

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-313

OUTCOME 2: Access to Pharmaceutical Services

Topic: CONTINUED DISPENSING

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Medicare data sourced by the AMA from the Medicare Australia online statistics shows that only 2.68 per cent of prescriptions in 2010-11 were for more than six months. Is this evidence that medical practitioners consider the patient should be reviewed, at least every six months?
- b) Is this information relevant to the policy decision to allow pharmacists to dispense prescription medication without a script?
- c) Are pharmacists trained to make assessments that patients should continue a medication?
- d) The explanatory memorandum to the Bill says the initiative should have no impact on PBS growth as volumes for these medicines will not be affected. On what basis has that assessment been made?

Answer:

- a) The issue of when a patient should be reviewed is a clinical decision made by medical practitioners based on the individual presentation of the patient.

The provision of benefits in relation to prescriptions is governed by the National Health (Pharmaceutical Benefits) Regulations 1960. Clause 21(1)(aa) allows for a prescription to be filled for up to 12 months from the date it was issued.

- b) No.
- c) 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 a) 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 b) the medicine is safe and appropriate for the consumer.

Continued dispensing provides an opportunity for pharmacists to provide an intervention that will encourage the patient to go back to their doctor for a review.

Pharmacists make professional decisions every day regarding suitability of therapy. Pharmacists must use their professional judgement to ensure a medicine is safe and appropriate for the consumer. This is a key role of the pharmacist when providing medicines to consumers, for all supply arrangements, whether the medicine is prescribed or non-prescribed.

Pharmacists will be supported in providing a continued dispensing supply by the Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists. The Guidelines were produced by the Pharmaceutical Society of Australia in consultation with the Pharmacy Guild of Australia, the Australian General Practice Network and the Department of Health and Ageing. The Pharmaceutical Society of Australia conducted a broad consultation process to garner the views of key stakeholders, including the Australian Medical Association and Consumers Health Forum. The Guidelines are expected to be released prior to the implementation of the initiative.

- d) Continued dispensing is not expected to have any significant impact on PBS expenditure, as each continued dispensing episode does not represent an extra dispensing for the patient as it aligns the PBS processes with the Prescriber visit.

Under current arrangements, if a patient received an emergency supply of a medicine, they would need to see their doctor for a new prescription and have it supplied within a few days to prevent treatment interruption. Therefore, the PBS dispensing event is delayed by a few days.

If a pharmacist receives a communicated prescription from the prescriber by phone or other means, the supply may be provided on the PBS, but the prescriber must provide a follow up (owing) prescription within 7 days.