
Positive Life NSW Submission

Review of Pharmacy
Remuneration and
Regulation

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Acknowledgements

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INTRODUCTION

Positive Life NSW¹ (Positive Life) would like to thank the Review Panel for the opportunity to provide feedback on the Review of Pharmacy Remuneration and Regulation and ensure that Australians living with HIV continue to get the most from community pharmacy services in Australia.

We agree that this review is an important opportunity to strengthen the role of community pharmacy and pharmacists in the delivery of primary health care to the Australian community. We make this submission to the Review on behalf of the approximately 10,300² people living with HIV (PLHIV) in NSW who rely on prescribed medicines to sustain HIV viral suppression, halt HIV disease progression and treat other acute and chronic health conditions.

While approximately 40% of PLHIV have only HIV to manage, the remaining 60% live with an array of serious chronic health conditions such as heart disease, diabetes, cancers, respiratory disease, mental health conditions and neurocognitive impairments.³ These conditions are frequently managed by prescribed medicines and community pharmacies and pharmacist play an essential role in providing access to information, referral and prescribed medicines for PLHIV.

We agree that community pharmacists regularly go above and beyond in providing additional services that are in the best interests of consumers with HIV, even though they may not be compensated for these valuable services. The willingness to assist consumers with HIV has been abundantly demonstrated by pharmacists and other staff during the roll-out of community HIV dispensing in Australia.

¹ Positive Life NSW is a community based non-government organisation that has represented the interests of people living with HIV in New South Wales (NSW) since 1988. Positive Life NSW provides advocacy and representation to government and non-government agencies on HIV-related issues. It works to eliminate prejudice, isolation and discrimination and provides peer support programs, HIV prevention and health education campaigns that focus on improving the health and quality of life of all people living with HIV in NSW.

² NSW Health HIV Strategy 2016-2020, The NSW HIV Diagnosis and Care Cascade, unpublished analysis using data to June 2015 by the Kirby Institute, UNSW Australia

³ Feeney L, Positive Life NSW Survey Report, 2015, People Living with HIV and Access to Health Care in NSW – A Community Survey – 2015, Health Conditions in addition to HIV, p12

This submission has been informed by the following information sources:

- *Dispensing of HIV medications at Community Pharmacies in NSW – PLNSW Survey Report*, December 2014.
<http://www.positivelife.org.au/images/PDF/2014/RP14-DispensingofHIVMedications-at-CommunityPharmaciesinNSW.pdf>
- *Dispensing of HIV medications at Community Pharmacies – PLNSW Survey Report*, February 2016
<http://www.positivelife.org.au/images/PDF/2016/Community-Dispensing-Report-2016.pdf>
- *People living with HIV and access to health care in NSW – PLNSW Survey Report*, 2015
<http://www.positivelife.org.au/images/PDF/2016/PLHIV-Access-to-healthcare-NSW-Report-2015.pdf>
- Discussions during meetings of the *Access to Treatments Advisory Group* (Chaired by Positive Life)
- Feedback from community pharmacists supplying HIV and non-HIV medicines to PLHIV in inner Sydney
- *Review of the Pharmacy Remuneration and Regulation Discussion Paper*, July 2016

As the peak consumer organisation PLHIV in NSW, Positive Life is particularly interested in the consumer experience and in particular, consumer attitudes, expectations and priorities, as they engage with and access community pharmacy services for the dispensing of HIV and non-HIV medicines and other health care services. This submission will primarily focus on:

- What PLHIV expect from community pharmacies and community pharmacists who dispense their medicines
- Consumer awareness of services provided, particularly in relation to specialist services
- The affordability of medicines, particularly for PLHIV on low incomes, and
- Consumer access and equity issues

We will also provide feedback from inner Sydney pharmacists in relation to wholesaling and Commonwealth reimbursement issues that are negatively impacting on community pharmacies providing specialised services to PLHIV.

Community Pharmacy Service and Advice

Positive Life agrees that consumers with HIV should expect and receive quality pharmacy services that are:

- Accessible and able to be offered in a convenient and timely manner. This includes access to pharmacy service out of standard business hours
- Provided by competent, and trustworthy health care professionals, who are sensitive to the needs and sensitivities of PLHIV and ensure that patient privacy and confidentiality are maintained
- Able to support specific health care needs, such as being able to provide consistent advice and support, particularly in relation to advice on interactions between prescribed HIV and non-HIV medicines and complementary therapies, and
- Transparent in relation to the price charged for medicines supplied under the PBS.

At the end of 2014, there were an estimated 27,150 people living with HIV in Australia⁴, 44% who reside in NSW⁵. The population with HIV throughout Australia is diverse and increasing each year. It includes those who were diagnosed in the early 1980s and have been living with HIV for over 30 years to those who are about to be or who have just been diagnosed. It includes gay men and men who have sex with men, bisexual men, heterosexual men and women, people of Aboriginal and Torres Strait Islander descent, people from culturally and linguistically (CALD) diverse backgrounds, people who inject drugs and people who are sex workers.

The main route of HIV transmission in Australia continues to be sexual contact between men. In 2014 there were an estimated 20,537 Australians who had an exposure category of male-to-male sex at the time of diagnosis. Additionally, 5,692 reported exposure through heterosexual sex and

592 reported injecting drug use.⁶ It must be noted that homosexual men are at an increased risk of contracting other sexually transmitted infections and other blood borne viruses (hepatitis B and hepatitis C) which require access to treatment and care.

The social and cultural diversity of Australians with HIV and the stigma associated with HIV infection and ways in which it is contracted directly impact on the experience of individuals having a favourable or unfavourable interaction with a community pharmacy. Fears of embarrassment and potential discrimination when revealing HIV status frame the PLHIV consumer experience in healthcare settings.

Additionally, the Australian population with HIV is ageing. It is estimated that by 2020, 44.3% of Australian PLHIV will be aged 55 years and over⁷. Approximately 60% have been diagnosed with age-related chronic and complex health conditions that require clinical monitoring and treatment. This is substantially higher than the non-HIV-infected population. Community surveying of PLHIV by Positive Life in 2015 identified that while 41% of survey respondents had no health conditions other than HIV, 59% had one or more health conditions in addition to HIV. Of these, 21% identified one additional health condition, 14% identified two additional health conditions, and just under a quarter identified three or more additional health conditions with 10% having three, 7% having four, 2% five, 2% six and 1% eight. The most prevalent conditions are: mental health, including depression and anxiety (22%), cardiovascular disease, including hypertension, hyperlipidaemia, health attack and stroke (20%), musculoskeletal conditions (12%), other blood born viruses (8%), neurological disorders (8%), cancers (8%), and metabolic disorders (7%)⁸.

Non-HIV medicines are primarily accessed through community pharmacies and PLHIV with multi-morbidity have over extended periods of time, established trusted relationships with community

⁴ HIV, viral hepatitis and sexually transmissible infections in Australia – Annual Surveillance Report 2015, Kirby Institute UNSW

⁵ D Wilson, Mapping HIV Outcomes: geographical and clinical forecasts of numbers of people living with HIV in Australia, key findings, p5

⁶ HIV, viral hepatitis and sexually transmissible infections in Australia – Annual Surveillance Report 2015, Kirby Institute UNSW

⁷ Ibid, p5

⁸ Feeney L, 2015, People living with HIV and access to health care in NSW – A Community Survey – 2015, Positive Life NSW

pharmacies and pharmacists who they consider to be important and essential providers of quality information on prescribed medicines and health care information and referral in general.

Community pharmacist have informed Positive Life that they are keen to be able to provide advice and support to PLHIV and populations at risk of HIV on a spectrum of health related issues. These issues include assisting and supporting people with undiagnosed and suspected HIV infection, when self-testing kits are introduced and supplied through community pharmacies, supporting and assisting PLHIV with an undiagnosed STI or other blood borne virus, and providing information and referral back into HIV specialist and mainstream services for either testing, treatment and clinical management.

Of the estimated 27,150 Australian living with HIV in 2014, 23,800 (88%) have been diagnosed with HIV and 17,470 (73%) are receiving HIV combination antiretroviral treatment (cART)⁹. Since the introduction of community dispensing of cART in July 2015, a substantial number of PLHIV have chosen to switch from a hospital pharmacy to a community pharmacy to collect their HIV medications. Community surveying of PLHIV by Positive Life, the National Association of People Living with HIV Australia (NAPWHA) and its other member organisation indicates that while uptake of community pharmacy dispensing of HIV medications across Australian jurisdictions is variable - on average 30% of PLHIV choose to access their HIV medicines from a community pharmacy - this percentage is higher in NSW (~42%) and Queensland (~45%).

Positive Life estimates that the percentage of PLHIV who choose to access community pharmacy for HIV medication will rise to 70% in NSW. Results from the Positive Life NSW *Dispensing of HIV Medications at Community Pharmacies in NSW Survey* which was conducted in October and November 2015 (four to five months after community dispensing of HIV medications was introduced) indicates that of those people who utilised community pharmacies for HIV dispensing, satisfaction was high (75% rated their experience as either very satisfied [62%] or satisfied [14%]) and dissatisfaction low (5.1%), with minimal variation between people with HIV living in Sydney and those in rural and regional locations. Additionally, of those people with HIV who were yet to utilise community pharmacy for HIV

dispensing services, more than half (58%) intended to do so in the future. These results were duplicated in the national survey run by NAPWHA.

There are many reasons why PLHIV choose to collect HIV medications from a community pharmacy rather than a hospital pharmacy and these include:

- **Hours of Service** – Community pharmacies are often open outside standard business trading hours. This out of standard business hours service has enabled PLHIV who are employed full-time to access HIV dispensing services in the evening and at weekends and avoid having to taking time out during working hours to travel to a hospital pharmacy and collect HIV medications, disclose their HIV status to an employer and/or make excuses for absences from work to collect medicines on an ongoing basis.
- **Convenience** – Community HIV dispensing allows PLHIV to access HIV and non-HIV medications at the same time and same location [one-stop-shop] thereby increasing, convenience, adherence, patient safety and the quality use of medicines.
- **Quality Advice and Service** – Community Pharmacists are willing and able to provide PLHIV with advice, information and services that are appropriate to their needs. This includes the flagging of medication interactions and the opportunity for the pharmacist to check with the patient or prescribing doctor if prescribed medications have a potential to interact with other prescribed medication in an unintended and dangerous way. Community pharmacists act as an additional quality control mechanism to ensure that HIV and non-HIV medications are prescribed safely and taken and adhered to in appropriate and correct way. However, when HIV medicines are accessed through a hospital pharmacy, neither the hospital pharmacist or the community pharmacists are aware of the patients complete prescribed medicine regimen. The quality control mechanism potentially provided by the pharmacist is operationally impaired.
- **Confidentiality** – Prior to the introduction of community HIV dispensing, some PLHIV were fearful that their HIV status would be inappropriately disclosed by community pharmacy staff to the general community, or that staff would be insensitive about HIV status and their associated health care service needs. Although concerns about breaches of

⁹ Ibid, Number of people living with HIV, p22

privacy by community pharmacy staff continue to be held by some PLHIV, Positive Life is unaware of any breaches of privacy about HIV status by community pharmacy staff in NSW. To the contrary, levels of satisfaction with the professional services provided by community pharmacies and pharmacists in general, are reported to be high.

Some PLHIV continue to access cART from a hospital pharmacy while accessing their non-HIV medicines from a community pharmacy. Why PLHIV choose not to access HIV medications from a local community pharmacy is interesting and potentially informative for those community pharmacies who want to remove barriers (perceived and actual) to PLHIV using their services.

While some PLHIV choose not to access a community pharmacy for HIV dispensing because their HIV prescribing doctor is located within a hospital complex and it is more convenient to use the hospital pharmacy for HIV dispensing services, the majority of concerns from PLHIV about using a community pharmacy for HIV dispensing relate to issues associated with privacy and confidentiality and people within their community becoming aware of their HIV status. Heterosexual men and women, people from Aboriginal and Torres Strait Island backgrounds and people from CALD backgrounds, as well as gay men with HIV who live in outer metropolitan and rural and regional areas of Australia, are often fearful that their privacy will be breached by community pharmacy staff who overhear conversations between the pharmacist and consumer about HIV medications, or become aware of their HIV status or sexuality through the handling of prescriptions or dispensing records.

PLHIV in small country towns are especially sensitive and fearful that their HIV status or sexuality will become known to others within their community and many gay men in rural and regional Australia are wary of homophobic attitudes by community pharmacy staff. We have heard of PLHIV travelling long distances to another area of the state to collect their HIV medication and to safeguard privacy and reduce the potential for HIV-related discrimination. Despite assurances from Positive Life that community pharmacy staff are bound by codes of conduct protecting consumer privacy, doubts remain and more will need to be done by community pharmacies to build PLHIV trust that consumer confidentiality will be maintained and not breached.

Consumer Awareness of Services Provided

The provision of special services such as the dispensing of highly specialised drugs in community settings (HIV, Hepatitis B and Hepatitis C medicines) is new and novel. Historically, these medicines have been restricted to supply through public hospitals because of their special features and the practice of restricting prescribing to accredited specialists linked to public and private hospitals. Although many consumers with HIV have warmly embraced community dispensing of HIV medicines, it will take time for some consumers with HIV to feel comfortable accessing their HIV drugs and other specialised drugs from their local community pharmacy.

Additionally, very few of the 5,511 community pharmacies in Australia dispense HIV and hepatitis medicines and consumer awareness about which pharmacies provide these specialised services remains limited. The absence of signage - either inside or outside community pharmacies - advising consumers that a pharmacy provides specific services means that the onus of responsibility rests with the consumer in relation to awareness and knowledge of specialist pharmacy services. As previously described, many PLHIV are reluctant and unwilling to ask pharmacy staff if they provide a specialist service because they are too embarrassed or want to maintain privacy. Lack of community awareness of pharmacies providing specialist services hampers access by individuals needing timely and convenient access to these services. Because there is no publically available online listing of participating pharmacies providing access to specialist services, Positive Life developed a mini-website listing all the community pharmacies dispensing cART in NSW. Currently there are over 100 participating community pharmacies dispensing HIV medicines in NSW, mostly in Sydney but also stretching along the eastern seaboard to Brisbane and the mini-site is one of Positive Life's most viewed online resources.¹⁰

The provision of other specialised services such as fit-packs and opioid replacement therapy are not promoted. Consumers are often reliant on word of mouth as to which community pharmacy in their local area provides these specialist services. Privacy concerns and/or embarrassment may further prevent consumers who require access to

¹⁰ <http://thechoiceisyours.positivelife.org.au/your-chemist.html>

these services from asking community pharmacy staff if specialist services are provided.

Positive Life also considers that more use can be made of Home Medicine Reviews. With increasing numbers of PLHIV ageing and diagnosed with age-related chronic health conditions requiring treatment with multiple HIV and non-HIV medicines, issues of polypharmacy and associated drug interactions can occur as medication regimens increase and become more complicated. The systematic and regular review of medicines would increase the safety and quality use of PBS medicines and ensure that PLHIV are not continuing to take medicines that are no longer needed or appropriate.

Affordability of Medicines

Consumers with HIV have little understanding of price variation (either general patient co-payment or concessional co-payment amounts) for dispensed medicines when these vary between different medicines and between different community and hospital pharmacies. While consumers generally understand that generic branded medicines cost less than branded medicines, the availability or non-availability of generics and the difference in price for supply of these medicines, is generally not explained to consumers by the pharmacist or pharmacy staff and can lead to higher out of pocket expenditure for medicines and consumer confusion about pricing and price variation between different medicines and different pharmacies.

PLHIV with multi-morbidity often require multiple prescriptions dispensed at the same time. Discounting and price variation on specific medications further adds to customer confusion, particularly for those PLHIV with many prescribed medicines and/or low literacy, mental health, neurocognitive impairments and/or alcohol and other drug impairments. Although community pharmacies have been able to discount the patient-co-payment by up to \$1 from 1 January 2016, few consumers with HIV are aware of this provision.

From 1 October 2015, the patient co-payment was waived for eligible NSW residents prescribed s100 Highly Specialised Drugs (including cART) under Section 100 of the *National Health Act 1953*. This provision has substantially reduced the cost burden for HIV medicines, particularly for PLHIV with multi-morbidity and living on low incomes in NSW who struggle to meet the combined cost of

multiple HIV and non-HIV prescribed medicines. The waiver in NSW was implemented by the Baird Government to remove cost barriers and further improve HIV treatment uptake and adherence rates in NSW. HIV surveillance data indicates that HIV treatment uptake in NSW has increased from 78-80% in 2011 to between 87-95% in the 4th quarter of 2015¹¹.

The improvement in HIV treatment rates has been attributed to increased understandings of the health and transmission benefits of HIV treatment but also to the incremental removal of cost barriers and improved access provided by community pharmacy dispensing of HIV medicines. Other Australian States and Territories however, retain the patient co-payment for dispensing HIV medicines (Tasmania, Queensland, South Australia and the Australian Capital Territory), and in these jurisdictions, cost continues to be reported to be a barrier both for the purchasing and quality use of medicines, particularly for PLHIV who require multiple HIV and non-HIV medications.

Many PLHIV with multi-morbidity living outside NSW continue to receive limited benefits from the PBS Safety Net, due to them reaching the threshold late in the calendar year. As a result, some PLHIV report delaying or not proceeding with appropriate care or not taking prescribed HIV or non-HIV medication and risking degrading their health. We consider that the PBS Safety Net does not provide sufficient assistance to people with HIV and multi-morbidity, who are living on low incomes and not subject to measures to reduce out-of-pocket expenditure for medicines (such as in NSW). It can typically take many months before the Safety Net threshold is reached for these individuals, which can mean that some struggle to start or maintain treatment, because they are financially unable to sustain several months of co-payments until the safety net threshold is reached.

We consider that the PBS Safety Net should support access to the quality use of PBS medicines in Australia and that the Safety Net threshold should be adjusted so that out-of-pocket costs for Australians with multiple chronic and complex health conditions are contained. There has been discussion amongst consumer groups over many years that the Australian Government should give serious consideration to implementing a Chronic and Complex Conditions Health Care Card. Eligibility for the card could be restricted to

¹¹ NSW Health 2016, HIV Treatment: Quarterly Indicators, Kirby Institute

individuals with multiple chronic and complex health conditions and be income dependent. Eligibility could also be dependent on the number of diagnosed chronic health conditions.

Additionally, we consider the process to access the PBS Safety Net is complicated and onerous. Currently, to identify when the threshold has been reached, consumers are required to track expenditure on medicines accessed from different community and hospital pharmacies, maintain different PBS Safety Net Cards and aggregate expenditure. While community pharmacies provide electronic dispensing records, hospital pharmacies have varying systems and are not linked to community pharmacy dispensing records.

The process of maintaining multiple cards is confusing, particularly for PLHIV with low literacy, mental health and drug and alcohol issues and many report not accessing the PBS Safety Net because of difficulty with the registration process and confusion with collecting relevant supporting documentation. A centralised electronic database that enables tracking of PBS expenditure across different access portals (during a calendar year) would facilitate pharmacist informing consumers when they are approaching the PBS Safety Net threshold and support consumers in knowing when they are eligible for registration and access to subsidised PBS medicines.

Feedback from PLHIV suggests that few understand the PBS Safety Net System and derive benefit from the policy. It is also likely that many PLHIV who do not have access to the HIV co-payment waiver - such as PLHIV in other states and territories - reach the Safety Net threshold late in the calendar year and believe that the time taken for the collection and collation of dispensing records and application for the Safety Net Card, outweighs the limited financial benefit potentially obtainable.

Consumer Access

It is reasonable for consumers to expect access to medicines and medical advice outside standard business hours. Out of standard business hours access to dispensing services is particularly important to PLHIV who are employed. Although it is difficult to obtain accurate data on the percentage of PLHIV who are employed, community research undertaken by Positive Life indicates that the majority of PLHIV in NSW are now employed. Source of income data from the Positive Life *Dispensing of HIV medications at Community Pharmacies in NSW* survey indicates

that 65.71% of survey respondents are employed and 34.29% are unemployed, of which 17.14% are receiving the Disability or Aged Pension, 3.57% Unemployment Benefit, 3.57% Student Benefit, 2.14% are supported by their partner, spouse or friend and 7.86% identified their income source as 'Other' with the majority being self-funded retirees.

Community dispensing of HIV medicines has been most beneficial to PLHIV who are employed. This is because employed PLHIV can now collect HIV medicines in the evening or at the weekend and no longer need to take time off from work and provide reasons to employers for workplace absences. Prior to the introduction of HIV community dispensing services, some employed PLHIV felt the need to disclose their HIV status to employers and justify time away from work during business hours to collect HIV medicines from hospital pharmacies. This is no longer necessary and has freed PLHIV from the need to make excuses or disclose their status and run the risk of potential HIV-related discrimination and workplace bullying. The risk of discrimination and workplace bullying is particularly problematic in manual labouring and trade occupations.

While many PLHIV live in large cities and enjoy multiple access points to community pharmacies that open outside of standard business hours, access becomes incrementally more limited in outer metropolitan and rural and regional areas. We consider that there needs to be more equitable access to out of standard business hours access to information and dispensing services for consumers in outer metropolitan and regional NSW.

Equity Issues

Literacy and Cultural Sensitivity

We agree that some sections of the community face significant issues in both understanding their rights with respect to the delivery of pharmacy services and gaining appropriate information about medicines. This is particularly the case for consumers from CALD backgrounds who have low English literacy skills.

In 2014, there were approximately 27,150 Australians living with HIV (range 24,630-30,310). Of these, approximately 11,411 (42%) are non-Australian born.¹² Of this 42%, 492 were Aboriginal

¹² Estimated number of people living with HIV and HIV prevalence (Table 1), 2014, Australia, Kirby Institute

and Torres Strait Islander people, 2,126 were born in Sub-Saharan Africa, 2,559 were born in South-East Asia, and 6,234 were born in another country of birth.¹³ Many of the individuals described above are men and women who are impacted from their country of origin by perceived and actual HIV associated stigma and discrimination and homophobia.

Although multi-lingual community pharmacy staff from varying backgrounds may be able to assist with communication with CALD consumers with HIV, we have also heard that PLHIV from CALD backgrounds are fearful that these pharmacy staff will breach confidentiality and report their HIV status back to other members of their community of origin. Disclosure of HIV status within their community of origin is particularly problematic for PLHIV from Sub-Sahara Africa, for people from Aboriginal and Torres Strait backgrounds and for people from Muslim backgrounds. Staff in community pharmacies, need to be aware that sensitivities around culture and literacy do impact on consumers being able to receive the services they need and not feel stigmatised.

The need to improve awareness of specialist programs and services

While accesses to community HIV and other specialist dispensing services have been implemented by the Commonwealth, not all community pharmacies participate in the program or advertise and promote the service. Consumers with HIV are often unaware that there is a community pharmacy in their local area providing a specialised service and many PLHIV are reluctant to ask if HIV dispensing services are available due to privacy concerns and embarrassment with staff learning they have HIV.

Awareness of specialised services provided by community pharmacy are often learned from other consumers. However, if these conversations are not possible due to isolation, or PLHIV are unwilling to disclose their HIV status to others including other PLHIV, they may remain unaware of specialist services in their local area. We consider that knowledge of specialised service and the location in which they are provided could be improved by an online website that lists pharmacies by specialised service and location. To our knowledge, no other online information source that details access to specialist services – other than the information provided on the

Positive Life website – is available to consumers who require this information.

The need to accommodate privacy preferences

Requesting specialist services (such as HIV dispensing, the provision of fit-packs or the dispensing of opioid replacement therapy) in an open community pharmacy setting can be confronting for individuals who seek to maintain their privacy and avoid breaches of confidentiality. Heterosexual men and women with HIV and PLHIV from CALD and Aboriginal and Torres Strait backgrounds, are particularly sensitive as are gay men with HIV who live in outer-metropolitan and rural and regional areas of Australia.

Positive Life recommends that PLHIV establish a relationship with a specific community pharmacist and that they phone ahead to alert the pharmacist that they will be requiring dispensing of HIV medicines. We agree that while some community pharmacies provide private consultation rooms, that may individuals would feel uncomfortable entering these rooms because it draws further unwanted attention towards them. In our experience, establishing a relationship with a specific pharmacist enables sensitivities around privacy to be acknowledged and accommodated.

¹³ Ibid

WHOLESALER AND DISTRIBUTION ARRANGEMENTS

Issues impacting on community pharmacies providing a specialised service to dispense HIV medicines

Prior to the introduction of community HIV dispensing in 2015, Positive Life established the Access to Treatments Advisory Group. The advisory group was established to ensure that the introduction of HIV community dispensing in NSW was smooth and implementation issues were promptly identified and resolved. The Advisory Group terms of reference can be viewed at Appendix 1. Advisory group members included community and hospital pharmacists as well as representatives from Local Health Districts, non-government agencies and the NSW Ministry of Health.

In the months following the implementation of HIV community dispensing, community pharmacist members of the advisory group identified a range of implementation issues, particularly in relation to wholesaler and distribution arrangements for HIV medicines. These issues were reported to the advisory group and then reported to the NSW Ministry of Health and the Pharmaceutical Benefits Division in the Commonwealth Department of Health.

While Wholesaler Supply and reimbursement arrangements to community pharmacies from the Commonwealth have improved, some issues remain that are impacting negatively on community pharmacies choosing to participate in the dispensing of HIV medicines. Advice about variable medicine delivery times to community pharmacies results in PLHIV choosing to revert back to hospital pharmacies where they know that stock will be available and they will not be forced to return to a community pharmacy at another time to collect the outstanding ordered HIV medicines. These supply delays are particularly problematic for rural and regional PLHIV who sometimes travel long distances to another regional centre, only to be told that their ordered HIV medicines have not arrived and that they will need to return to the community pharmacy some days later.

Feedback by community pharmacists has been provided to Positive Life about barriers and disincentives in providing HIV dispensing services to PLHIV in community pharmacy settings. These issues are as follows:

- Wholesalers supplying HIV medicines have a non-return policy on these very expensive medicines. If a customer fails to return to collect the medication or an ordering mistake is made, the pharmacy can be left with a significant loss. This loss is further exacerbated with the supply arrangements for HIV medicines being increased from two to four months' supply. Fortunately, pharmacist make few mistakes, however if an order is wrongly placed, they can be left with a costly mistake (many thousands of dollars).
- Each pharmacy generally deals with one wholesaler. However, HIV medicines often need to be ordered from different wholesalers, forcing the pharmacy to open new accounts. We understand that this procedure is difficult and requires significant time to negotiate and establish. It has been reported to Positive Life that account opening has not been a smooth process. Due to the expensive nature of these drugs, wholesalers request personal financial information to provide normal trading terms. This requirement will be unacceptable for community pharmacies with small numbers of HIV consumers and they will decline to provide HIV dispensing services.
- Establishing workable credit limits for expensive HIV medicines has required pharmacist to transfer funds to ensure continuation of supply because the credit limit has been quickly exceeded.
- We have been told that the reimbursement price paid to community pharmacy by government for some HIV drugs does not match the price charged by the wholesaler. If a pharmacy dispenses a significant number of HIV medications, the pharmacy incurs a loss which can accumulate and result in cash-flow problems.
- "Price Disclosure" is an issue that impacts when community pharmacies can access the newly priced medicines. Price drops are substantial (\$50-60 per box of medicine) and one script is 2 months loss of (100-\$120) which can result in a net loss. It has been reported to Positive Life that pharmacies with high turnover of HIV drugs are sustaining losses in trying to maintain a steady supply of medicines to their patients, due to HIV

medicines being so expensive. It has also been put to Positive Life that a formal date needs to be put in place when pharmacies can purchase drug at the reduced price, have sufficient time to clear existing stock and then have new stock on hand to meet the needs of patients at the beginning of the month.

- Positive Life has been told that with new drugs entering the market and drug switching

occurring, that pharmacy needs a credit policy introduced to protect against dated or unfashionable HIV drugs. Currently pharmacies are absorbing the cost, however this is unsustainable in the long term and losses will be exacerbated and magnified by community dispensing of hepatitis C medicines (which are even more expensive).

APPENDIX 1

Access to HIV Treatments Advisory Group

Terms of Reference:

1. To consider options for strengthening and increasing access to the dispensing of HIV treatments through community pharmacies
2. To provide advice on the feasibility and financial impact of HIV treatment access in community pharmacies
3. To facilitate discussion between the various agencies involved in educating stakeholders about the transition to community dispensing of HIV medications , including NSW and Commonwealth communication strategies
4. To advise the NSW Ministry for Health on the implementation of HIV dispensing at community pharmacies in NSW
5. To provide advice to PLHIV and the HIV sector on communication strategies and information resources