

Can patients who live in rural and regional Victoria access high cost medications locally?

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Over Christmas lunch, a family member expressed her frustration at not being able to access a prescribed high cost PBS listed medication for multiple sclerosis. She lives in a regional Victorian town with a population of 9,000. There is a public hospital pharmacy department and at least two community pharmacies. She was told that the pharmacy wouldn't order it in for her, and she had to travel 1¼ hours to another town to access it.

Question

Are patients based in regional/rural areas of Victoria travelling long distances to access high cost or expensive non PBS medications?

Why ask this question?

Anecdotal reports from patients of lengthy travel
Such travel has cost, quality of life and adherence implications for the patient and their carers

A survey for Pharmacy Directors was designed to ascertain if high cost or non PBS medications can be accessed by patients through their Pharmacy Department, and if they could recall any examples where a patient's medication requirements could not be fulfilled locally.

The survey was distributed to twenty Pharmacy Directors located in regional/rural Victoria. Eleven Victorian Pharmacy Departments responded to the survey (55% response rate).

General themes

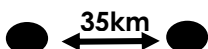
✓ Highly Specialised Drugs (HSD) were either stocked or supplied on request.




Referral back to the initiating hospital for non PBS medications was acknowledged.

Examples of patient travel to access medications (distance) and the reason for the travel

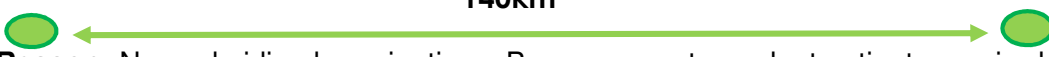
Example One


Reason: No outpatient services


Example Two


Reason: Lack of prescriber knowledge that the rural based hospital existed and could support specialised drugs such as zoledronic acid. Patients were instead referred to a large regional or metropolitan hospital.

Example Three


Reason: Non subsidised vaccinations. Bone marrow transplant patients required to travel back to their transplant hospital to receive vaccinations that are not funded by the PBS or Department of Health.

Example Four


Reason: Patient was instructed by their treating doctor to obtain supply from the specialist metropolitan pharmacy instead of the local hospital pharmacy. The thyrotropin (PBS subsidised medicine) had already been sourced by the regional hospital.

These examples support more in depth research to determine;

- the experience from the **patient** perspective
- impact in states with greater distances to metropolitan centres
- travel requirements for patients whose local hospital has no pharmacy outpatient services
- impact of the changes to supply locations, such as for HIV and Hepatitis C treatments
- potential funding models for non PBS medicines that support local supply