical Benefits Scheme (RPBS). With the increasing prevalence of chronic disease in Australia it is important that steps are taken to ensure patient adherence to long term therapy. Consumers will benefit as their essential continuous therapy medicine is less likely to be interrupted due to an inability to synchronise medical appointments with medication requirements.

Current arrangements already permit pharmacists to supply Schedule 4 medicines without a prescription in urgent or emergency situations, however, the emergency supply arrangements result in the patient having to pay the full price for the medicine. In addition to complementing these provisions, Continued Dispensing allows pharmacists to process a PBS claim without the need for a follow-up prescription and removes the financial impost from the patient as it will enable the medicine to be dispensed under PBS arrangements with the patient paying the applicable PBS co-payment.

Continued Dispensing can only be done if all attempts to contact the prescriber have been exhausted. If the pharmacist is not satisfied that the requirements of Continued Dispensing are met, other emergency supply provisions may be appropriate.

Continued Dispensing cannot be used repeatedly, and the patient is required to consult their prescriber for ongoing prescriptions.

- b) A review of the 12 month Repeat Measure is expected to be considered by the Pharmaceutical Benefits Advisory Committee in 2012.
- c) For the two categories of eligible medicines under the Continued Dispensing initiative, the majority of prescriptions are written for:
  - (i) Six months, in the case of statins (lipid lowering medicines); and
  - (ii) Twelve months, in the case of oral hormonal contraceptives.

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