

SHPA response to Exposure Draft of the National Health (Highly Specialised Drugs Program) Special Arrangement Amendment (Opioid Dependence Treatment) Instrument 2023

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 welcomes the opportunity to provide feedback on the exposure draft of the *National Health (Highly Specialised Drugs Program) Special Arrangement Amendment (Opioid Dependence Treatment) Instrument 2023*. SHPA members of the Pain Management, Mental Health, and Dispensing and Distribution Speciality Practice Groups who regularly support patients on ODT programs, have provided input into this submission.

While the majority of opioid dependence treatment (ODT) programs are delivered in the community setting, SHPA members are regularly involved in the provision of ODT medicines to inpatients and safely transitioning patients taking part in these programs into hospital from the community, and back into the community post-discharge. Public hospital pharmacists are also involved in supporting public Alcohol and Other Drug (AOD) clinics and prisons in the delivery of this program. They provide expert advice about the management of complex ODT patients to both prescribers and nurses, as well as deliver direct patient care for people with substance use issues including those on methadone/buprenorphine treatment and Long-Acting Injectable Buprenorphine (LAIB) treatment programs.

SHPA has previously made a submission to the [Post-market Review of Opiate Dependence Treatment Program Medicines](#) in 2021, advocating for appropriately funded clinical pharmacy services required in delivering an ODT program to, at a minimum, facilitate cost-recovery for both hospital and community pharmacists. Hospitals do not have capacity to dedicate resources from their already overstretched workforces to deliver ODT programs to patients who are displaced from their community pharmacies, nor to manage an increase in emergency department (ED) presentations of patients experiencing withdrawals. Therefore, it is important that the proposed funding continues to incentivise community pharmacies to deliver this valuable service. Fundamentally, patients participating in ODT programs are best and more appropriately managed in the community, and it would be a retrograde step to send them back to the hospital setting.

Impacts on the hospital pharmacy sector

- As mentioned above, hospital pharmacy departments often support the delivery of ODT programs through public AOD clinics and prisons. Currently, AOD clinics have been using opioid treatment charts to dispense ODT medicines to patients and, in prisons, the prison health service delivers the ODT medicines to prisoners. From 1 July 2023, the changes to the Pharmaceutical Benefits Scheme (PBS) listing of these medicines will mean that hospital pharmacy departments will be required to dispense each individual prescription for patients receiving therapy at a public AOD clinic or prison. This will be a significant increase in the workload of hospital pharmacy departments.
- ODT medicines that were previously provided from wholesalers at no charge were not costing the states while patients were admitted to hospital. These medicines will now need to be purchased from wholesalers and reimbursed through the PBS, however given hospitals cannot claim PBS for inpatient use of medicines, there will be a shift of cost to the states for continuity of care during a patient's hospital admission. There is, however, a significant amount of work involved in transitions of care for

patients on ODT programs that must be undertaken by hospital pharmacists in addition to the regular dispensing activities associated with dispensing ODT medicines. The lack of equity in access for inpatients may create perverse incentives to delay treatment till discharge which will ultimately impact on patient health outcomes. SHPA recommends that public hospital pharmacies are enabled to supply PBS-subsidised medicines for public hospital inpatients to achieve equity in access to all medicines including those associated with the ODT program.

- Clarification is required to ascertain how the Instrument will impact funding for hospital pharmacy medication supplies for patients presenting to ED who may require ODT dosing or initiation of Long-Acting Injectable Buprenorphine (LAIB) on the day of discharge. Furthermore, on some occasions pharmacists may be required to dispense a limited supply of ODT medicines to patients on discharge from hospital to allow time to obtain supplies from their community providers. It is not clear what the funding arrangements would be in these circumstances.

Access for Aboriginal and Torres Strait Islander people

- SHPA notes that the Program will list opioid replacement therapy medications as PBS Section 100 Highly Specialised Drug (HSD) with community access, with copayments charged in line with Medicare and/or concession card standard charges. As the Closing the Gap (CTG) PBS Co-payment Program applies to prescriptions for PBS General Schedule medicines only, it is our understanding that Section 100 HSD are excluded from this program.¹ Recent data from the Australian Institute of Health and Welfare (AIHW) National Opioid Pharmacotherapy Statistics Annual Data collection reports that on a snapshot day, up to 12% of all consumers accessing the ODT program identified as being of Aboriginal and/or Torres Strait Islander descent.² SHPA recommends that this disparity in access is addressed to provide equity in access to ODT for Aboriginal and Torres Strait Islander people.

Innovative models of care

- SHPA members have informed us of innovative models of care currently being trialled that include pharmacists increasing access to ODT programs through collaborative care. That is, pharmacists manage patient care within a treatment plan with a 6-month prescription being supplied by the prescriber and reviews being conducted by the pharmacist.³ The proposed 84-day limit of an ODT medicine on a prescription would result in these innovations being limited, further increasing pressure on a limited prescriber workforce.

SHPA also recommends that changes to the ODT program are aligned with existing policies and frameworks including the [National Drug Strategy](#), which describes the nationally agreed goal of harm minimisation, and the Guiding Principles outlined in the [National Quality Framework for Drug and Alcohol Treatment Services](#) to achieve positive health outcomes through improving the quality and safety of drug and alcohol treatment services for consumers and their families.

Fundamentally, SHPA supports better access to ODT programs and are pleased to see that the Commonwealth have a measure in place to reduce the cost to patients, however this is only useful if the program is financially viable to deliver. Further consultation with the community and hospital pharmacy sectors is required to ensure the ongoing sustainability and access to treatment for all patients.

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

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- ¹ Department of Health and Aged Care.(2022). The Closing the Gap (CTG)- PBS co-payment program 2022. Available at: <https://www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure>
- ² Australian Government. (2023). Australian Institute of Health and Welfare. National Opioid Pharmacotherapy Statistics Annual Data collection 2023. Available at: <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioid-pharmacotherapy-statistics-2019/contents/clients>
- ³ Nielsen S., Cheetham A., Jackson J., Lord S., Petrie D., Jacka D., Picco L., Morgan K. (2021). A prospective, multisite implementation-efficacy trial of a collaborative prescriber-pharmacist model of care for Medication Assisted Treatment for Opioid Dependence: Protocol for the EPIC-MATOD study. Research into Social and Administrative Pharmacy. Aug;18(8):3394-3401. doi: 10.1016/j.sapharm.2021.11.007. Epub 2021 Nov 18. PMID: 34924314.

