

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2010-11, 20 October 2010

Question: E10-264

OUTCOME 2: Access to Pharmaceutical Services

Topic: FIFTH COMMUNITY PHARMACY AGREEMENT – MEDICATION  
CONTINUANCE PROGRAM

Written Question on Notice

Senator Fierravanti-Wells asked:

The Fifth Community Pharmacy Agreement states at page 21 that "medication continuance is the supply of a standard PBS pack of chronic medicine to a patient by a community pharmacist, under specific circumstances, to facilitate patient adherence to therapy and prevent treatment interruption due to the inability to obtain a timely prescription renewal".

- a) What medicines will pharmacists be able to dispense without a prescription under this measure?
- b) What conditions do they treat?
- c) The contraceptive pill can't be described as a chronic therapy medicine. Why is it included in this measure?
- d) For each medicine being considered under this program, what independent clinical evidence do you have to support the proposition that the treatment can't be interrupted and therefore warrants urgent prescription medication being dispensed by a pharmacist without prescription from a medical practitioner?
- e) What advice have you taken from the medical profession on the clinical appropriateness of each of the proposed medicines to be covered under this program?
- f) What work has been done to define the specific circumstances in which pharmacists will be allowed to dispense without a prescription?
- g) What is the estimated increase in PBS expenditure that will result from this measure?

Answer:

- a) The therapeutic categories to be included in Medication Continuance are:
  - Oral Hormonal Contraceptives (OHC) for systemic use; and
  - Lipid Modifying Agents (LMA), specifically the *HMG CoA reductase inhibitors* ('statins') as listed in the *Schedule of Pharmaceutical Benefits*. No other Lipid Modifying Agents, including combination agents, will be included.
- b) All Oral Hormonal Contraceptives are used for the prevention of pregnancy and some are indicated for the treatment of signs of androgenisation in women, such as acne and idiopathic hirsutism.

HMG CoA reductase inhibitors ('statins') are used for the treatment of hypercholesterolaemia; that is, excess cholesterol in the blood.

- c) Chronic therapy refers to any form of treatment over a long period of time. The contraceptive pill is used for long term management of contraception or for the long term treatment of androgenisation in women.
- d) The aim of Medication Continuance is to facilitate patient adherence to therapy and prevent treatment interruption due to the inability to obtain a timely prescription renewal. 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. Application of professional protocols will mean that quality and safety will not be compromised.

Where essential continuous therapy medicine is interrupted this has the potential to cause medication non-compliance and non-adherence by the patient; in other words, the patient may fail to recommence their medicine entirely. This presents a risk for the patient; particularly where the medicine in question is prophylactic in nature and the impact of ceasing the medicine may not be immediately obvious. With the increasing prevalence of chronic disease in Australia it is particularly important that steps are taken to ensure patient adherence to long term therapy.

For example, it is important that the contraceptive pill is taken regularly and according to the specified dose regimen in order to achieve therapeutic efficacy and the required contraceptive protection. The irregular intake of the contraceptive pill can lead to intermenstrual bleeding and could deteriorate the therapeutic and contraceptive reliability. The contraceptive pill provides a positive safety profile where the patient is stabilised on therapy.

Oral hormonal contraceptives and statins are considered to be relatively well tolerated medicines. Additionally, as pharmacists are already providing oral hormonal contraceptives without a prescription in the form of emergency hormonal contraception, this medicine was considered to be appropriate as a candidate for continuance by the pharmacist.

- e) The Department engaged in discussions with the Australian Medical Association (AMA) at an early stage in the Program's development. The Department and the Pharmacy Guild of Australia jointly met with representatives from the AMA on 22 September 2010 and discussions are ongoing.
- f) The Fifth Community Pharmacy Agreement provides for the establishment of a Programs Reference Group (PRG) to provide advice to the Minister for Health and Ageing and the Agreement Consultative Committee (ACC) on the policy dimensions of new and continuing programs including, but not limited to, the scope, objectives, target groups (where relevant) and evaluation requirements. The PRG will also be consulted, and may provide advice, on the development of a protocol specifying the circumstances under which a pharmacist will be allowed to dispense without a prescription.

In addition, the extensive consultation process being conducted by the Department will include the development of, and invite comments on, an appropriate protocol for the dispensing of the specified medicines. This consultation process has just commenced.

- g) Medication Continuance is not expected to have any significant impact on PBS expenditure. As part of the implementation of the program an independent organisation will be engaged by the Department to evaluate the program. It is anticipated that the impact of Medication Continuance on the PBS will form part of the program evaluation.