

SUBMISSION TO THE AUSTRALIAN GOVERNMENT
DEPARTMENT OF HEALTH AND AGEING

REVIEW OF ANTICOAGULATION THERAPIES IN ATRIAL FIBRILLATION

PURPOSE

The Pharmaceutical Society of Australia (PSA) makes this submission in response to the invitation to provide comment on the *Review of anticoagulation therapies in atrial fibrillation*.

ABOUT PSA

PSA is the peak national professional pharmacy organisation representing Australia's pharmacists working in all sectors and locations. There are approximately 26,000 registered pharmacists (based on Pharmacy Board of Australia data at 30 June 2011). PSA's core functions include: providing high quality continuing professional development, education and practice support to pharmacists; developing and advocating standards and guidelines to inform and enhance pharmacists' practice; and representing pharmacists' role as frontline health professionals.

RECOMMENDATION

PSA provides the following recommendations to this Review.

- 1. To undertake a pilot program of a pharmacist-led anticoagulation management service in the community pharmacy setting in collaboration with general practitioners.**
- 2. To promote Home Medicines Reviews as standard practice for consumers on long term warfarin therapy**

RATIONALE

The optimal use of anticoagulants is dependent on many factors and in the context of ensuring appropriate and cost effective subsidisation of medicines through the PBS and improving health outcomes for consumers, PSA firmly believes that greater investment in the expertise of pharmacists is warranted.

While newer anticoagulation agents may offer cost effective therapy, PSA notes the PBAC's comments¹ associated with dabigatran that "warfarin is used sub-optimally" and that "low risk patients currently managed on aspirin or no treatment may be unnecessarily transferred to dabigatran". It is also possible that other newer agents may come onto the Australian market putting greater pressure on the PBS in the future.

Given the comment above regarding sub-optimal use of warfarin and that "there is no compelling reason to switch patients already stable on warfarin",² one area where pharmacists could provide greater contribution of expertise is in the management of warfarin therapy.

We understand that pharmacist-led anticoagulation clinics are well-established, mostly in the hospital setting, in the US, Canada and UK. In Australia, there have been a number of

¹ Information on PBAC's comments from March 2011 provided on the Review web site at www.pbs.gov.au.

² Repatriation General Hospital (SA) Pharmacy E-Bulletin (24 January 2011).

projects^{3,4,5} funded through Community Pharmacy Agreements which have investigated community pharmacy based anticoagulation management services for consumers on warfarin in collaboration with general practitioners. These studies have shown positive outcomes such as reduced rates of warfarin-related adverse events, better self-monitoring for appropriate consumers, and successful multidisciplinary care.

In New Zealand, the outcomes of a pilot program of a Community Pharmacist-led Anticoagulation Management Service⁶ have been released which demonstrate again a model of care that pharmacists can deliver through to improve health outcomes for consumers.

PSA strongly believes it would be timely to have an expanded trial in Australia of a pharmacist-led service in the community pharmacy setting in collaboration with general practitioners to assist consumers with their warfarin management.

In addition, a recent Australian study⁷ reported that collaborative Home Medicines Reviews (HMRs) undertaken for Australian war veterans delayed next hospitalisation for warfarin-associated bleeding in the 2-6 month period after the review. We would suggest that a six-monthly HMR should become standard practice for consumers on long term warfarin therapy who are considered at high risk of a bleeding event.

PSA would be happy to provide additional information or clarification and we are keen to discuss any opportunities in relation to our recommendations which we believe will benefit consumers.

Submitted by:

Pharmaceutical Society of Australia
PO Box 42
Deakin West ACT 2600
www.psa.org.au

Liesel Wett, Chief Executive Officer

Contact person:

Kay Sorimachi, Director Policy and Regulatory Affairs
kay.sorimachi@psa.org.au

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³ A community pharmacy based anticoagulant management service. Information available at: www.5cpa.com.au/sites/The_Guild/tab-Pharmacy_Services_and_Programs/Research_and_Development/Third%20Agreement/2002-027.page.

⁴ The role of community pharmacy in post hospital management of patients initiated on warfarin. Information available at: www.5cpa.com.au/sites/The_Guild/tab-Pharmacy_Services_and_Programs/Research_and_Development/Fourth%20Agreement/2007%2008-04.page.

⁵ Pharmacy-based model enabling patient self-monitoring of warfarin: development and evaluation. Information available at: www.5cpa.com.au/sites/The_Guild/tab-Pharmacy_Services_and_Programs/Research_and_Development/Fourth%20Agreement/IIG-022.page.

⁶ Final Report (September 2011) available at: www.healthworkforce.govt.nz/sites/all/files/Pharmacy%20AMS%20demonstration%20final%20evaluation%20report.pdf.

⁷ Roughead EE et al. Collaborative home medicines review delays time to next hospitalization for warfarin associated bleeding in Australian war veterans. J Clin Pharm Ther; 36:27-32 (2011).