



Australian Government

Department of Health

Report to Parliament on the operation of s 89A of
the *National Health Act 1953* ('Continued Dispensing')

Department of Health
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Report to Parliament on the operation of s 89A of the *National Health Act 1953* (‘Continued Dispensing’)

This Report to Parliament is made in compliance with subsection 89A (5) of the *National Health Act 1953*.

Part 1 of this report describes how the Continued Dispensing arrangements were developed. Part 2 describes the operation of the arrangements from their commencement on 1 September 2013 until 30 June 2014.

Part 1: Implementation

Continued Dispensing is the supply of an eligible medicine to a consumer under the Pharmaceutical Benefits Scheme (PBS) when there is an immediate need for that medicine but it is not practicable to obtain a prescription, provided:

- the medicine has been previously prescribed, therapy is stable, and there has been prior clinical review by the prescriber that supports continuation of the medicine; and
- the medicine is safe and appropriate for the consumer.

The Continued Dispensing arrangements commenced formally on 1 September 2013, when Commonwealth PBS claims systems for Continued Dispensing transactions were activated.

Consultation

Indicative funding of \$1m was allocated under the Fifth Community Pharmacy Agreement to establish arrangements for the supply of certain medicines without a formal prescription. Originally referred to as 'Medication Continuance', the title of the initiative was changed to Continued Dispensing to better reflect the intent of the proposed arrangements.

The Department of Health undertook a written public consultation on the proposed arrangements during 2011, with responses from a broad range of stakeholders, including prescriber, pharmacy and consumer groups, that assisted in establishing the final policy parameters. Consultation continued during the implementation phase, as appropriate.

In particular, the Department engaged the Pharmaceutical Society of Australia to draft professional practice guidelines, *Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists*. An expert reference group of key industry representatives provided assistance in refining the implementation model for the arrangements.

Legislation

The Australian Government introduced section 89A to the *National Health Act 1953*, as part of the National Health Amendment (Fifth Community Pharmacy Agreement Initiatives) Bill 2011. Paragraph 89(b) of the Act entitles a person to receive a pharmaceutical benefit without a prescription where the requirements of the new section 89A have been met. The Minister may determine the specific conditions which must be met, as well as the limited pharmaceutical benefits that may be supplied under this new power. The amendments commenced on 1 July 2012.

The National Health (Pharmaceutical Benefits) Regulations 1960 were amended at the same time to include a new regulation 32A. This required a pharmacist to hold appropriate records to support the claim for payment under the PBS, and the information supplied to the most recent prescriber about the supply of the medicine to their patient under Continued Dispensing.

The National Health (Continued Dispensing) Determination 2012 also commenced on 1 July 2012. The determination specifies the pharmaceutical benefits that may be supplied, and the conditions that must be satisfied when the pharmaceutical benefits are supplied by a pharmacist under the Continued Dispensing provisions. The determination requires pharmacists to consider the *Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists* when satisfying the conditions set out in the determination, and when deciding whether those conditions are satisfied.

While the provisions for Continued Dispensing were established in Commonwealth law in 2012, practical commencement of the arrangements was delayed until at least half the states and territories had introduced enabling legislation to permit pharmacists to use Continued Dispensing.

Health professional communications

A copy of the *Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists* was distributed to each registered pharmacist in Australia during August 2013, through special arrangements with the Pharmacy Board of Australia. Further information was made available on the websites of the Department of Human Services, and Fifth Community Pharmacy Agreement, managed by the Pharmacy Guild of Australia. Generic information sheets were also available to support articles in industry publications.

The *Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists* includes background information on the new arrangements, practical guidance on how pharmacists might satisfy the conditions of supply, communication templates to advise prescribers of their patients being supplied medicines under the Continued Dispensing arrangements, and a Practice Tool for Continued Dispensing.

Information technology changes

The Department of Health supported changes to pharmacists' dispensing software, and the PBS claims system of the Department of Human Services. As part of these changes, each Continued Dispensing transaction is identified as such within the PBS claims database. This permits statistical reporting to be developed to monitor these arrangements.

Part 2: Operation

The Continued Dispensing arrangements commenced formally on 1 September 2013, when Commonwealth PBS claims systems for Continued Dispensing transactions were activated by the Department of Human Services.

The following states had made amendments to relevant legislation to permit Continued Dispensing supply in their jurisdictions from 1 September 2013:

- South Australia
- Tasmania
- Victoria
- Western Australia

New South Wales enabling legislation was introduced on 20 September 2013. Enabling legislation followed in the Australian Capital Territory in late November 2013. On 1 May 2014, regulations became effective that permitted Continued Dispensing to occur in the Northern Territory.

At the time of this report, Queensland is the only jurisdiction in which Continued Dispensing has not been enabled.

Data tables

The data are for the period 1 September 2013 to 30 June 2014, by date of processing by the Department of Human Services.

Table 1. Summary statistics for Continued Dispensing

2390	Number of valid Continued Dispensing transactions
61	Number of invalid transactions
11	Number of transactions that were 'beyond power'
779	Number of pharmacists making at least one Continued Dispensing supply
532	Number of pharmacies at which at least one Continued Dispensing supply was made

In the above table, a 'valid transaction' is a Continued Dispensing supply by a pharmacist for an eligible pharmaceutical benefit, in a jurisdiction for which enabling legislation was in force at the time of supply.

An 'invalid transaction' is a supply which was flagged as a Continued Dispensing transaction by the pharmacist in the PBS claim, but was not for an eligible medicine. Subsequent investigation by the Department has identified that all these transactions had been incorrectly flagged as Continued Dispensing supplies by the pharmacists, and should be disregarded. Pharmacists' dispensing software has been amended to prevent this error occurring in the future.

'Beyond power' transactions are those intended by the pharmacists to be valid Continued Dispensing supplies, but were made in a jurisdiction for which enabling legislation was not in force at the time of supply. All these transactions occurred in Queensland, and were referred by the Department of Health to the state regulator for appropriate action.

Transactions in the above three categories are mutually exclusive.

Table 2. Continued dispensing transactions per jurisdiction, and participating pharmacy numbers

Jurisdiction	ACT	NSW	SA	TAS	VIC	WA	Total
Transactions	154	586	183	192	908	367	2390
Per cent	6.4%	24.5%	7.7%	8.0%	38.0%	15.4%	100%
Pharmacies	16	131	44	38	204	99	532

Table 3. Continued dispensing by PBS generic name, count and per cent

PBS generic name	Count	Per cent
Oral hormonal contraceptive		
Oral Contraceptive Preparations	992	41.50%
Lipid modifying agents		
Atorvastatin	627	26.20%
Rosuvastatin	528	22.10%
Simvastatin	199	8.30%
Pravastatin	42	1.80%
Fluvastatin	2	0.10%
Total	2390	

Table 4. Continued Dispensing supplies of each eligible pharmaceutical benefit

PBS item code	PBS item description	Number of times dispensed
01392G	Ethinylestradiol + Levonorgestrol	112
01394J	Ethinylestradiol + Levonorgestrol	725
01456P	Ethinylestradiol + Levonorgestrol	33
01967M	Norethisterone	9
02011W	Simvastatin 10mg + 5R	21
02012X	Simvastatin 20mg + 5R	61
02013Y	Simvastatin 5mg + 5R	2
02416E	Ethinylestradiol + Oestradiol	8
02574L	Rosuvastatin 20mg + 5R	28
02584B	Rosuvastatin 10mg + 5R	2
02590H	Rosuvastatin 5mg + 11R	6
02594M	Rosuvastatin 40mg + 5R	16
02606E	Rosuvastatin 5mg + 5R	17
02609H	Rosuvastatin 20mg + 11R	6
02628H	Rosuvastatin 10mg + 5R	39
02636R	Rosuvastatin 40mg + 11R	2
02774B	Ethinylestradiol + Norethisterone	44
02775C	Ethinylestradiol + Norethisterone	29
02833D	Pravastatin 10mg + 5R	4
02834E	Pravastatin 20mg + 5R	10
02913H	Levonorgestrol	26
03179H	Mestranol + Norethisterone	6
03402C	Rosuvastatin 5mg + 11R	1
03403D	Rosuvastatin 10mg + 11R	2
03404E	Rosuvastatin 20mg + 11R	5
03405F	Rosuvastatin 40mg + 11R	1
08024H	Fluvastatin 40mg + 5R	2
08173E	Simvastatin 40mg + 5R	95
08197K	Pravastatin 40mg + 5R	16
08213G	Atorvastatin 10mg + 5R	91

PBS item code	PBS item description	Number of times dispensed
08214H	Atorvastatin 20mg + 5R	187
08215J	Atorvastatin 40mg + 5R	247
08313M	Simvastatin 80mg + 5R	16
08521L	Atorvastatin 80mg + 5R	86
08829Q	Pravastatin 80mg + 5R	11
09042X	Rosuvastatin 5mg + 5R	68
09043Y	Rosuvastatin 10mg + 5R	175
09044B	Rosuvastatin 20mg + 5R	111
09045C	Rosuvastatin40mg + 5R	49
09230T	Atorvastatin 10mg + 11R	2
09231W	Atorvastatin 20mg + 11R	6
09232X	Atorvastatin 40mg + 11R	6
09233Y	Atorvastatin 80mg + 11R	2
09239G	Pravastatin 40mg + 11R	1
09243L	Simvastatin 20mg + 11R	1
09244M	Simvastatin 40mg + 11R	1
09245N	Simvastatin 80mg + 11R	2

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All information in this publication is correct as at October 2014