

7th April 2021

Professor Andrew Wilson
Chair, Pharmaceutical Benefits Advisory Committee (PBAC)
MDP 952, GPO Box 9848
Canberra, ACT 2601
Email: pbac@health.gov.au

Dear Professor Wilson,

Re: ASCIA concerns regarding adrenaline (epinephrine) autoinjector prescriptions

We write to you on behalf of the Australasian Society of Clinical Immunology and Allergy, the peak professional body for clinical immunology/allergy specialists in Australia and New Zealand.

ASCIA has concerns about the following issues regarding EpiPen® and Anapen® adrenaline autoinjector prescriptions:

- PBS Active Ingredient Prescribing www.pbs.gov.au/info/general/active-ingredient-prescribing has recently been introduced from 1st February 2021. This has implications for adrenaline autoinjector prescribing if the prescribing doctor does not specify the brand name and does not state 'no brand substitution'.
- The recent PBS listing for Anapen® allows brand substitution (except for Anapen 500®), even though the supplier (Allergy Concepts) did not apply for this.

Our main concern regarding the two issues raised above is that EpiPen® and Anapen® adrenaline autoinjectors have very different instructions and cannot be substituted without ensuring that patients (and carers) are adequately trained to use the adrenaline autoinjector device that they are prescribed.

ASCIA also has the following concerns about a recent letter from Suzanne Greenwood, Executive Director of the Pharmacy Guild of Australia that was sent to the PBAC, requesting that pharmacists directly prescribe adrenaline autoinjectors (EpiPen® or Anapen®):

- Whilst we need to balance the need for patients to have replacement adrenaline autoinjectors available in a timely manner, there is also a need to ensure patients (and carers) are provided with appropriate advice around avoidance of allergic reactions, management of allergic reactions and ongoing evaluation of allergic conditions.
- When a patient needs to renew their adrenaline autoinjector prescription this is an opportunity for the doctor to review the patient, so having a pharmacist give a PBS prescription for an adrenaline autoinjector without a medical review by a doctor would not be recommended by ASCIA.
- Removing the need for doctors to phone for authority to prescribe adrenaline autoinjector for continuing supply may need to be reconsidered to save time and improve efficiency for doctors, but this is very different to not needing a doctor to prescribe adrenaline autoinjectors.
- The media story that the letter from the Pharmacy Guild of Australia refers to 'Huge impost': Parents struggle to secure EpiPens with long shelf lives (smh.com.au) included misquotes and incorrect information about short dated EpiPen® Jr devices. The media article did not explain that

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there are currently no shortages of EpiPen® or EpiPen® Jr adrenaline autoinjector devices in Australia or New Zealand. EpiPen® Jr expiry dates have recently been shorter than in previous years, but this is due to COVID-19 related supply issues. Two new replacement devices can be prescribed on the PBS by a GP or specialist in Australia within 12 months if the devices are due to expire or have been used.

ASCIA has liaised with the peak patient body for allergy in Australia, Allergy & Anaphylaxis Australia (A&AA) and they also have concerns about the issues raised in this letter.

We welcome the opportunity to discuss the concerns outlined in this letter with the PBAC.

Please do not hesitate to contact us by emailing jill@allergy.org.au or phoning 0425216402 if you require further information.

Yours sincerely,



Dr Katie Frith
Chair, ASCIA Anaphylaxis Committee



Jill Smith
ASCIA CEO

Copy:

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Dr Theresa Cole, ASCIA President Elect
A/Prof Jane Peake, ASCIA Director
Dr Michael O'Sullivan, ASCIA Director