A SUBMISSION REGARDING THE POST MARKET REVIEW OF AUTHORITY REQUIRED PBS LISTINGS

The terms of reference relating to this review are as follows:

1. Review the criteria used by the PBAC to determine if a medicine should be recommended as Authority Required or Authority Required (Streamlined) on the PBS.

2. Systematically review the current Authority Required listings according to the proposed criteria to ensure this is applied consistently to all PBS Authority listed medicines.

I have been registered as a pharmacist for almost twenty years and have worked with the Authority Required system for PBS and RPBS listings throughout this period.

Whilst a reduction of so called "red-tape" would be welcomed and be beneficial for all, the associated risks need to be fully determined prior to any changes to the current system.
The Terms of Reference of the Review of Authority Required Listings should have a wider scope and include:

- Systematic analysis of potential risks and issues associated with reduction of administration burden

- Potential for loss of financial control with reduced approval assessments
  - Prescribers may be unaware of restrictions and prescribe a drug unknowingly outside of PBS listing restrictions reducing cost-effectiveness of a particular listing.
  - Demonstrated by increase in use of items when changed to Streamline Authority eg the Drug Utilisation Subcommittee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) report on "The use of antipsychotics in the middle aged".

- Whether appropriate staffing levels exist at Medicare and DVA in processing centres so as to assess Authority approvals in a timely manner including telephone approval and posted authorities.
  - Evidence should be provided of processing centre performance indicators or standards being upheld
    eg telephone calls consistently answered within an appropriate and acceptable timeframe.
    eg mailed authority applications processed within appropriate and acceptable timeframe.
  - Assessment of these performance indicators which might highlight correctable barriers which may impact on prescribers obtaining approvals in a timely manner.
  - Analysis of existence of appropriately trained/qualified staff to expedite approvals, and availability of clinical advisers to provide competent and proficient assistance to prescriber or pharmacist queries eg Medicare utilising non-clinical clerks versus DVA contracting experienced clinical pharmacists.

- Merits of Quality Use of Medicine controls that exist under the status quo where restrictions under the Authority Required system provide this QUM framework.

- Assessment for each drug class, at each stage intended in this Review, regarding so called off-label use of medications &/or outside subsidised PBS listing restrictions as highlighted in the recent Antipsychotic Review and reported on by DUSC. The potential leakage outside the stated restriction needs to be determined along with the potential increase in PBS spending as a result.

- Involvement by PBAC's Drug Utilisation Sub-Committee at each stage of the Review for each drug class and a framework for future monitoring of any changes made to the Authority system.

- Comparison of utilisation of Streamlined Authority approvals versus continued utilisation of Authority phoned/mailed applications by prescribers for the same drug listing. The comparison of statistics for each method to gain approval which may highlight differences in prescribing habits in regard to the stated restriction.

- Risks and impact on the community of increased abuse/diversion of narcotic items for increased quantity Authority without verifiable input from Medicare/DVA Authority Required systems.

As much as we all strive for efficiencies within the workplace, should they come at the cost of accepted quality patient care now and into the future? Should we accept a reduction of monitored restrictions now, to find out it results in an increased PBS budget in the future where the net effect will be financial restrictions on community access to needed subsidised medicine in the future?

History has demonstrated that this is impossible to retrieve once the horse has bolted so careful consideration should be afforded to relaxation of existing rules and restrictions.

I would hope the reviewers would acknowledge and facilitate the points above to also be addressed during this upcoming Review.

Yours sincerely

Name withheld B.Pharm ACP (submitted on Cover sheet)