



# Survey for the 24-month review of the Minimum Stockholding Requirements

May 2025

## Introduction

Formerly known as the Society of Hospital Pharmacists of Australia (SHPA), Advanced Pharmacy Australia (AdPha) is the progressive voice of Australian pharmacists and technicians, built on 80 years of hospital innovation that puts people and patients first. AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice clinics to realise their full potential. We are the peak body committed to forging stronger connections in health care by extending advanced pharmacy expertise from hospitals to everywhere medicines are used.

AdPha supports the ongoing implementation of Minimum Stockholding Requirements (MSR) as a necessary measure to strengthen national medicines supply resilience. Ensuring that sponsors hold 4–6 months of onshore stock for Designated Brands has provided an important buffer against global supply disruptions and contributed to greater continuity of care, particularly for high-volume and low-cost medicines.

Pharmacists across the sector have observed some benefits anecdotally, including improved stability in the availability of certain medicines. However, AdPha remains concerned about the limited visibility of data assessing the actual impact of the MSR to date. We acknowledge the multifactorial nature of medicine shortages—which makes it difficult to isolate the contribution of any single intervention—but believe that a clearer evidence base is needed to inform ongoing policy development, evaluate MSR effectiveness, and support accountability.

As the program matures, we recommend improved transparency around compliance and outcomes, as well as ongoing evaluation of whether the current list of Designated Brands adequately reflects risk and clinical impact. Strengthening data collection around program KPIs and reporting mechanisms from organisations will help ensure the MSR continues to evolve in a way that genuinely supports supply chain security and patient access. We welcome the MSR team's attendance at pharmacy conferences such as [Medicines Management 2025](#), to connect with pharmacy directors and leaders, pharmacists and procurement staff to gain a better understanding of the MSR and its impact.

If you have any queries or would like to discuss our submission further, please contact Jerry Yik, Head of Policy and Advocacy at [jyik@adpha.au](mailto:jyik@adpha.au).

## Response to submission questions

### 1. What is your name?

Jerry Yik, Head of Advocacy and Policy

### 2. What is your email address?

[jyik@adpha.au](mailto:jyik@adpha.au)

### 3. What is your organisation?

Advanced Pharmacy Australia (AdPha)

## Awareness of the MSR

### 4. Do you agree/disagree with the following statements? (Yes, No, Unsure)

- I have heard of the Minimum Stockholding Requirements (MSR) – Yes
- I understand how the MSR operates. – Yes
- I understand what a 'designated brand' is. – Yes
- I understand only certain medicines are subject to the MSR. – Yes

### 5. What are your views of the MSR? (Very relevant, Not very relevant, Unsure if it's relevant or not)

- I think the MSR is relevant to my organisation. – Very relevant
- I think the MSR has benefitted my organisation. – Unsure if it's relevant or not

If you wish, please provide more information or explanation to support your answer above.

### Answer:

While the MSR is a relevant measure and anecdotal reports suggest some benefits, its standalone impact on mitigating medicine shortages remains unclear due to the complex and multifactorial nature of these shortages.

## What information about the MSR would be helpful for you?

### 6. What sort of information about the MSR would you like? (Yes, No, Other)

- Were you aware of the information on the PBS website? – Yes
- Is this information clear? – Yes

- **I would like other information about the MSR – Yes**

**Where you said 'other' information would be helpful to you, please tell us what other information would be helpful and why.**

AdPha acknowledges the information available on the PBS website and considers it clear; however, it lacks the data needed to assess MSR compliance and evaluate its impact effectively.

## **Data around MSR to allow greater transparency**

### **7. How would you like to receive information about the MSR?**

- **The PBS website – Yes**
- **Email – Yes**
- **Newsletters or other communications from your peak bodies – Yes**
- **Communications through other means (please specify)**
- **I am not interested in receiving this information**

**If you selected 'Communications through other means', please provide more detail below**

**Answer:**

N/A

### **8. Do you think information about compliance with the MSR should be publicly available? (Yes, No, Unsure, No opinion)**

- **Brand-level compliance rates with the MSR should be made public**
- **Aggregate compliance rates for each pharmaceutical company across all of their brands should be made publicly available**
- **The amount of stock disclosed by pharmaceutical companies for each of their brands should be made publicly available**
- **The reason/s for pharmaceutical companies' non-compliance should be made publicly available**

**Answer:**

AdPha supports the public release of data that enhances transparency around MSR compliance rates

### **9. What do you think the advantages or disadvantages would be of making compliance information public? (Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Not relevant to me)**

- **Publishing compliance information by brand would improve transparency and assist with anticipating and preparing for possible shortages – Agree**

- **Publishing compliance information by brand or pharmaceutical company may influence the brands I choose to stock or prescribe** – Not relevant to me
- **Publishing compliance information by brand or pharmaceutical company may influence the brands patients request** – Neither agree nor disagree
- **Publishing reasons for non-compliance with the MSR by brands or pharmaceutical company would help me understand and plan for any potential supply disruptions** – Agree
- **Publishing compliance information would increase public transparency and support for the MSR** – Agree

**Answer:**

AdPha supports the publication of brand-level compliance information to improve transparency, strengthen public confidence in the MSR, and assist healthcare providers in anticipating and preparing for potential shortages. Additionally, publishing the reasons for non-compliance by sponsors would provide valuable context to help stakeholders understand and plan for possible supply disruptions.

**If you think there are other advantages or disadvantages of making information about the MSR publicly available, please provide more information**

**Answer:**

AdPha supports the public availability of information to improve organisational accountability for stockpiling and overordering behaviours that undermine the intent of the MSR. Greater transparency would also help promote more equitable access to medicines across Australia by discouraging practices that disproportionately impact other regions or networks.

## **Effect of the MSR on shortages of designated brands**

**The department seeks to understand your views on whether the MSR has helped reduce the number or severity of shortages of designated brands**

**10. How much do you agree/disagree with the following statements? (Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, Don't know)**

- **In my experience, the MSR has helped to reduce the number of shortages of designated brands.** – Don't know
- **In my experience, the MSR has helped reduce the severity (duration or magnitude) of shortages of designated brands.** – Don't know

## **Is there any other information you wish the department to be aware of?**

### **11. Are there any changes to the MSR you would like to recommend for consideration by the department?**

- **Expand the MSR to cover more medicines**
- **Change the legislative criteria for medicines to be subject to the MSR, for example to include 'critical medicines'**
- **Change the MSR so that some designated brands would hold less than 4–6 months stock, and some would hold more, depending on medical criticality or other criteria**
- **Other measures**

**Please provide further information to support your answers above.**

See below

### **12. Please provide any additional information you wish the department to consider in this review of the MSR.**

To enhance the effectiveness and resilience of the MSR program, AdPha suggests that several strategic improvements are recommended:

#### **Enhancing Transparency in Implementation and Impact**

Clearer communication regarding the selection methodology for Designated Brands and the determination of appropriate stockholding levels is essential. Improving the visibility of data assessing the MSR's impact on medicine availability across various healthcare settings, including hospitals, community pharmacies, and particularly those in rural or remote areas, will foster greater trust and accountability. Ensuring transparency in stock distribution, with measures to promote equitable access across different regions and sectors, is also crucial.

#### **Establishing Clear KPIs and Metrics**

Developing key performance indicators (KPIs) that extend beyond mere stock volume—such as availability at the point of care, time to restock, and the frequency and duration of shortages—will provide a more comprehensive assessment of the MSR's effectiveness. Incorporating these KPIs into regular public reporting will support accountability and inform ongoing policy decisions.

#### **Supporting Equitable Access Across the Health System**

Addressing structural and logistical barriers to stock access in rural and remote communities is vital. This includes tackling warehousing and distribution challenges to ensure that all Australians have equitable access to essential medicines. Providing clear guidance to health services on responsible ordering practices will help minimise

stockpiling and reduce pressure on the system.

### **Strengthening Coordination and Governance**

Encouraging more coordinated and responsible ordering can be achieved by introducing usage-based thresholds and requiring justification for significant deviations. Fostering collaboration between sponsors, wholesalers, and healthcare providers will improve redistribution mechanisms when local shortages occur, enhancing the overall resilience of the supply chain.

### **Investing in Data Collection and Ongoing Evaluation**

Developing real-time data systems to monitor stock levels, usage trends, and emerging shortages is essential for proactive management. Utilising this data to regularly review and refine the list of Designated Brands will ensure alignment with clinical priorities and supply risks.

### **Supporting Stakeholder Engagement and Communication**

Active engagement with pharmacists in both hospital and community settings, as well as wholesalers in program reviews will ensure that the MSR program remains responsive to the needs of all stakeholders. Ensuring timely and clear communication of guidance and updates will support effective MSR implementation and strengthen supply chain resilience.

We welcome the MSR team's attendance at pharmacy conferences such as [Medicines Management 2025](#), to connect with pharmacy directors and leaders, pharmacists and procurement staff to gain a better understanding of the MSR and its impact.

AdPha believes that by implementing these recommendations, the MSR program can better achieve its goal of safeguarding medicine availability for all Australians, particularly in the face of global supply disruptions.