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# SUBMISSION

Friday, 7 February 2025

# AMA submission to the review of PBS Prescriber Bags

**Consultation closes 7 February 2025**

**By email: pbspostmarket@health.gov.au**

## Introduction

The Australian Medical Association (AMA) welcomes the Department of Health and Aged Care's review of pharmaceutical benefits included in the Pharmaceutical Benefits Scheme (PBS) Prescriber Bag (also known as the doctor's bag).

We support the purpose of the review, to ensure the prescriber bag is effective, safe, supports emergency patient care, and reflects contemporary best emergency practice.

The AMA has been liaising with the government regarding needed updates to the prescriber bag, including a recent letter to the Minister for Health and Aged Care, to ensure patient access to priority and emergency medicines is supported, and the benefits included in the bag are responsive to contemporary clinical need.

We represented to the Minister that, while additions to the doctor's bag have been made in recent years, this has been done on an ad hoc basis. There are a range of conditions and emergency scenarios where appropriate medications are not currently included, for example common antibiotics, and MS-2 Step for patients who have no other access to safe and appropriate pregnancy termination services.

Making priority medicines available to patients when needed can be challenging, including at times inefficient methods such as posting medicines directly to a patient's residence. The prescriber bag remains an appropriate and necessary expedient to ensure patients have ready access to urgent medicines.

The AMA is pleased that calls for a full review of the current list of eligible medicines are being addressed. Our colleagues at AMA Queensland, AMA Victoria, AMA South Australia, along with other key external stakeholders with whom we have collaborated, are also providing submissions to this consultation.

While at this time we do not advise any current items be removed from the contents of the prescriber bag, the AMA has approached this consultation with a view to providing a concise shortlist of items to consider for inclusion. This list is constructed on the basis of:

- clinical effectiveness

- sound application in cases of emergency/urgent care in a clinical context
- demonstrable capacity to lower hospital presentations and hospitalisations

Consideration has also been given for the medicines' broader availability to patients across the Australian pharmaceutical system.

In this review process, we expect the Pharmaceutical Benefits Advisory Committee (PBAC) will identify common suggestions across submissions from various stakeholders to build a consolidated list which reflects broad clinical agreement from the healthcare sector.

Regular review is essential. The AMA recommends ongoing consultation and looks forward to participating in further review to ensure the prescriber bag remains fit-for-purpose.

## Proposed additional or replacement items

The doctor's bag is an invaluable resource for GPs in caring for patients and its potential role in improving access to care and patient outcomes could receive greater attention as a policy tool. Expanding prescriber bag contents is a practical approach to deliver immediate benefits for patients in a safe and cost-effective way.

Expanding the doctor's bag also aligns with the federal government's priority to improve access to urgent care through medical practitioners; and, with the aims of Australia's National Medicines Policy, ensuring "equitable, timely, safe and affordable access to a high quality and reliable supply of medicines-related services for all Australians".

The AMA enclose the department's response template in which we detail our recommendation for 18 medicines to be included, developed in collaboration with our state and territory AMA colleagues. In summary here, they include:

- Antibiotics
  - Amoxicillin — including oral liquid for paediatric use
  - Cefalexin
  - Trimethoprim
  - Doxycycline
  - Azithromycin
  - Ceftriaxone
- Antivirals
  - Valaciclovir
  - Post-exposure prophylaxis (PEP) — tenofovir/emtricitabine
- Anti-emetic
  - Ondansetron
- Gynaecology
  - Mifepristone and misoprostol (MS-2 Step)
  - Levonorgestrel or ullipristal emergency contraception
- Ear drops
  - Framycetin sulfate 0.5% + gramicidin 0.005% + dexamethasone 0.05% ear drops
- Cardiovascular
  - Amlodipine
  - Amiodarone
- Antipsychotic

    - Olanzapine
- Respiratory
    - Ipratropium
    - Prednisone — including oral liquid for paediatric use
- Muskuloskeletal
    - Intraarticular steroid — Kenacort A10

We look forward to continuing to engage with this review process.

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