MONASH University

8th August 2014

Keir Delaney
Secretary
Standing Committee on Legal & Social Issues
Parliament House
Spring Street, East Melbourne 3002

Dear Keir

Subsequent to the presentation on behalf of the Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University to the Inquiry into Community Pharmacy in Victoria, held on 28th July 2014 and in reply to your letter of 30th July, I provide the following information.

1. With regard to the United Kingdom and the prescribing roles of pharmacists there, please supply the committee with the range of drugs that pharmacists are allowed to prescribe.

The extension of prescribing rights to nurses, pharmacists and other allied health practitioners in the UK evolved in a number of stages. **Supplementary prescribing** occurs within an agreed clinical management plan following a diagnosis being made by a medical practitioner (originally called dependent prescribing) was introduced in the UK in 2003. The range of drugs able to be prescribed by a Supplementary prescriber was restricted to those listed on the management plan which would have been drugs relevant to the therapeutic area of practice of the lead medical practitioner.

Independent prescribing which entails the pharmacist, nurse etc, performing the combined act of diagnosis and prescribing was introduced in 2006. **An independent prescriber is authorised to prescribe which ever drugs they deem appropriate for the patient however they are expected to confine themselves to prescribing within their area of competence and scope of practice**. This principle aligns with what currently happens in medicine – an oncologist is expected to be competent to prescribe cancer therapy whereas a GP would not be expected to routinely prescribe such drugs it would be outside their area of competence although there is no legal constraint on them doing so.

Generally, in the UK the new independent prescribers such as pharmacists work as part of a team with doctors in both primary and secondary care, but they are legally responsible for their own prescribing. While it is relatively simple to define the range of drugs expected to be prescribed by an independent prescriber from a professions that has a narrow scope of practice such as midwives or optometrists, it is difficult to define an equivalent 'formulary' for pharmacists.

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2. Any further information you may wish to provide regarding medication not covered by the pharmaceutical benefits scheme and the situation whereby patients go to hospital in order to obtain free medication as opposed to having to pay at a pharmacy.

Drugs are able to be marketed in Australia once they have been proven to be of appropriate safety, efficacy and quality. Drugs that have already gained marketing approval in Australia are subsidised by the Pharmaceutical Benefits Scheme when they are proven to be cost-effective. A drug may not be subsidised by the PBS because:

- It has not been approval for marketing [e.g. still under clinical trial];
- It has been approved for marketing but the company sponsoring the drug does not believe an application for subsidy is warranted [e.g. predominantly hospital use];
- An application for subsidy by the PBS is still under consideration;
- It has failed to satisfy evidence of cost-effectiveness compared with alternate therapies;
- It has been listed on the PBS for a specified condition but is being prescribed for an indication for which it is not subsidised.

In these situations, if the medicine is prescribed in a community setting by either a GP or specialist, it will be classified as a 'private prescription' [i.e. not entitled to PBS subsidy] and the cost of the dispensed medicine will fall to the patient.

Patients with private health insurance 'extras cover' may be able to receive a rebate in relation to private prescriptions however the level of rebate is very small [often <$30 per script], particularly in relation to high cost cancer medicines [often $thousands per script].

If it is recognised that a patient will face financial hardship, the decision may be taken to prescribe and dispense the medication at a public hospital thereby avoiding the patient most of the costs.

In addition to patients being required to go to hospital to obtain medicines due to issues of costs, patients may be required to go to hospitals for medical consultation or other specialist treatments and may be prescribed and dispensed their medicine as the time of the consultation for convenience.

I trust this information is of value. Please contact me if further information is required.

Yours sincerely

John Jackson
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Cc Prof Carl Kirkpatrick, Monash University

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