



Australian specialists want top 5 OECD ranking for medicines access¹

Medical specialists believe Australia would benefit from faster, more efficient medicine funding processes, easing of eligibility criteria for reimbursed therapies, greater clinician input to reimbursement decision-making, and Government efforts to shore up supply of reimbursed medicines.

This is according to *The Medicines Waiting Room* research commissioned by Eli Lilly Australia into what medical specialists think about the way innovative medicines are accessed, used and supplied in Australia.

When it comes to the reimbursement of innovative medicines, the vast majority (98%) of clinicians surveyed would like to see Australia ranked higher than its most recently reported position of 16th among OECD countries (based on reimbursed new molecular entities during 2016-2021), with 65% keen to see Australia in the top 5 for reimbursed medicines access.^{1,2}

Eli Lilly General Manager Australia and New Zealand, Tori Brown, believes the new research could not have come at a more opportune time, with the Federal Government's review of health technology assessment processes underway.

"It is important that policy discussions are informed by the views of medical specialists – the very people responsible for the care of patients with chronic and complex health issues, and the primary prescribers of innovative medicines," said Ms Brown.

"Our research found that more than 70% of specialists believe there should be greater clinician input to PBS decision-making around which medicines are listed and for which patients. At Lilly, we see great value in bolstering the clinician voice on medicines access.

"This research provides insights that will help shape the environment in support of policies that prioritise patient needs, while also recognising and rewarding pharmaceutical innovation," she said.

The majority of clinicians surveyed believe that improved (earlier and wider) access to medicines could boost health outcomes for Australian patients.¹

Significant improvements in health outcomes could be achieved both by medicines routinely used overseas becoming available through the Pharmaceutical Benefits Scheme (56% agreement), and through the relaxing of eligibility criteria for medicines already PBS-listed (70% agreement).¹

The research also draws into question the timeliness of medicine reimbursement in Australia, with clinicians highlighting the need for faster, more efficient processes between overseas approvals, Therapeutic Goods Administration registration and PBS reimbursement.

"Clinicians' perspective on the reimbursement timeframe in Australia was unanimous. Not one of the specialists surveyed considered the reported average timeframe of 410 days* between TGA registration and PBS reimbursement acceptable,"^{1,3} said Ms Brown.

* Based on 2015-2020 Medicines Australia analysis.

Rather, much shorter timeframes of up to 100 days or 101-200 days were considered acceptable to 37% and 44% of clinicians respectively.¹

Furthermore, the vast majority of clinicians believe there should be a fast-track PBS-funding process for medicines that address highly unmet medical needs (87%) and for breakthrough medicines (77%).¹

“The message from clinicians is clear – Australians deserve more timely and equitable access to innovative medicines. These research findings will form part of Lilly’s submission to the government’s Health Technology Assessment Review in support of bold policy change to ensure the PBS is fit-for-purpose and sustainable in the long-term,” said Dr Gabrielle Reppen, Eli Lilly Australia’s Senior Director, Corporate Affairs and Market Access.

When exploring the subject of Government expenditure on pharmaceuticals, the research found that 85% of clinicians are concerned that reductions in spending on the PBS may adversely impact patient outcomes.¹

Additionally, 70% of clinicians believe that Government cost-savings resulting from PBS reform should be re-invested into the PBS.¹

The research also revealed that more than three quarters (78%) of clinicians believe that it is the responsibility of the Australian Government to ensure that price negotiations do not impact the supply of PBS-listed medicines for Australians who need them.¹

Additional findings include:¹

- Of the four pillars of the new National Medicines Policy, *‘Equitable, timely, safe and reliable access to medicines and medicines-related services, at a cost that individuals and the community can afford’* was identified by clinicians as the main priority for action based on current needs.
- Most clinicians (77%) are aware of medicines routinely used within their specialty in other developed countries, but which are not funded through the PBS in Australia.
- Nearly two-thirds (64%) of clinicians believe that the comparatively low dollar value assigned to a life and health outcomes in Australia’s HTA processes could deny or delay patients access to medicines, vaccines and other health technologies.
- The majority of clinicians (56%) believe there are opportunities to improve the quality use of medicine within primary care. Greater education and access to specialists; appropriate use of antimicrobials and antibiotics; and increased GP involvement and prescribing were identified as key opportunities.
- Only 37 per cent of clinicians reported discussing both PBS-listed and private prescription treatment options with most patients, while the majority of clinicians are more cautious about discussing non-reimbursed options.

The Medicines Waiting Room research project explored the perceptions of medicines access, use and supply among a sample of 100 Australian clinicians from varying medical specialities who keep up to date with overseas trends in their area of expertise. The survey was conducted in February-March 2023 by Ipsos Research on behalf of Eli Lilly Australia.

Comments provided (anonymously) by clinicians as part of the research:

- *“Create mechanisms to allow faster approval of medications on PBS based on robust safety and efficacy data.”*

- *“... consider time limited fast track approval as interim measure whilst normal processes [sic] taking its course.”*
- *“There are many examples ... where PBS listing has taken years after TGA approval or ... it still hasn't been granted.”*
- *“There are many effective and reliable, safe medications for end of life care used routinely in other countries and not available on [sic] PBS to patients in Australia. This effectively produces a two tier system, where patients who can afford it get better symptom control.”*
- *“It appears that the only goal of the Aus [sic] government is cost cutting. Access to effective medicines is difficult, time consuming and in many cases impossible.”*
- *“We need easier access to modern medication. I am wasting hours every week completing, scanning and sending off authority prescriptions to PBS for biologics. Access should be straight forward for Specialists.”*
- *“Recent drug shortages in my area have significantly adversely impacted diabetes care. These shortages have been much more prolonged in Australia than overseas due to our funding models. This has led to worse clinical outcomes for patients and is unacceptable in a developed country.”*
- *“Having worked in Nz [sic] which is very much cost driven and this has considerably worse access – I think taking a headlined [sic] approach to drugs based on dollar life value is the wrong approach for many reasons.”*

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Issued on behalf of Eli Lilly by Ethical Strategies.

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References:

1. The Medicines Waiting Room, Ipsos Australia. March 2023.
2. IQVIA Medicines Australia Compare Report 8. 2021.
3. Medicines Australia. [Medicines Matter – Australia's Access to Medicines 2015-2020](#).

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