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Checklist for Cheaper Medicines — Helping patients afford medicines as cost-of-living soars

The AMA has released a Checklist for Cheaper Medicines, calling for government action to help patients afford essential medicines as cost-of-living increases continue to bite the household budget.

AMA President Professor Steve Robson said the checklist included measures the federal government could take, some of them immediately, to help reduce the cost of medicines for Australian households — without necessarily raiding the taxpayer hip pocket.

“Research tells us patients are skipping medications because of the cost of living — that just shouldn’t be happening,” Professor Robson said.

Professor Robson said the AMA would like to see a recommendation from the independent expert body, the Pharmaceutical Benefits Advisory Committee (PBAC) finally put in place — to allow patients to receive two months’ supply of certain medications when they visit the pharmacy.

“There’s a cost and inconvenience of travelling in every month, and this can lead to people not taking their medicines when they should — allowing patients to fill two months of their repeats will help them with medication adherence and save them a visit to the GP every six months.

“This was a recommendation made by an expert committee in 2018 and we’ve been arguing for its implementation since then. It’s a simple step that’s easy to implement and it could make a big difference.

“Secondly, we should be encouraging competition, we should be encouraging innovation, and we can do that by allowing chemists to discount medicines which have a PBS co-pay. Best of all, we don’t need the taxpayer to foot the bill. If chemists want to provide a discount to make medicines more affordable, they should be able to, but incredibly, they can only offer a discount of up to \$1! It’s a bizarre system that stops the market making medicines cheaper for all of us.

“We don’t need to spend more taxpayer money subsidising medicines further, if we haven’t even tried discounting first and letting competition into the sector. Allowing discounting could really save patients, and taxpayers money. It’s common overseas — even our next-door neighbours in New Zealand, allow it. We should too.”

The AMA is also calling for an overhaul of other medicine distribution features, in line with the recommendations of the Productivity Commission, and before that, the Harper review.

“The Productivity Commission has repeatedly called for an end to location rules, which it says have not established robust competition, and even allowed monopolies in some areas. It also agrees that the time is right to remove the antiquated, closed shop ownership rules.

“The Productivity Commission has recognised the valuable role pharmacists play and has agreed with what [the AMA has long recommended](#) — for pharmacists to work in a collaborative role with GPs.

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