



SHPA submission to public consultation on items to be considered by the PBAC (March 2023)

1. What is your name? *(Required)*

Jerry Yik, Head of Policy and Advocacy

2. What is your email address? *(Required)*

jyik@shpa.org.au

3. Are you providing input as an individual or on behalf of an organisation? *(Required)*

We recognise that individuals can cross multiple categories. Please choose a category that best describes the primary reason for your submission. *Please select only one item*

Medical/other organisation submission

For noting:

- If you are a health professional with experience treating the condition or using the medication and are providing input that represents your own views, select 'Health professional'. If you are a health professional providing input on behalf of a group of clinicians or an organisation, please select 'Medical/other organisation'.

4. If you selected consumer group/organisation, or medical/other organisation above, please provide the name of the group/organisation.

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5. What is your phone number? *(Required)*

0424 087 068

6. What is your state?

Please select your state. *Please select only one item*

VIC

7. Select the medicine you would like to provide input on *(Required)*

Select a medicine. *Please select only one item. To provide input for more than one medicine you will need to fill out another survey.*

NETUPITANT WITH PALONOSETRON- Akynzeo®: Nausea and vomiting

8. How did you find out about this consultation? *(Required)*

Via the [PBAC consultation homepage](#).



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PBAC public consultation survey

1. Please outline your experience with the medical/health condition

Points for individual consumers to consider

- *What is the impact of your health condition on your life? Try to be as specific as possible including impacts on your everyday activities, work, family, friends, mental and emotional health.*

Please provide your comments

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA convenes an Oncology and Haematology Specialty Practice Group, comprising of a network of specialist pharmacists who work to optimise best practice cancer care for oncology and haematology patients in inpatient, outpatient, ambulatory care or primary care settings where patients of any age receive cancer services and pharmacy services.

These members are key workers in the provision of safe and quality cancer care. Oncology pharmacists play a key role in ensuring prophylactic and reactive management of nausea and vomiting for oncology and haematology patients across Australia.

Nausea and vomiting is a common adverse effect of chemotherapy and has significant impacts on patients' ability to tolerate cancer treatments, adherence to cancer treatments, treatment decisions and quality of life. Inadequate nausea and vomiting prophylaxis can impact tolerance and the ability for the patient to receive a full course of treatment with clinically appropriate or therapeutic dosing.

2. How is the medical/health condition currently treated?

Points for individual consumers to consider

- *What is the effect of your current treatment on your health condition?*
- *Are there any symptoms which cannot be controlled with the current treatment?*
- *What side-effects have you experienced with current treatments? Are these manageable?*
- *Do you have any issues accessing your current treatment? (For example, where or how it is given, how it is funded, whether you fit the criteria to qualify for access)*

Please provide your comments

For indications where Akynzeo is currently recommended by national guidelines such as the National Comprehensive Cancer Network Guidelines, but not subsidised by the Pharmaceutical Benefits Scheme (PBS), treatment costs are either absorbed by the health service or funded by out-of-pocket patient costs where possible in private services. In some cases, Akynzeo treatment is not prescribed, despite being the preferred treatment choice. Depending on their geographical location, patients may be unable to access adequate treatment in some areas. This leads to inequity of access and disparity in the quality of cancer care across Australia.

SHPA's response to the [Review of the Efficient Funding of Chemotherapy \(EFC\) Program Discussion Paper](#), discusses this disparity not only between rural and metropolitan areas, but also across jurisdictions.



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There are different costs and processes in rural and remote areas, stemming from scalability issues given the large overheads, fixed and ongoing costs of delivering chemotherapy. However, there are further variations between public and private sectors and between jurisdictions that impact negatively on access in regional, rural and remote areas.

Jurisdictions such as the ACT and NSW are not signatories to Pharmaceutical Reform Agreements (PRA). In other states, the PRA allows public hospitals to supply Section 100 EFC subsidised medicines and chemotherapy services more efficiently and improve access to cancer care.

3. What do you see as the advantages of this proposed medicine, in particular for those with the medical condition and/or family and carers?

Points for individual consumers to consider

- *What are the specific positive impacts that you hope this treatment will have on your health condition? (for example, reducing pain)*
- *What impact would you like it to have on your quality of life? (for example, enabling you to return to work)*
- *If you have used this medicine what was your experience? What changed for you?*
- *Are there advantages in the way the medicine is delivered? (For example, where it is delivered (for example, home, GP, hospital), or how it is given (for example, tablets rather than injection))*

Please provide your comments

By changing the clinical criteria to align restrictions with the National Comprehensive Cancer Network Guidelines enabling patients to access Akynzeo for the treatment of nausea and vomiting would lead to an increased ability to tolerate cancer treatment and improve cancer treatment adherence to achieve treatment success. Having access to sufficient treatment for nausea and vomiting will also improve the overall patient experience and quality of life.

Continuing to keep PBS listing criteria in line with current guidance will also prevent delays to vital treatments for patients.

4. What do you see as the main disadvantages of this proposed medicine?

Points for individual consumers to consider

- *Are there disadvantages in how you can access the medicine, for example whether you meet the criteria, where it is delivered (for example, home, GP, hospital), or how it is given (for example, tablets rather than injection)?*
- *Have you heard of any side effects from this medicine? Do you consider these to be manageable?*
- *What side effects would stop you from taking this medicine?*
- *If you have used this medicine, what did you consider to be the disadvantages?*

Please provide your comments

As discussed above, jurisdictions that are not signatories to the PRA will be at a disadvantage, leading to further inequity in access to Akynzeo.



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5. Please provide any additional comments you would like the PBAC to consider.

Approval of medicines should aim to be in line with national guidance and responsive to changes in evidence-based clinical practice. A swift response to ensure PBS criteria reflects current guidance can prevent lengthy delays for patients to access vital medicines, as well as negating the requirement for multiple applications to adjust PBS criteria.

6. We are considering revising the consultation survey for future PBAC consultation rounds, along with providing additional guidance. Are there any suggestions you would like us to consider as part of this process?

Where it is of the utmost importance that consultations are aimed at and easily understood by consumers, SHPA suggests that PBAC consultations also include formal and public consultation rounds for healthcare services, healthcare professionals and healthcare organisations to consider and respond to PBS listing and amendment applications. This will support clinician awareness of medicines that are being considered by PBAC and provide advice to PBAC on how new and amended listings will impact current practice.

Knowledge of this would greatly inform quality medicines use, and identify any access issues to be resolved before they are realised and affect the patient. For example, some new PBS medicines may require complex compounding, or require outpatient/day centre chair time to administer, or require acute monitoring, which will have an impact on acute healthcare services and their capacity. SHPA believes it is in the interest of the Australian Government to be aware of these impacts, such that maximal investment into new medicines can be realised, as well as to meaningfully achieve the objectives of the refreshed National Medicines Policy.

Declaration of interests

Declaration of Interest Statement

The purpose of this declaration is to discover any financial, professional or personal interest on the part of a person, or on the part of their immediate family, who is providing consumer input to the PBAC.

Information on declaration of interests

For example, a patient has an interest in a particular medicine, because they are currently using it, and wish to see it listed on the PBS. A doctor may be providing comments and has also been involved in clinical trials investigating this medicine. A family member may want to provide comments on a particular medicine that another relative is using, and separately may also have shares in the company which manufactures a number of pharmaceutical drugs, including this specific item.

Such interests may affect or have the appearance of affecting a person's view on the merits of a drug, vaccine or medicinal preparation being considered by the PBAC. The existence of such interests may be a 'conflict of interest'.

A conflict of interest is declared so that information provided can be assessed fairly and in a transparent manner. The declarations are confidential to the PBAC, and do not prevent anyone from providing their comments.

A conflict of interest can be declared, but does not mean a person should not still provide their comments.



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A **financial interest** may include, but is not limited to, any of the following involvement with companies or other organisations engaged in the development, manufacture, marketing or distribution of vaccines, drugs and medicinal preparations:

1. current shareholdings;
2. board memberships or other offices;
3. paid employment or contracting work;
4. grants
5. hospitality (including conferences, travel).

A **professional interest** may include, but is not limited to, involvement in any of the following:

1. development, manufacture or marketing and distribution of vaccines, drugs and medicinal preparations;
2. making a public statement about that company or a drug or other product of that company.

A **personal interest** may include, but is not limited to, any of the following:

1. where you are writing to support a drug being listed on the PBS, because you have a condition or illness for which that drug may be being considered by the PBAC;
2. an immediate family is aware that a relative close to them suffers from a condition for which a drug before the PBAC may be being considered by the PBAC;
3. where you or your immediate family has strong personal or religious beliefs about a drug or treatment under consideration by the PBAC.

Please include any declarations you wish to make regarding the PBAC submission upon which you are commenting. *(Required)*

Please select all that apply

- No conflicts
- Financial conflicts (describe below)
- Professional conflicts (describe below)
- Personal conflicts (describe below)

Conflicts Explained:

No conflicts declared.



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