



Review | COMMUNITY SERVICE OBLIGATION

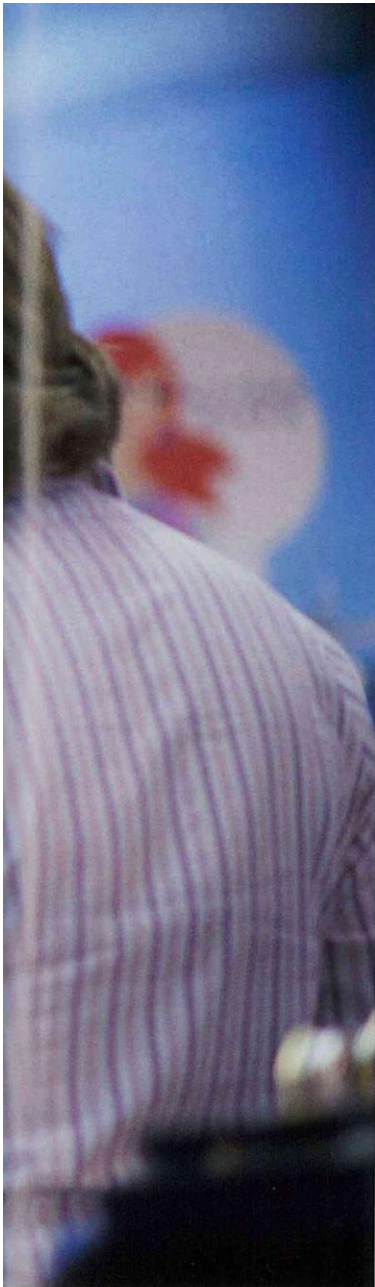


THE COMMUNITY SERVICE OBLIGATION ENSURES PHARMACIES CAN GUARANTEE AUSTRALIANS TIMELY AND RELIABLE ACCESS TO THE VITAL MEDICINES THEY REQUIRE, REGARDLESS OF THE COST OF THE MEDICINE OR WHERE THEY LIVE. FOR SOME PATIENTS WHO LIVE WITH CHRONIC CONDITIONS, THIS GUARANTEE IS ABSOLUTELY ESSENTIAL FOR THEIR EVERYDAY WELLBEING. IN THIS SIXTH ARTICLE IN A SERIES ABOUT THE IMPORTANCE OF THE CSO, **DR MICHAEL TATCHELL** LOOKS AT THE ROLE IT PLAYS IN PATIENT HEALTHCARE.

**W**hen the first oral medication for Multiple Sclerosis (MS) was approved by the Therapeutic Goods Administration (TGA) and subsidised under the PBS, it was welcome news for Rosie Crowe and many other Australians living with MS. For Adelaide-based businesswoman Rosie, access to Gilenya meant welcome relief from the discomfort and inconvenience



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immune-modifying MS treatments must be delivered by injection so having access to Gilenya—which is taken daily as a tablet—which is taken daily as a tablet—has meant my treatment is much easier to manage with my busy working life.'

MS is an autoimmune disease that attacks the healthy tissues in the central nervous system and can, to varying degrees, interfere with the transmission of nerve impulses throughout the brain, spinal cord and optic nerves—with varied and unpredictable symptoms.

Gilenya helps to reduce the possibility of flare-ups and slows the physical changes MS can cause.

The drug's approval by the TGA in February 2011, and its subsequent listing on the PBS in September that year, made the oral treatment affordable and accessible for the thousands of Australians who suffer from MS.

However, the prescription of Gilenya is based on strict criteria and the medical opinion and close supervision of a treating neurologist.

'The restrictions on Gilenya mean I can only access a new script about a week before my current one finishes,' Ms Crowe said.

'So even if I see my neurologist just a month before the end of my script, the compliance measures mean he is unable to prescribe me more and I am required to call the clinic and have them send out a script closer to the date my current one runs out.'

This small window of time requires Ms Crowe to be organised in re-filling her script and getting to the pharmacy to ensure she doesn't miss a single day of medication—something which could adversely impact her condition.

It also means she is reliant on being able to get Gilenya from her pharmacy in a timely manner.

'At a cost of more than \$2300, it's not a medicine most pharmacies have in stock. It just wouldn't be financially feasible to have it in supply,' Ms Crowe said.

of having to inject herself with medication each day.

'Fortunately I am one of the lucky ones in that my relapsing-remitting form of MS can be effectively managed by the right medication,' Ms Crowe said.

'In the 11 years since I was diagnosed I have only suffered three episodes—but this is heavily dependent on getting the correct treatment, continuously.

'At present, other available



'Fortunately my pharmacy has a couple of MS sufferers as patients and they know we come in regularly for Gilenya so they now try to have it in stock for us. But I am always conscious that if another patient has been in that morning, or the day before, they may not have any available—and even the thought of this panics me.

'For someone who is reliant on continuous treatment it's extremely stressful to be faced with the risk that your medicine might not be immediately available.'

'When I heard about the CSO I realised how reliant my healthcare is on its existence,' Ms Crowe said. 'I don't like to think about the possibilities if it wasn't in place.'

Thankfully Ms Crowe hasn't had any delays in accessing Gilenya, but when she was first diagnosed with MS more than a decade ago there were occasions where she was required to wait for the pharmacy to get her medication in.

'Although it's a serious situation, thankfully for me it's not a risk to my life if I can't access my

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**ROSIE CROWE, WHO LIVES WITH MULTIPLE SCLEROSIS**

For Ms Crowe, any break in her treatment greatly increases the chances of her suffering a debilitating episode.

Furthermore, if Gilenya is discontinued for more than two weeks it must be reintroduced through the specialist—with six hours of observation required after the initial dose to monitor heart rate and any adverse side effects.

If Ms Crowe's pharmacy doesn't have her medicine in stock, she is highly reliant on Gilenya being delivered to the pharmacy within a reasonable timeframe—something which her pharmacy can guarantee under the current CSO arrangements.

medication,' Ms Crowe said.

'However, there would be many people suffering other conditions for which a delay in receiving their medications could be a matter of life or death—and that's why the CSO is so important.' ■

*Dr Michael Tatchell recently retired after 27 years as Director, Health Economics with the Pharmacy Guild of Australia. He was a core member of the Guild's negotiating team for all five Community Pharmacy Agreements. Readers will remember Dr Tatchell as this Journal's long-standing Health Economics columnist.*