



Submission to post-market review of PBS Authority Required listings

Optometry Australia (formerly Optometrists Association Australia) welcomes the opportunity to provide comment on the Post-market Review of Authority Required PBS Listings and welcomes the commitment of the Federal Government to improve safety, care and efficiency by reducing red tape and administrative burden for health professionals.

Optometry Australia is the national peak body for the optometry profession, comprising a membership base of over 90% of all registered optometrists within Australia. The optometry profession consists of a workforce of approx. 4,500 nationally registered optometrists and as the cornerstone of primary eye care in Australia plays a key role in the prevention, early detection and management of eye disease and vision loss.

Optometrists have been prescribing medicines for acute and chronic conditions of the eye within Australia since 2000 (with different jurisdictions granting prescribing rights to optometry from this time.) Optometrists were granted initial PBS approval as prescribers in 2008 and now prescribe from a common formulary that is approved and maintained by the Optometry Board of Australia.

In this submission we provide general comment on:

- **the administrative burden prescribers face**
- **optometric prescribers ineligible for Authority Required (Streamlined)**
- **the Authority Required drugs being reviewed that can be prescribed by optometrists**

Administrative burden on prescribers

Member optometrists have reported the difficulties they experience when calling to gain authority to prescribe authority required drugs. These frequently relate to delays in the system, which in some instances are attributed to a lack of familiarity with optometry prescribing by Government personnel receiving these calls. Difficulties can also relate to queries from patients as to the need for approval. Often the Authority Required drugs optometrists prescribe are the same drug that a patient has been previously prescribed without the need for authority, just in different form (for example, single dose bottle vs preservative free multi-unit dose form indicated as a result of preservative hypersensitivity). In such instances patients do not understand the need to seek approval, and the need to do can cause unnecessary concern amongst patients who do not understand the authority required process.

Optometric prescribers and eligibility for Authority Required (Streamlined)

Optometry Australia acknowledges that certain drugs receive Authority Required listing so as to limit usage in accordance with TGA indications, for cost purposes or in relation to concerns about medicine misuse. Optometry Australia believes that such objectives can be achieved with regard to the ophthalmic drugs prescribed by optometrists without the need for the burdensome bureaucratic processes that the existing Authority Required system requires.



We note that the Authority Required (Streamlined) system was introduced in 2007 and minimises red tape and the administrative burden for prescribers and in so doing also offers benefit for patients. Optometry prescribers have not been able to access the Authority Required (Streamlined) system. We believe this policy setting is overly restrictive and unnecessary. Optometrists have a strong and safe prescribing history and the education and expertise to prescribe appropriately for conditions of the eye according to quality use of medicines principles.

Currently nearly 40% of the optometry profession is authorised to prescribe scheduled medicines courtesy of either a specialised post-graduate prescribing qualification or an entry-level program that includes prescribing training as part of that qualification. From 2015 all new graduates entering the profession will do so through a training program that develops the skills, knowledge, and competency to prescribe. This means that within the next few years the majority of the profession will be authorised to prescribe. In addition all authorised optometrists must complete at least 50% of their ongoing professional development in education related to prescribing as per the mandatory Optometry Board of Australia CPD registration standard.

While restricting optometry access to the Authority Required (Streamline) processes might have been viewed as an appropriate safeguard when initially granting optometrists PBS prescribing rights in years gone by, it is our strong view that this should certainly not be the case today. Removing this unnecessary restriction to optometry prescribing is in line with the intended objective of this review to reduce unnecessary administrative and cost burdens on prescribers, without impacting safety and care of patients.

Authority Required drugs under review of relevance to optometry

Optometry Australia notes that the list of drugs identified for review of their Authority Required listing includes 16 items prescribed by authorised optometrists, two of which are fluoroquinolone eye drops and the remaining 14 artificial tear supplements used in the management of ocular surface disease and chronic severe dry eye. The items being reviewed are:

Fluoroquinolone eye drops

05567B ofloxacin 0.3% (3 mg/mL) eye drops, 5 mL

05564W ciprofloxacin 0.3% eye drops, 5 ml

Artificial tears supplements

02090B carbomer 0.2% + triglyceride lipids 1% eye gel, 30 x 600 mg unit doses

02171G sodium hyaluronate 0.2% (2 mg/mL) eye drops, 10 mL

02184Y sodium hyaluronate 0.1% (1 mg/mL) eye drops, 10 mL

05502N carbomer-974 0.3% eye gel, 30 x 500 mg unit doses

05504Q carbomer-980 0.2% (2 mg/g) eye drops, 30 x 0.6 mL unit doses

05505R carmellose sodium 1% (4 mg/0.4 mL) eye drops, 30 x 0.4 mL unit doses



05506T	carmellose sodium 0.5% (2 mg/0.4 mL) eye drops, 30 x 0.4 mL unit doses
05509Y	carmellose sodium 0.25% (1.5 mg/0.6 mL) eye drops, 24 x 0.6 mL unit doses
05510B	carmellose sodium 1% (6 mg/0.6 mL) eye gel, 28 x 0.6 mL unit doses
05521N	dextran-70 0.1% + hypromellose 0.3% eye drops, 28 x 0.4 mL unit doses
05532E	polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses
05545W	soy lecithin 1% (10 mg/mL) + tocopherols 0.002% (20 microgram/mL) + vitamin A palmitate 0.025% (250 microgram/mL) eye spray, 100 actuations
05560P	polyethylene glycol-400 0.25% (1 mg/0.4 mL) eye drops, 20 x 0.4 mL unit doses
05561Q	carmellose sodium 0.5% (2 mg/0.4 mL) + glycerol 0.9% (3.6 mg/0.4 mL) eye drops, 30 x 0.4 mL unit doses

Fluoroquinolones

Currently the two fluoroquinolone eye drops (ciprofloxacin + ofloxacin) listed for review are restricted to the treatment of bacterial keratitis with treatment criteria that specify they *'must be treated by an ophthalmologist or in consultation with an ophthalmologist'* in order to be prescribed through the PBS.

It is the view of Optometry Australia that given the existing treatment criteria that require the optometrist (or general practitioner for that matter) to have contact with an ophthalmologist when prescribing these items streamlining these items is unlikely to result in an increase in PBS prescribing rates or a reduction in safety. Moving these items to Authority Required (Streamlined) will benefit patients by improving access to practitioners to receive the timely care and treatment they need. While bacterial keratitis is thankfully uncommon, in regional areas without specialist services or on non-business days optometrists are often the health practitioners who will see these patients who require fluoroquinolone eye drops. Such presentations required immediate initiation of treatment to reduce the risk of vision loss and blindness. Currently the existing Authority Required listing does not support patients receiving the care in the most timely fashion available and as such we feel that both items should be streamlined to reflect this.

Recommendation:

That ciprofloxacin and ofloxacin eye-drops are moved to Authority Required (Streamlined)

Artificial tear supplements – multi-use doses/sprays

The remaining 12 Authority Required items included in the post-market review that optometrists prescribe are single-use dose preservative free eye drops for use in patients with *'severe dry eye syndrome who are sensitive to preservatives in multi-dose eye drops'*. Clearly there is not a safety issue for this Authority Required listing as many of these items are able to be prescribed by an optometrist in multi-use dose form without seeking authority. Neither are they a new class of drugs or items likely to be misused given the existing restriction which means they can only be prescribed for patients with



severe dry eye syndrome who experience a hypersensitivity response to the preservative in the multi-dose form.

Optometrists are competent at detecting, diagnosing and managing dry eye and ocular surface disease and have the clinical equipment to do so within their practice. This includes a slit-lamp bio-microscope which is found in all optometric practices and allows high magnification assessment of the cornea, eyelids and tear film. Optometrists have also begun investing in specialised equipment in recent years that can assess tear film quality through tear samples that indicate poor tear quality and likelihood of dry eye symptom severity. Given optometrists are estimated to provide 75% of primary eye care in Australia and have access to the specialised equipment (used to manage severe dry eye) more so than general practice they are best placed to provide the ongoing management for severe dry eye patients. Further, the selection of artificial tear supplements used to treat chronic dry eye has evolved significantly depending upon the clinical signs and cause of the dry eye.

The Authority Required listing of these items places excessive administrative burden on optometrists and their dry eye patients on a regular basis, with severe dry eye a chronic condition that requires ongoing monitoring and treatment. Member optometrists have also reported that often patients are questioning why their GP has referred them to the optometrist for management of their dry eye yet the GP is not required to seek phone or written approval prior to writing a prescription whilst the optometrist must. Optometry Australia considers the fact that these items when prescribed by a GP or nurse practitioner are Authority Required (Streamlined) yet when prescribed by an optometrist require written or phone approval unnecessary red tape.

Recommendation:

That listing of all items in the post-market review discussed above for the treatment of severe dry eye are altered to be able to be prescribed by optometrists through the Authority Required (Streamlined) system as they are for general practitioners and nurse practitioners.