



Clinical  
Oncological  
Society of  
Australia



## **JOINT POSITION STATEMENT ON INTRAVENOUS CHEMOTHERAPY SUPPLY PROGRAM (ICSP) BUDGET MEASURE 2008**

*Position Statement for the Combined Professional Groups Comprising the Clinical Oncological Society of Australia (COA), Medical Oncology Group of Australia (MOGA), Haematology Society of Australia and New Zealand (HSANZ) and Private Cancer Physicians of Australia (PCPA).*

### ***Intravenous Chemotherapy Supply Program (ICSP)***

The Intravenous Chemotherapy Supply Program was a measure first defined in the 2008/2009 Federal Budget as a measure to save 105 million dollars over three years in the provision of chemotherapy for cancer patients in Australia. The basis of this program has been a belief that there was significant wastage of chemotherapy agents because of inconsistencies between patient dose and vial size leading to a significant component of unused drug. This was a particular concern with high cost new agents such as monoclonal antibodies and was regarded as an impairment to the cost effective use of these medications.

As initially presented, the strategy would result in outcomes that would negatively impact on effective delivery of cancer care including.

- significant rise in co-payments payable to the Commonwealth by hospitals, health insurers and potentially patients.
- significant increase in an already arduous administrative system of Authority Script provision under the PBS guidelines.
- the excision of over thirty million dollars yearly from the budget of the service providers in both public and private pharmacy settings which had the potential to diminish the financial viability of these providers to the point where services would be restricted, particularly in smaller and regional centres.

There has been intensive consultation between the stakeholder groups, The Department of Health and Ageing and representatives of the Australian Government. These representations have particularly involved the Minister for Health and Ageing, The Hon Nicola Roxon, The Treasurer, The Hon Wayne Swan and their ministerial officers. As a consequence of these discussions, there have been some significant improvements ensuring that co-payments are not increased. Equally there has been a commitment not to increase the administrative workload and to move forward changes which will reduce that workload in the first instance by the use of streamlined authority arrangements and the establishment of more appropriate maximum quantities and repeats for relevant chemotherapy medicines. There is a commitment to ongoing consideration of further items for streamlined authority. There is also an increasing recognition that a more efficient system of prescription from the original chemotherapy order would be both administratively expeditious and a benefit to patient safety.

However, there remain significant outstanding issues with the ICSP in regard to adequate reimbursement for private and public pharmacies to continue to provide chemotherapy medications, particularly those of a high cost nature, and related clinical services. These need to be resolved in order that comprehensive cancer services to patients throughout Australia are not compromised.

### ***Optimising cancer chemotherapy delivery across Australia***

The safe, efficient and cost effective provision of chemotherapy and related services are essential to providing high quality cancer care which is the main principle by which this group of professional organisations stand. The ICSP may provide an opportunity to recognise a system of appropriate standards and accreditation for pharmacists with specific expertise in the specialty of cancer pharmacy service provision to include both the preparation and clinical services provided. Accreditation programs for cancer pharmacists and the premises will encourage the necessary safe, efficient and cost effective provision of chemotherapy and related services.

The current proposal may result in financial disincentives for the preparation of cancer therapies with limited stability where they are required in smaller numbers and this may result in limited access to treatment in rural and remote Australia. The signatory organisations would like to propose that this issue should be addressed through a range of strategies including:

- Consideration of concession for providers of services to rural and regional areas
- Production of smaller vial sizes for expensive drugs to allow preparation of patient specific doses while minimising wastage from unused vial contents
- Increased availability of stability data applicable to the final prepared products for both chemotherapy and monoclonal antibody agents. This will enable a longer shelf life to be applied where appropriate and will enhance flexibility of preparation and encourage batch production.
- Both of the above should be part of the drug approval for marketing by TGA and PBAC.

### ***Reducing administrative burdens on prescribers and pharmacists***

As highlighted earlier in the document, this group believes that a move to the original chemotherapy medication orders being used to fulfil PBS requirements for chemotherapy and supportive care drugs in the absence of a separate prescription (which alleviates the duplication of effort with medication ordering and PBS prescription writing) is a further necessary and important step to increasing efficiency and patient safety. Such arrangements, known as the 'Chemotherapy Pharmaceutical Access Program' (CPAP), are in place for public hospitals in Victoria and Queensland that are approved to access the PBS for eligible patients. A similar mechanism would be an efficient solution across all sectors. This group believes that such a structural change would also provide financial efficiencies (in the process for reimbursement to pharmacies) that would assist in the provision of clinical pharmacy services to cancer patients. Thus, we believe improvements in this area are an essential part of the present reform and should be regarded as a matter of priority. In order to progress this, we would propose that representatives from COSA, MOGA, HSAZ and PCPA form a working committee with representatives of the Department of Health and Ageing, The Office of the Minister for Health and Ageing and The Pharmaceutical Benefits Advisory Committee

It is our view that obtaining a satisfactory outcome in these negotiations is a critical component of the present reforms and should lead to safe and sustainable cancer services which recognise the important and complementary roles of oncological and haematological physicians, cancer nurses and cancer pharmacists.

Signatory organisations are committed to working with the Australian Government in addressing this important issue. Our group recognises the progress that has been made in this measure. We are strongly committed to the provision of efficient, safe services in oncology in Australia. We share the goal of the Minister and The Department in ensuring the efficient use of financial resources in the provision of care. We believe we have a significant capacity to provide constructive input in this area and welcome the opportunities we have been provided with to date in this regard.

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Position Statement for the Combined Professional Groups – ICSP  
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