



## Cost of Medication Assisted Treatment of Opioid Dependence

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### BCH Role

Ballarat Community Health is the lead agency for Oricare Pharmacotherapy Network. Oricare works closely with partners in primary care, community health and alcohol and drugs treatment to deliver improved access to pharmacotherapy across the Grampians and Loddon Mallee regions – a geographic area covering more than a third of the state.

### Key Messages

- Pharmacotherapy, also known as opioid replacement therapy, is a treatment for opioid dependence endorsed by the World Health Organisation. It involves using long-acting opioids such as methadone or suboxone in a supervised daily dosing regime, to enable the patient to stabilise their lives and address the impacts of their drug dependence. Some people may only require a few months in treatment whereas others will be in treatment over a much longer period of time.
- Several decades of evidence have shown pharmacotherapy to be an effective treatment that saves lives, reduces crime and prevents other drug-related health problems.
- There is a strong demand for MATOD within the community, however there are barriers to its uptake, one such barrier being the cost of MATOD dispensing fees to the patient.
- The current funding arrangement for MATOD services comprises Medicare Benefits Schedule (MBS) items for prescribers and the medications themselves are fully-subsidised under the Pharmaceutical Benefits Scheme (PBS). However there is no funding allocation for the MATOD dispensing service provided by pharmacies. The result is that these costs are both partially absorbed by the pharmacy and also passed onto the patient. This situation, as well as making MATOD service provision an unattractive business proposition for pharmacies, can make the treatment itself cost prohibitive for potential patients.
- MATOD dispensing fees are determined by the individual pharmacy. As a result there is variation, but can cost the patient up to \$10 a day. Average weekly fees cost the patient roughly \$30 - \$35 per week ([Chaar, Hanrahan and Day, 2011](#)). This significant cost is a barrier to treatment (Patil, Cash & Penney 2018). The only exceptions in Victoria are dispensing fees being paid by the Department of Health and Human Services for clients under the age of 19, and by the Department of Justice and Regulation for people exiting prison (to cover the first month post-release).

- When viewed in this light, the lack of subsidy of MATOD dispensing fees is an issue of equity, or lack thereof. It is simply unfair that MATOD patients bear considerable financial burden for their treatment where other patients do not.

## **Recommendations**

In the spirit of equity of healthcare we are recommending that:

- MATOD service provision be fully funded. This will improve access to treatment for opioid dependent patients and most importantly improve patient outcomes.
- That this issue be addressed directly by the Commonwealth Government through adjusting the PBS structure.
- That the most equitable option, with the least anticipated pitfalls, would be to maintain methadone, buprenorphine and buprenorphine/naloxone as S100 drugs but factor in a monthly payment by the PBS to pharmacists per patient for provisions of supply. This would be supplemented by each patient making a monthly co-payment as per the PBS fee structure.

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Ballarat Community Health provides direct service to professionals in this area. For more information contact:

Pauline Molloy, Manager – Pharmacotherapy Network, on 5338 9142