



SHPA response to Inquiry into Long COVID and Repeated COVID Infections, November 2022

Introduction

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

Hospital Pharmacists have played a critical role over the COVID pandemic, operating the logistics of and making up vaccine doses for state-run mass vaccination clinics during 2021, and supplying and dispensing vital COVID antiviral treatments from the National Medical Stockpile, such as sotrovimab, remdesivir, molnupiravir, nirmatrelvir + ritonavir, and tixagevimab + cilgavimab for prophylaxis of COVID.

SHPA convenes an Infectious Diseases Specialty Practice Group, consisting of a network of pharmacists who have expertise or interest in infectious diseases, including general infectious diseases, critical care, tropical medicine, antimicrobial stewardship, antimicrobial therapeutic drug monitoring, surgical prophylaxis, HIV, and sexual health.

SHPA also convenes a Clinical Trials Specialty Practice Group, bringing together pharmacists who are involved in the provision of a clinical trial or investigational drugs pharmacy service to clinical trial participants in hospitals (private and public) and Phase 1 clinical trial units, and clinical trials pharmacists who also provide a service to research departments.

SHPA is also a member of the National Clinical Evidence Taskforce (NCET) for COVID and represented on the National Steering Committee and National Guidelines Leadership Group. SHPA members who are subject matter experts in their field, are also represented on various specialist expert writing group panels convened by the NCET COVID Taskforce, including the acute and critical care panel, disease modifying treatment and chemoprophylaxis panel.

SHPA welcomes the opportunity to provide feedback to the Inquiry into Long COVID and Repeated COVID Infections.

Recommendations

- 1. Establish an independent advisory group to advise the Health Minister on associated health, economic and social impacts of Long COVID and repeated COVID infections.**
- 2. NSW and ACT should become a signatory of the Pharmaceutical Reform Agreements (PRA) to reduce delays in or prevention of access to COVID antivirals on the Pharmaceutical Benefits Scheme.**
- 3. Adopt clinical pharmacist and pharmacy technician ratios in a clinical trials pharmacy service in line with SHPA's Standard of Practice in Clinical Trials for Pharmacy Services and SHPA's Standards of Practice for Clinical Pharmacy Services in order to continue supporting the research and investigation of potential COVID treatments.**



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4. Continue to fund the NCET in order to continue the provision of evidence-based recommendations for health services and health professionals in the clinical care of long COVID and repeated COVID infections.

SHPA's recommendations are described in further detail below each Term of Reference (TOR). If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jjik@shpa.org.au.

Submission to Terms of Reference (TOR)

TOR 1: The patient experience in Australia of long COVID and/or repeated COVID infections, particularly diagnosis and treatment;

TOR 4: The health, social, educational and economic impacts in Australia on individuals who develop long COVID and/or have repeated COVID infections, their families, and the broader community, including for groups that face a greater risk of serious illness due to factors such as age, existing health conditions, disability and background;

Recommendation 1: Establish an independent advisory group to advise the health minister on associated health, economic and social impacts of Long COVID and repeated COVID infections.

Given that diagnostic criteria for long COVID is not clearly defined in literature and often presents with varying symptoms, diagnosis and therefore subsequent access to treatment remains challenging. SHPA recommends further research into the impacts of long COVID and repeated COVID infections on the patient experience and advocates for an independent advisory group to advise on associated health, economic and social impacts.

Recommendation 2: NSW and ACT should become a signatory of the Pharmaceutical Reform Agreements (PRA) to reduce delays in or prevention of access to COVID antivirals on the Pharmaceutical Benefits Scheme.

SHPA believes that the Commonwealth should make the PRAs a uniform policy in Australia and enter into PRAs with New South Wales and Australian Capital Territory. This would ensure a consistent standard of care for vulnerable patients who have just had a major health event requiring hospital care, allowing them to access Pharmaceutical Benefits Scheme (PBS) subsidised medicines and reduces the need for individuals to immediately seek an appointment with their general practitioner on discharge from hospital to continue receiving vital medicines.

Due to NSW not being a signatory to the PRAs, NSW Health patients who are COVID-positive cannot access PBS subsidised COVID antivirals as the hospital cannot dispense them with PBS subsidy. This disproportionately impacts patients who experience repeated COVID infections, are treated by NSW Health and are otherwise eligible for PBS-subsidised COVID antivirals.

This is felt particularly in NSW Health Virtual Clinics where GPs are seeing patients with COVID and wanting to prescribe COVID antivirals, but are unable to do so on the PBS as the prescription would originate from a NSW public hospital. Where the medicine would usually cost as little as \$6.80 for a concessional patient, hospitals have to charge the full private price which is approximately \$1,000 just to cost recover, or tell the COVID positive patient to seek a prescriber in the community who can prescribe it on the PBS. This is impractical given the challenges to GP access presently in Australia, and the need for COVID antivirals to be taken within five days of symptom onset.



SHPA NSW members tell us this is still occurring, and COVID-positive patients who are identified as eligible for PBS-subsidised COVID antivirals, are going without. The patient populations most at risk from COVID are also often least able to afford non-PBS prescriptions at private prices, and when they cannot source a PBS prescription in the community due to logistical issues, they go without vital COVID antivirals that reduce their risk of hospital admission.

TOR 2: The experience of healthcare services providers supporting patients with long COVID and/or repeated COVID infections;

TOR 3: Research into the potential and known effects, causes, risk factors, prevalence, management, and treatment of long COVID and/or repeated COVID infections in Australia;

Recommendation 3: Adopt clinical pharmacist and pharmacy technician ratios in a clinical trials pharmacy service in line with SHPA's Standard of Practice in Clinical Trials for Pharmacy Services and SHPA's Standards of Practice for Clinical Pharmacy Services in order to continue supporting the research and investigation of potential COVID treatments.

Clinical trials are essential to the development of new treatments, which includes medicines for the treatment of COVID. Hospitals and other healthcare agencies are the major centres for clinical trials involving these investigational products. SHPA members participated in early COVID treatment trials at the start of the pandemic and continue to do so.

Some of the clinical trials exploring treatments for long COVID and repeated COVID infections that SHPA members are currently involved in include repurposing existing medications such as colchicine and dexamethasone as well as experimental nasal sprays and inhalers in Australian hospitals. At least 26 trials testing therapies for long COVID both in Australia and worldwide¹, including:

- Fluvoxamine
- RSLV-132
- Vortioxetine
- Anticoagulants
- Colchicine
- Dexamethasone

SHPA's *Standard of Practice in Clinical Trials for Pharmacy Services*² outlines the key objectives of a clinical trials pharmacy service in hospitals including:

- provide safe and ethical use of investigational products by ensuring that they are appropriate for use and are procured, handled, stored and used safely and correctly
- apply the principles of best pharmacy practice to the evaluation of new investigational product or medicines
- ensure that the pharmacy aspects of investigational product use comply with relevant legislation, standards, guidelines and local or institutional policies
- consider the safety and welfare of participants and the protection of their legal and ethical rights, including confidentiality and privacy.



These services are led and overseen by clinical trials pharmacists, with key roles including:

- co-ordinating, collaborating and providing support for the clinical trials pharmacy service
- delivery of pharmacy services that improve participant medication outcomes and add value to health care systems, while encouraging the financial sustainability of healthcare
- development of and input into policies, procedures, guidelines and resources
- commentary on clinical trials protocols
- provision of education and training for healthcare professionals and students
- provision of education and counselling to clinical trial participants, carers, medical and nursing staff and other pharmacists
- pharmacy research related to clinical trials.

SHPA recommends that clinical pharmacist and pharmacy technician ratios in a clinical trials pharmacy service are observed with respect to SHPA's *Standard of Practice in Clinical Trials for Pharmacy Services*² and SHPA's *Standards of Practice for Clinical Pharmacy Services*³ in order to continue supporting the research and investigation of potential COVID treatments in Australia's hospitals.

Due to the 'off-label' use of some medications for the treatment and management of COVID, this means that the official product information and consumer medicines information leaflets for these medicines are not tailored to the use for treating long COVID or repeated COVID infections. Furthermore, the dosing ranges and dosing schedules for this 'off-label' use is also often different to the dosing range and schedules for the medicines regular use.

Hospital pharmacists are best placed to provide information to other health professionals and provide counselling to patients to ensure appropriate education and understanding is achieved. Hospital pharmacists provide specialist advice to medical colleagues on the formulation, dosing and treatment selection for COVID for special population groups including those with chronic diseases, kidney disease, swallowing difficulties or are pregnant.

In particular, Medicine Information pharmacists working in Medicines Information Service in hospital pharmacy department have extensive knowledge and skills in medicines information and a sound knowledge of evidence-based medicine and therapeutics. They provide up to date and evidence-based advice to colleagues regarding rapidly emerging new treatments⁴, some of which are 'off-label'.

However, the use of 'off-label' medicines can come at a large cost to both healthcare services and consumers as they are not subsidised on the PBS.

TOR 5: The impact of long COVID and/or repeated COVID infections on Australia's overall health system, particularly in relation to deferred treatment, reduced health screening, postponed elective surgery, and increased risk of various conditions including cardiovascular, neurological and immunological conditions in the general population; and

According to research, healthcare systems and their patients will experience delayed diagnoses due to reduced screening⁵ as a result of the COVID pandemic. Some of these reduced screenings will be related to diseases and conditions in which evidence is emerging that their potential increased risk of incidence may be linked to COVID infection, such as neurological, immunological and cardiovascular conditions.

Overall, there is reduced screening of diseases across the entire spectrum, including Australia's national screening program for breast, bowel and cervical cancers⁶ and sexually transmitted diseases⁷.

Data sources from the Australian Institute of Health and Welfare^{8,9} indicates that the length of hospital admissions is on a downward trend, and this is in part due to health system capacity not keeping up with demand according to clinicians.



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Even prior to COVID, patients were presenting to hospital with more advanced disease states, have higher acuity and complexity, and pressures placed on hospitals and their clinicians to discharge patients as soon as possible.

These pressures have been further exacerbated by the current capacity issues in Australian hospitals and healthcare system, particularly with the current workforce shortages and reduced GP access Australians are experiencing.

TOR 6: Best practice responses regarding the prevention, diagnosis and treatment of long COVID and/or repeated COVID infections, both in Australia and internationally.

Recommendation 4: Continue to fund the National Clinical Evidence Taskforce (NCET) in order to continue the provision of evidence-based recommendations for health services and health professionals in the clinical care of long COVID and repeated COVID infections.

Healthcare service providers require up to date evidence and guidelines to assist healthcare professionals in making evidence-based treatment decisions for COVID. SHPA recommends that the NCET receives continued funding in order to provide evidence-based recommendations for health services and health professionals.

SHPA is the only pharmacy organisation represented on the NCET for COVID and deems this role and taskforce imperative in ensuring that evidence-based recommendations continue to be developed for the best possible outcomes for patients with Long COVID and repeated COVID infections.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.

References

¹ Nature.(2022). News Feature: Long-COVID treatments: why the world is still waiting. Available at:

<https://www.nature.com/articles/d41586-022-02140-w>

²Slobodian, P., Challen, J., Ching, M., Hong, E., Nikolajevic-Sarunac, J., Shum, B., Vosk, C. and Munro, C. (2020), Standard of practice in clinical trials for pharmacy services. *Journal of Pharmacy Practice & Research*. 50: 429-444. <https://doi.org/10.1002/jppr.1676>

³ SHPA Committee of Specialty Practice in Clinical Pharmacy. (2013). SHPA Standards of Practice for Clinical Pharmacy Services. *Journal of Pharmacy Practice & Research*, 43, No. 2, S1-69

⁴ SHPA Committee of Specialty Practice in Medicines Information. (2013). SHPA Standards of Practice for Medicines Information Services. *Journal of Pharmacy Practice and Research*, 43, No. 1

⁵ Siregar, K.N., Kurniawan, R., BaharuddinNur, R.J. et al. (2021). Potentials of community-based early detection of cardiovascular disease risk during the COVID-19 pandemic. *BMC Public Health* 21, 1308 <https://doi.org/10.1186/s12889-021-11384-6>

⁶ Feletto, E. et al. (2020) "How has covid-19 impacted cancer screening? adaptation of services and the future outlook in Australia," *Public Health Research & Practice*, 30(4). Available at: <https://doi.org/10.17061/phrp3042026>.

⁷ Nogrady, B. (2022). COVID sent STI screening rates plummeting. *Medical Republic* Available at: <https://medicalrepublic.com.au/liveblog19april2022/67396>

⁸ Australian Institute of Health and Welfare (2020). Overnight hospital stays becoming shorter and same-day hospitalisations increasing. AIHW. Available at: <https://www.aihw.gov.au/news-media/media-releases/2020/july/overnight-hospital-stays-becoming-shorter-and-same>

⁹ Australian Institute of Health and Welfare (2019). Hospitals at a glance 2017–18. AIHW. Available at: <https://www.aihw.gov.au/reports/hse/232/hospitals-at-a-glance-2017-18/contents/admitted-patient-care/how-much-activity-was-there>

