



SHPA response to the Revised PBS Post-market Review (PMR) Framework

Section 1. Privacy and consent

1. Do you consent to the Department collecting the information requested in Citizen Space about you, including any sensitive information, for the purposes of this consultation?

Yes, I consent.

2. Do you consent to the Department publishing your response to this consultation, on the Published responses page, after the consultation close date?

Yes, I consent to my full response being published.

Section 2. Contact details

3. What is your name?

Jerry Yik

4. What is your email address?

jiyk@shpa.org.au

5. Are you providing input as an individual or on behalf of an organisation? (Please select a category)

Clinical or health professional/organisation.

6. If you are providing input on behalf of an organisation, please provide the name of your organisation.

The Society of Hospital Pharmacists of Australia (SHPA)

7. What is your phone number?

0424 087 068

Section 3. Proposed change no. 1 - Public consultation on the draft Terms of Reference

The public consultation step on the draft Terms of Reference (ToRs) for a PMR has been removed from the revised draft PBS PMR Framework. Please provide your comments.

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.

SHPA does not support the proposed change to remove the public consultation on the draft TORs for a Post-market Review (PMR). SHPA members believe that whilst there may be sufficient opportunities for stakeholders to provide input during the PMR process, the elimination of consultation on the draft TORs may limit the Review's focus and impact on the intended outcome to inform decision making relating to ongoing access and subsidy of a particular medication. Consultation on the draft TORs for a PMR provides stakeholders with an opportunity to highlight certain blind spots on medicine use that the department may not be aware of, for example, certain settings that the medicines is used, how it is being prescribed, and any non-



The Society of Hospital Pharmacists of Australia

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

Pharmaceutical Benefits Scheme (PBS) subsidised use of the medicine – either for an PBS indication or non-PBS indication – also impacts on the PBS and the National Medicines Policy.

For example, if there were a post-market review of COVID-19 antivirals, it would find that due to NSW not being a signatory to Pharmaceutical Reform Agreements (PRA), NSW Health patients who are COVID-19 positive cannot access PBS-subsidised COVID-19 antivirals as the hospital cannot dispense them with PBS subsidy. This is felt particularly in NSW Health Virtual Clinics where GPs are seeing patients with COVID-19 and wanting to prescribe COVID-19 antivirals, but are unable to do so on the PBS as the prescription originates 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 \$1000 just to cost recover, or tell the COVID-19 positive patient to seek a prescriber in the community who can prescribe it on the PBS. The patient populations most at risk from COVID-19 are also often least able to afford non-PBS prescriptions, and when they cannot source a PBS prescription in the community due to logistical issues, they go without vital COVID 19 antivirals that reduce their risk of hospital admission.

This is just yet another example of the complex nature of PBS medicines access and use in non-primary care settings which deserves greater attention and awareness by policymakers and funders.

Section 4. Proposed change no. 2 – Review Reference Group

In the revised draft PBS PMR Framework, a Review Reference Group will only be established when deemed appropriate by the PBAC. Please provide your comments.

SHPA does not support the proposed change to only establish a Review Reference Group if there is lacking expertise in the membership of the Pharmaceutical Benefits Advisory Committee (PBAC) and its sub-committees.

SHPA members believe that there is a need for independent, expert advice on the draft Report prior to consideration by the PBAC and its sub-committees. This will ensure the involvement of a wide cross-section of the clinical expertise in the Australian healthcare community who are familiar with the medication subject to a PMR. The inclusion of a Reference Group ensures that stakeholders are being engaged in the review process and are confident that the Reference Group constitutes a diverse range of clinician experience.

Section 5. Proposed change no. 3 – Publication of Review Reference Group membership

In the revised draft PBS PMR Framework, information on the Reference Group membership will be published on the Post-market Review webpage at the beginning of the Review. Please provide your comments.

SHPA supports the proposed change to publish information on the Reference Group membership on the PMR webpage at the beginning of the Review.

Section 6. Proposed change no. 4 – Removal of references to internal working groups and other wording updates

- i. References to an internal working group being created for each PMR have been removed from the revised PBS PMR Framework to streamline administration. Officers from the Therapeutic Goods Administration (TGA) and the National Health and Medical Research Council (NHMRC) are available to provide input on an ad hoc basis when required.**
- ii. Out of date descriptions of the potential sources of data used in PMRs has been removed from the revised PBS PMR Framework.**

Please provide your comments.



The Society of Hospital Pharmacists of Australia

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

SHPA believes that more data sources are required to ensure a well scoped out Review, including state departments and hospital systems given how they access and use medications is often different to the use in the community. For example, even in jurisdictions which are PRA states, not all PBS medicines are necessarily accessible or readily supplied to hospital patients in that state due to local or state-wide formulary restrictions.

Section 7. General comments

Please provide any additional comments on the revised PBS PMR Framework that you would like the Department to consider.

SHPA is concerned that several of the proposed changes seem to limit transparency and stakeholder input. Overall, SHPA expects the PMR process to be a thorough and transparent process that provides the safest and best medication options to the Australian public.

SHPA supports the sustainability of the PBS and notes in changes to wording of the revised PBS PMR Framework, a shift in intent of the program. SHPA believes that the PMR process should aim to improve access to medicines for Australians through the PBS, however, disinvestment in PBS-listed medicines should only occur where clinical guidelines no longer recommend their use. Pursuit of savings should not be a primary focus of the PMR process. The focus should be on quality use of medicines and improved access to medications through the PBS.



The Society of Hospital Pharmacists of Australia

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806