



Post-market Review of Authority Required PBS Listings

Personal submission

There are several aspects of this review which may not have been covered by other individuals or organisations.

Philosophy of the system

It is apparent that the Authority Required system reduces outlays on expensive pharmaceuticals. What has never been clear is whether this reduction in outlays is due to reduction in inappropriate prescribing. Several of my colleagues refuse to prescribe PBS Authority Required items because they find the process time-wasting and demeaning. This is blunt-instrument rationing.

No amount of improvement in the speed of response or the tone of voice of the Authority Line operators will overcome the fact that this system relies upon the calculated insult that it delivers to the prescriber. This usually happens in front of their patient: suggesting that the doctor "needs permission" to prescribe this medication.

This insult is magnified when it comes to so-called Complex Drugs. Here the doctor - usually a senior specialist in their field - is required to sign a declaration that he or she is not lying in this application, then prove it by supplying copies of reports. Again this usually takes place, all or in part, in the presence of the patient, who is then required to sign part of the application and have their signature witnessed.

In one of the letters I received about these reviews, the author stated, "The Government remains committed to evidence based decision making, and continues to require the submission of evidence to support ongoing eligibility for patients to access these very expensive drugs ..."

The Cochrane Collaboration defines evidence-based medicine as, "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients." Demanding that prescribing doctors supply evidence about the patient when they prescribe a medication with a restricted PBS indication is not evidence-based prescribing. As there are tough sanctions attached to the PBS, this is in fact a process of reversing the onus of proof in policing the PBS regulations.

The true cost of the system


Telephone Authority prescriptions undermine the morale of the prescribing doctor and his or her attitude to the PBS. And their patients know it.

Technically speaking, this is clerical work, not clinical care. Thus it should not be billed to Medicare. As the patients needing these sophisticated medications are often financially stressed, the work is usually done at the doctor's expense.

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This week I spent one and a half hours doing the paperwork needed to ensure that a patient with progressive myeloma was able to continue her bortezomib treatment. I am supervising her care in consultation with a stem cell transplant specialist and a nephrologist. The other specialists use a different pathology laboratory to me and different tests to monitor her, so it took a long time to collate the information demanded by the Complex Drugs administrators in Hobart. This was all done in my time at my expense.

It is usually people like me; senior haematologists, oncologists, rheumatologists and neurologists, who prescribe the medications on the Highly Complex Prior Written Approvals list. Collectively we represent a significant part of the intellectual capital of this country and a large investment in education and training. We are not the people whose time should be used up by red tape. And we should not be encouraged to become disaffected with the Australian health system.

Alternatives

A system of random audits of prescriptions, backed up by legal action against offenders, would be ethically and legally appropriate. Surely this would be a better way to ensure the integrity of the PBS than the current system, which offends and wastes the time of all prescribers, honest or otherwise.