



medicare

Revised arrangements for the efficient funding of chemotherapy drugs



From 1 December 2011 new prescribing and dispensing arrangements for chemotherapy medicines administered by the Pharmaceutical Benefits Scheme (PBS) will take effect. If you prescribe chemotherapy medicines, these changes will affect you.

Quick reference guide for prescribers

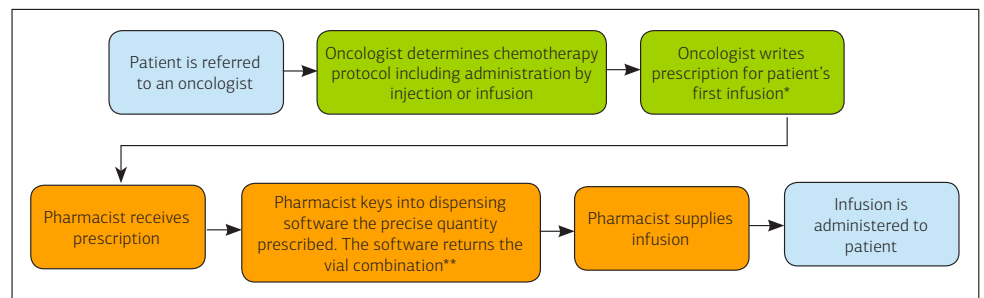
This document should be used as a guide only. Medicare recommends health professionals exercise their own skill and care with respect to its contents.

Why are the arrangements changing?

The changes will achieve greater efficiency in the use of chemotherapy medicines used to treat cancer and administered by injection or infusion, by:

- reducing waste and cost
 - prescribers will write dose specific prescriptions
 - pharmacists will be paid for the most cost efficient combination of vials which make up the required patient dose
- providing specific fees in recognition of the specialist nature of preparing injections/infusions.

Sequence of events



*One prescription will be required for each infusion, with an appropriate number of repeats permitted. The prescription directs the supply of a precise dose in milligrams or other appropriate unit of measure of medicine, generally calculated on the basis of the patient's body surface area.

**An algorithm integrated into dispensing software calculates the combination of vial sizes needed to make up the prescribed quantity into an infusion at the lowest cost.

For more information

For help with the revised arrangements go to medicare.gov.au then **For health professionals > PBS > Revised arrangements for the efficient funding of chemotherapy drugs**

For more information on public hospital implementation of the revised arrangements go to pbs.gov.au

Call 132 290*

* Call charges apply.

What will change for prescribers?

- Prescriptions must be written differently. For intravenous and injectable chemotherapy medicines, you must specify on the prescription the dose to be administered in milligrams or other appropriate unit of measure per infusion/injection, not the number of vials, forms or strengths.
 - Separate prescriptions will be needed when loading and continuing doses are different.
- Under the revised arrangements the Pharmaceutical Benefits Scheme (PBS) listings will be updated to include:
 - one item code per medicine (in most circumstances) with brands, forms and strengths listed underneath
 - the maximum amount, replacing maximum quantity, which refers to the upper limit in milligrams or other relevant unit of measure that can be prescribed, and
 - more items available as Authority required (STREAMLINED) for participating public and private hospitals. The streamlined authority code must be recorded on the authority prescription where the telephone approval number usually appears.
- Approved suppliers will be able to dispense any brand or combination of brands.
- The supplier can vary a dose by up to 10 per cent of the original amount prescribed without needing a new prescription, if the prescriber authorises the change.

- Patients will generally not pay more than they do under current arrangements—many will pay less. From 1 December 2011 one patient co-payment is applicable to original prescriptions and not the repeats.

Changes for public hospitals

- Public hospital implementation of the revised arrangements will be phased as their updated prescribing and dispensing software becomes available. These interim arrangements are expected to be in place until 31 March 2012.
- If you are writing a prescription within a public hospital for dispensing in a community pharmacy, the conditions relating to supply outside a public hospital apply, such as appropriate authority approval and paper prescription.

What won't change for prescribers?

- Prescription forms
- Medication chart for prescribing in public hospitals
- The process for obtaining authorities from Medicare and the Department of Veterans' Affairs.

Sample of Pharmaceutical Benefits Scheme changes

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium \$	Dispensed Price for Max. Amount \$	Maximum Recordable Value for Safety Net \$	Brand, Form, Strength and Manufacturer
	VINORELBINE						
	<u>Authority Required (STREAMLINED)</u>						
	3890						
	Locally advanced or metastatic non-small cell lung cancer.						
	<u>Authority Required (STREAMLINED)</u>						
	3907						
	Advanced breast cancer after failure of prior therapy which includes an anthracycline.						
7263G	Injection	70 mg	7	-	475.57	34.20	^a Hospira Pty Limited (Solution for I.V. infusion 10 mg (as tartrate) in 1 mL) HH ^a Hospira Pty Limited (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL) HH ^a Navelbine (Solution for I.V. infusion 10 mg (as tartrate) in 1 mL) FB ^a Navelbine (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL) FB ^a Vinorelbine Ebewe (Solution for I.V. infusion 10 mg (as tartrate) in 1 mL) SZ ^a Vinorelbine Ebewe (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL) SZ ^a Vinorelbine Kabi (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL) PK

What are the authorisation requirements?

- Authorisation requirements will not change under the revised arrangements. Medicines that require an Authority will continue to require an Authority; however more medicines will have their authorities streamlined.
- You can increase the quantity by up to 10 per cent on a previously approved prescription by advising the dispensing pharmacy.
- The Authority Notification System (ANS) will remain in place, for the use of public hospitals only, until 31 March 2012.

What are the prescription rules?

- Prescribers will order a dose of medicine (in an appropriate unit of measure) without reference to forms or strength.
- Same day prescribing is allowable.
- Regulation 24 (original and repeat supplied at the one time) and Regulation 25 (four and 20 day rule) will not apply for medicines under this initiative.

Sample prescriptions

Discharge location: 12345678 Ward/ clinic: 3W Discharge date: 01/12/11 Time: 3pm am/pm

Hospital prescription
 General Hospital 585 Main Street
 Melbourne City 3999
 Phone: (03)91919199
 Provider Number: 0000000X
 Pharmaceutical benefits entitlement or DVA number: 3 2 3 4 5 6 7 8 9 1 1

UR number: 23456 Ward: 3 West
 Name: Mr John Citizen
 Address: 1 Station Street
 Qld 4000 DoB: 01/01/90
 Fill in or attach patient label

Print patient's name: Mr John Citizen

Drug name and form	Strength	Dose, route and frequency	Quantity	Rpts	Supply Y/N	Approval number if required
Fotemustine		Inject 180mg on day 1 week 1 day 1 week 2 day 1 week 3	180mg	2		3181
Cetuximab		Inject 300mg on day 1 week 1 day 1 week 5	300mg	1		Z1234AB

Drug hypersensitivities: **DO NOT LEAVE BOX BLANK**

Prescriber's name: Dr John Smith Prescriber number: 4054565
 Signature: [Signature] Date: 01/12/11
 Pager number: #123 Clinical unit:

I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

Date of supply: _____ Patient or agent's signature: _____ Agent's address: _____ 4842 (01/09)

Access to medicines

Public hospitals

- Dispensing from medication charts will continue where supply is within the public hospital.
- Public hospitals can supply prescriptions to be dispensed by community pharmacies. All appropriate conditions relating to supply outside of a public hospital will apply in this instance (i.e. appropriate authority approvals and paper prescriptions).
- If you are prescribing from a public hospital you must be aware of which supply arrangements are in place at the time of prescribing. If medicine is being supplied within a public hospital that has not yet moved to the revised arrangements, prescribing and dispensing under the existing Chemotherapy Pharmaceutical Access Program (CPAP) arrangements can continue.

Community pharmacies and private hospitals

- If you write a prescription in a public hospital after 1 December 2011 under the existing CPAP arrangements (due to the phased implementation of the revised arrangements in that public hospital) and it is received in a community pharmacy for dispensing, you will be contacted to rewrite the prescription in the revised format.
- Approved PBS prescriptions must be used for dispensing.

PBS-RPBS authority prescription 00452123
 Not valid unless authorised by delegate
 Doctor's name _____
 Doctor's practice address _____
 Telephone number _____

Prescriber No. 4054565

Patient's Medicare no. 3 2 3 4 - 5 6 7 8 9 - 1 Patient's Ref no. 1

Patient's full name: Mr John Citizen
 Patient's address: 1 Station Street
 Tick for return to patient:
 Suburb State Postcode 9999

Entitlement no. 1 2 3 4 5 6 7 8 9 1 2 3 4
 Safety Net entitlement cardholder:
 Concessional or dependant, RPBS beneficiary or Safety Net concession cardholder:

Authorisation is requested for the following:
 (Tick appropriate boxes)
 PBS prescription from state manager, Medicare Australia
 RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted
 Only one item per form
 Fotemustine

Dosage directions: Inject 180mg on day 1 - week 1, day 1 - week 2, day 1 - week 3
 Quantity: 180mg Prescriber's signature: [Signature] Date: 01/12/11
 No. of repeats: 2
 Medicare Australia/DVA use: Quantity: 2 Repeats: 1 Date of approval: 3181

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.
 Patient's or agent's signature: [Signature] Date of supply: / /
 Agent's address: _____

Privacy note: The information recorded on this form, including your Medicare, Concession and/or Department of Veterans' Affairs numbers will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme and to determine payments due to pharmacists. With your consent the pharmacist or doctor may share your Medicare number for use on future prescriptions. The collection of this information is authorised by the National Health Act 1952 and may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or its authorised or required by law. This information may also be disclosed to doctors and pharmacists.
 4006_10/09