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Chemotherapy Review  
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Dear Mr Wallace

**Submission to the Review of Funding arrangements for Chemotherapy Services**

The Australian Private Hospitals Association is grateful for the opportunity to present a submission to the Review of Funding arrangements for Chemotherapy Services.

At the outset it must be stated that APHA is supportive of the principle of Price Disclosure and improvements in the efficiency of provision of chemotherapy drugs through the Efficient Funding of Chemotherapy Drugs initiative (EFC). Price Disclosure enables the PBS to take advantage of market competition to obtain the best outcomes for patients including the listing of new drugs as they become available. However true efficiencies and savings can only be obtained by understanding the full supply chain involved in provision of drugs to patients. The application of Price Disclosure to chemotherapy drugs has resulted in some unintended consequences that are now of real concern.

This Review is one of vital concern to private hospitals and day clinics providing chemotherapy services as the outcomes will directly impact the ongoing viability of services to cancer patients.

The APHA look forward to timely and sustainable resolution of this matter.

Yours sincerely



Michael Roff  
**Chief Executive Officer**  
29 July 2013

# Submission to the Review of Funding Arrangements for Chemotherapy Services

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## EXECUTIVE SUMMARY

The role of private hospitals and day clinics in providing chemotherapy services has expanded rapidly over the past decade. Since December 2012, the provision of chemotherapy services in the private sector has continued by virtue of the sector's commitment to consumers and a willingness to continue in good faith expecting that a sustainable solution would soon be negotiated.

The private hospital sector is appreciative of the forbearance of pharmacy service providers in delaying for as long as possible the passing on of additional costs. Some hospitals and day clinics have been protected from cost shifts by existing contractual relationships while hospitals providing services through in-house pharmacy services had have to absorb losses of many hundreds of thousands of dollars.

While the Federal Government's provision of a short term commitment of an additional \$60 per infusion has been of assistance, it has not addressed all of the losses being carried. The need for a long term sustainable solution remains.

Private health insurers provide payments per diem or case payments to support the admission of patients, either as day admissions or over-night, to receive chemotherapy and contribute to the associated medical fees. Insurers may also pay for some devices used in the provision of chemotherapy, however, private health insurers do not fund the provision of PBS drugs or the associated pharmacy services.

The APHA notes that private hospitals and day clinics providing chemotherapy services are already subject to a range of quality accreditation and licensing requirements. These requirements are a precondition for operation and a precondition for receiving funding from private health insurers. The Association is not aware of any evidence which demonstrates that further quality and safety accreditation requirements are needed.

APHA notes that any changes to either service provision or funding must take account of the legal and moral obligations of private hospitals and day clinics towards consumers who have been admitted for a course of treatment.

### **Recommendations:**

#### **Preferred Solution**

- The APHA supports the provision of an additional fee per infusion to ensure that the pharmacy services upon which chemotherapy services in the private hospital and day clinic sector rely remain viable. This measure would provide a transparent funding mechanism and remove the need for the industry to rely on untenable cross-subsidization arrangements. This additional fee must recognize the full complexity of the pharmacological services involved in delivering chemotherapy. This funding must take account of the cost of containers and devices inherent in the safe preparation, handling and delivery of the drug to the patient. This funding must also recognize the distinctive role of advanced care pharmacists in ensuring the safe delivery of chemotherapy drugs to the patient and the management of pharmacological side-effects through expert advice,

education and use of additional medications.

Finally this solution must be applied equitably to both Section 90 and Section 94 pharmacies where they provide the same services in respect of chemotherapy.

### **Additional Recommendations**

- Implementation of online prescribing and claiming has been trialed over several years in selected facilities. The results of this trial should be evaluated and published as soon as possible to inform future policy.
- Government assistance should be provided to enable pharmacy services to implement online prescribing and claiming systems as one of a suite of strategies to ensure the viability of private chemotherapy services.
- Requirements for authorities in respect of highly specialized drugs should be reviewed to ensure that the administrative requirements imposed through the PBS are streamlined and that processes that do not contribute to assurance of patient safety and accountability for expenditure are eliminated.

The APHA's responses to the Department of Health and Ageing's Discussion Paper issued in July 2013 are outlined below. The questions asked in the Department's paper are reproduced in italics.

A number of the questions posed by the Department of Health and Ageing seek information on the specific models of care, processes and associated costs used or identified by service providers. In response to such questions the APHA refers to the Department to submissions provided by individual service providers but also reserves the opportunity to provide further comment at a later date.

## **ABOUT THE APHA**

APHA is the national peak body representing Australia's private hospitals and its diverse membership includes large and small hospitals and day surgeries, for profit and not for profit hospitals, groups as well as independent facilities, located in both metropolitan and rural areas throughout Australia. The range of facilities represented by APHA includes acute hospitals, specialist psychiatric and rehabilitation hospitals and also free-standing day hospital facilities.

With respect to chemotherapy, our members range from major hospitals with large oncology departments and their own in house pharmacy services through to small independent hospitals dependent on external pharmacy services.

As at 31 March 2013, 10,763,182 Australians were covered through private health insurance for hospital treatment and it is likely that private hospitals will play an expanding role in coming years as a vital part of Australia's health system(1).

Private hospitals play a central role in cancer care. The AIHW estimates that 1 in 2 Australians will develop some form of cancer during their lives(2). Considering that more than 45% of

chemotherapy patients are treated in private hospitals and day facilities(3), maintaining the viability of private chemotherapy services is a crucial facet of the Australian healthcare system.

## **HOW CHEMOTHERAPY MEDICINE INFUSIONS ARE PROVIDED, THE ROLE OF EACH SECTOR, AND HOW SERVICES AND FUNDING ROLES HAVE CHANGED OVER TIME**

### **Describing Chemotherapy Services**

The Review Discussion Paper states:

“Chemotherapy services have been notionally described by providers during consultations as comprised of:

- The process of preparation of an infusion, which is currently funded through a set of fees provided by the Commonwealth;
- Administrative costs relating to the dispensing of the drug including for cold storage and compliance with regulatory requirements; and
- Clinical costs for advanced care pharmacists or oncology pharmacists to interview the patient, check body measurements, dosing and the drug/s for infusion.”(4)(page 7)

APHA disagrees with this description for the following reasons:

- The scope of the PBS fees currently provided is wider than the “process of preparation of an infusion” it is therefore inappropriate to presume that ‘a set of fees provided by the Commonwealth’ pertain to the first element of the description framed in the Department’s discussion paper and not others.
- The quoted description of chemotherapy services implies that these three elements are separable where as in practice they are inextricably linked. For example, according to Australian Pharmacy Board Guidelines dispensing of medications, i.e. checking chemotherapy protocols prior to ordering from a compounder must be considered as a part of dispensing (supply) and hence cannot be taken out of discussions regarding PBS funding for chemotherapy as this involves the clinical expertise of the advanced care pharmacist.

The chemotherapy services provided by private hospitals and day facilities are made possible through advanced care pharmacy services that are provided either in-house or, more commonly, through external pharmacy providers. These advanced care pharmacy services are intrinsic to the safe delivery of chemotherapy drugs.

Advanced care pharmacists perform a complex series of functions taking the manufactured drugs and preparing them to meet the individual requirements of the patient at each stage of their treatment. Chemotherapy drugs cannot be safely administered to a patient without the provision of these expert pharmacological services and safety checks. These services are distinct from the services provided by the treating oncologist and other members of the clinical team and cannot be delegated.

The Department has sought to draw an analogy between the clinical management of patients  
Review of Funding Arrangements for Chemotherapy Services

receiving warfarin and the clinical management of patients receiving chemotherapy (Page 7)

APHA disagrees for the following reasons:

- The clinical role undertaken by pharmacists in respect of warfarin is significantly less in time and complexity than in respect of chemotherapy patients.
- The clinical role undertaken by pharmacists in respect of warfarin has been subsidized through the standard PBS dispensing fee.

### **Private Health Insurance and Chemotherapy**

The Department of Health and Ageing, in its submission to the Senate contended that “the provision of such funding would generally be through private health insurers, and this may be the case currently with some clinical services associated with chemotherapy infusion preparation.”

APHA argues that this assumption is inaccurate and outlines below the current role of private health insurance in relation to chemotherapy.

### **Clinical Services**

Historically private health funds have provided funding to ensure that patients have timely access to private hospital and day surgery facilities but the funding provided has NOT supported the clinical services provided by pharmacists.

- Private Health Insurance Funds provide benefits in relation to patients admitted to private hospitals on either a same-day or overnight basis for a purpose consistent with the Private Health Insurance Act.
- When the primary purpose of admission is for the administration of chemotherapy, benefits paid by Health Funds are used by the private hospital to meet the costs of providing access to the facility including provision of nursing care.
- The services of the oncologist and pathology and diagnostic imaging services are funded by the MBS and the Private Health Insurance Fund which is obligated to pay at least 25% of the scheduled MBS fee. None of these funds contribute to supporting pharmacy services.

### **Chemotherapy Drugs**

Pharmacy services associated with PBS listed drugs are not recognized in funding arrangements negotiated between private hospitals and private health insurers. Some General Cover or Ancillary Cover policies provide benefits in relation to non-PBS listed drugs or off-label use of PBS listed drugs however a co-payment is normally required and insurers may choose not to pay for certain items. In practice this means that private health funds contribute only a small percentage of the costs of these drugs. APHA members have reported the following examples:

- Plerixfor 24 mg/1.2mL ING and Tretinoin 10 mg capsules for the treatment of patients is leukaemia – cost per patient \$24,000, reimbursement from private health insurance funds an average of 6%, patient contribution an average of 6%, costs absorbed by the hospital, an average of 88%
- Chemotherapy drugs for a non PBS indication cost on average \$22,000 per month of which health funds contribute 4%

## **Consumables**

Under standard private health insurance contracts, payments for drugs, dressings and other consumables are additional services to support hospital treatment. The coverage provided for these expenses depends on the level of cover purchased by the patient and contractual arrangements with the health facility. Many consumable items used across the private healthcare sector as a whole are relatively low cost items long accepted as funded within contracted per diem and case payments. Others are funded by health funds because they are included on the Prostheses List. Under the provisions of the Prostheses List managed by the Department of Health and Ageing, items meeting agreed efficacy and economic criteria for inclusion on the list must be paid for by health funds at an agreed minimum rebate.

The Prostheses List includes some items which can be used in the administration of chemotherapy. These items are detailed at Appendix A. However there is no opportunity for stakeholders to negotiate the expansion of the list to include new or additional items unless these items meet the narrow definition of being items that are ‘surgically implanted’. As a consequence, hospitals have hitherto relied on the margins available through the PBS to cross-subsidize those items not included on the Prostheses List.

## **Drug delivery systems**

The Drug delivery systems used to administer chemotherapy infusions are specialized and often expensive. Hitherto these devices have been cross-subsidized by the margins available through PBS funding for chemotherapy drugs. Health Funds are not obliged to specifically cover the cost of these systems just as they are not obliged to cover prostheses that are not listed on the Prostheses List.

For some drugs, subcutaneous delivery systems, offer advantages to patients (eg hospital in the home) and remove the need for infusion preparation and delivery systems, however, these systems do not reduce the role of the pharmacist in ensuring patient safety and providing advice. Sustainable funding models need to take account of such innovations.

*Question 1. Describe the model of care of the provision of chemotherapy medicine infusions that apply in your healthcare sector or the institution in which you practice. Please consider all components from the clinical decision to order an infusion to follow-up after the course or cycle has been completed.*

As demonstrated in the various submissions to the 2013 Senate Inquiry into the funding of chemotherapy showed, chemotherapy is delivered through a range of models of care. This diversity is also reflected in the models of care implemented by APHA members.

APHA refers the Department to submissions from individual healthcare providers with regard to these details.

*Question 2. Describe the professional and administrative practices for the provision of chemotherapy medicine infusions within the healthcare sector/s in which you participate and the business model/s which support them.*

APHA refers the Department to submissions from individual healthcare providers with regard to these details.

*Question 3. Can you identify and describe any changes to the provision of chemotherapy medicine infusion services over recent years? Have these changes (if relevant) affected consumer access to services and, if so, how?*

The provision of same day admission chemotherapy services in the private sector increased by 55% since 2001/2 with the most rapid expansion occurring in private day clinics.

	2001/2	2011/12
Private Free Standing Day Hospitals	25,005	60,797
Private Hospitals	121,666	166,136

AIHW, Hospital Statistics 2011/12, Table 8.11 and Hospital Statistics 2001/2 Tables 11.8 and 11.9

Expansion of services particularly in regional areas has been supported by substantial capital investment by the Commonwealth in partnership with both public and private sector health providers.

With respect to the provision of chemotherapy services over the last twelve months, the APHA makes the following observations:

- Hospitals committed to the care of cancer patients are both legally and morally obligated to ensure full financial disclosure before treatment is commenced and to ensure that all treatment services commenced are completed on the terms pertaining at commencement. Consequently when the price reduction for docetaxel was implemented in December 2012, hospitals were at pains to ensure that services for existing patients were not disrupted.
- Private hospitals were heartened upon hearing late last year that the Government had commenced discussions with the pharmacy sector to resolve the issue. Hospitals retaining their own pharmacy services committed to continuing services and absorbing costs as a demonstration of goodwill in the expectation that a solution would soon be found.
- Hospitals dependent on external pharmacy services have appreciated the forbearance shown by pharmacy service providers in refraining from passing on the shortfall resulting from reduced PBS funding. While existing contractual obligations protected many hospitals from the shortfall, some hospitals were obliged to accept additional charges in 2013. For example, St Andrew's Hospital Toowoomba were advised in early 2013 that they would be required to accept an additional charge of \$85.00 per infusion. Other hospitals had been put on notice by their pharmacy service suppliers.
- Further PBS reductions for chemotherapy drugs introduced on 1 April 2013 added to these pressures.
- The provision of additional funding from 1 July 2013 in the form of \$60 per infusion has

partially, but not fully, addressed the shortfall experienced by hospitals.

*Question 4. If third party compounders of chemotherapy medicines are used within your sector of institution, please describe where and how they are incorporated within the practices and business model. Also discuss the reasoning for the decision to involve a third party compounder in preparing the chemotherapy infusion.*

The reasons third party compounders are used by hospitals include considerations of volume and case mix however even for facilities providing large volumes of chemotherapy, the regulatory requirements that must be met and the upfront capital cost of establishing in-house compounding facilities and space requirements are a significant barrier to establishing an in-house compounding model.

It should also be noted that engagement of a third party compounder may form part of a contract for comprehensive chemotherapy pharmacy services or alternatively a third party compounder may be contracted to supplement the services provide by an in-house pharmacy service.

A third party compounder model leaves hospitals vulnerable to price changes independent of changes in the PBS. The price offered by compounders will vary from hospital to hospital in accordance with specific contracting arrangements. In some cases the compounder's price reductions will be considerably less than the PBS reduction. For example, a PBS reduction of 70% might trigger a compounder price reduction of only 50% if compounders do not pass the full PBS reduction on to pharmacy services and hospitals. The APHA is also concerned that PBS price setting mechanisms do not include scope to examine differences between the prices offered to private sector and those available to the public sector with the result that the single PBS price for each drug is well below the prices at which private sector pharmacies are able to purchase.

*Question 5. Preparation and provision of chemotherapy medicine infusions undertaken by individual pharmacy businesses or business units within a larger institution. Describe the contractual or business arrangements in place with other upstream and/or downstream parts of the same healthcare sector.*

Pharmacies are licensed under the National Health Act 1954 to supply pharmaceutical benefits funded through the PBS. The private hospital sector is serviced by pharmacies holding two types of license. Some pharmacies are licensed under Section 94 of the Act (hospital based pharmacies) and others are licensed under Section 90 (community based pharmacies). Each license type attracts slightly different funding entitlements. The impact of PBS price reductions for chemotherapy is particularly acute for Section 94 pharmacies as these changes come on top of the changes to the PBS remuneration model for Section 94 pharmacies effective from 1 October 2010 which resulted in a significant reduction in trading terms. Consequently Section 94 pharmacies are forced to work within tight margins. To ensure a viable and sustainable model of cancer care, the APHA contends that the solution found needs to provide equitable outcomes for both Section 90 and Section 94 pharmacists where they are offering the same services.

*Question 6. Please describe the components of dispensing and clinical services provided in relation to infusible chemotherapy medicines? It may be useful to provide a comparison with dispensing practice for non-infusible medicines, such as tablets. Please consider the differences in relation to costs, time involved, skills required, outcomes achieved and activities undertaken?*

APHA refers the Department to submissions from individual healthcare providers with regard to these details.

*Question 7. Describe in detail one or more possible options for:*

- *The model of care for your institution (described in response to Q1)*
- *The professional practices for the provision of chemotherapy medicine infusions (described in response to Q2)*
- *Possible funding models for the preparation and supply of chemotherapy medicine infusions;*
- *The appropriate level and source of funding for each component of practice (described in response to Q6).*

With respect to models of care, professional practices for the provision of chemotherapy medicine infusions, the APHA refers the Department to submissions from its members.

With respect to possible funding models for the preparation and supply of chemotherapy medicine infusions, the APHA has already outlined its preferred solution above. The AHPA reserves comment on the appropriate level of funding for each component of practice.

If additional funding cannot be provided through the PBS, the viability of private sector chemotherapy services will depend on the identification of alternative sources of additional funding noting that increased patient co-contributions are precluded by both the PBS and contractual arrangements between hospitals and private health funds. Potential sources include:

- A MBS item for the clinical services provided by pharmacists as member of the oncological clinical team
- Inclusion within the Prostheses List of all consumables used in the administration of chemotherapy such that Health Funds are obliged to pay a prescribed rebate for these devices
- Legislative change requiring funds to pay an additional fee for chemotherapy drugs,

However each of these alternative solutions would require significant policy change and additional administrative complexity.

## **COSTS AND COMPLEXITIES INVOLVED IN THE PROVISION OF CHEMOTHERAPY DRUGS**

*Question 8. Are there significant differences in the processes or costs of compounding certain infusible chemotherapy medicines? If so, please identify those medicines; describe the different practices or processes and evidence to support your position.*

APHA refers the Department to submissions from individual healthcare providers with regard to these details.

*Question 9. If you described a different practice for certain infusible chemotherapy medicines (in response to Q1) should these be managed or funded differently to other chemotherapy medicines?*

APHA refers the Department to submissions from individual healthcare providers with regard to these details.

## **RURAL AND REGIONAL CHEMOTHERAPY PROVISION**

*Question 10. Are there significant differences in the costs or processes for providing chemotherapy services in rural and regional areas? How do arrangements vary between public and private sectors, and what is the effect on accessibility of services? Please provide any data or evidence you have to support your position.*

APHA refers the Department to submissions from individual healthcare providers with regard to these details.

*Question 11. Do consumers or providers have extra additional costs or other factors that limit access to services in these areas? Please provide any data or evidence to indicate the difference in costs or other factors for consumers.*

If consumers are not able to access treatment within proximity to their home residence they face the costs of frequent travel to obtain treatment with consequent further impacts on their capacity to fulfill family and work commitments. Travel away from home to obtain treatment also separates consumers from family and community supports essential to their well being.

*Question 12. Does the quality of services vary in rural and regional and remote areas compared to more urban areas? What, if anything, should be changed about current funding arrangements to address?*

APHA has no evidence regarding the relative quality of services in different geographic areas.

*Question 13. Do the current funding arrangements help to support consumer access to chemotherapy services? What changes, if any, need to be made to current pharmacy funding arrangements to address rural and regional access issues? What is the most appropriate mechanism for making any changes and/or how should the funding be managed under any change?*

APHA reserves comment on the extent to which current funding arrangements success in supporting consumer access to chemotherapy services.

APHA notes that any changes to either service provision or funding must take account of the legal and moral obligations of private hospitals and day clinics towards consumers who have been admitted for a course of treatment.

## **QUALITY OF INFUSION PREPARATIONS**

*Question 14. What are the range of relevant guidelines and standards that apply to chemotherapy services across States and Territories? How are these standards enforced – ie regulations, on-site audits? While if any of these standards should apply where drugs are being compounded on-site or purchased from a third party, or prepared days before the infusion is delivered? How are adverse events monitored and reported?*

All private hospitals are required to meet the requirements of The National Standards for Safety and Quality in Health Facilities together with State private hospitals licensing requirements and legislation regarding workplace health and safety, poisons regulations, waste disposal and building. The ACSQHC is currently conducting a project to identify areas of overlap and duplications in these arrangements.

Guidelines outlined by the Society of Hospital Pharmacists Australia guide practice in private hospitals and day clinics providing chemotherapy. Health Funds frequently specify their own quality requirements as a contract condition.

In addition third party compounders are required to meet the requirements of the TGA.

*Question 15. Is further development of current standards required? If so, in which area is work needed? Is there other work, such as the development of quality programs, required? How can consumers be involved in the development of standards and programs to ensure quality services?*

Noting that the requirements of the National Standards for Safety and Quality in Health Facilities include detailed requirements across ten areas including requirements for clinical governance (Standard 1), engagement with consumers (Standard 2) and medication safety (Standard 4), the APHA does not regard it necessary for additional standards to be framed in respect of chemotherapy in accredited private hospitals and day clinics.

The National Standards include both core and developmental actions. Health facilities are required to achieve accreditation against core actions and over time they will be required to achieve accreditation against developmental standards.

Consumer engagement (Standard 2) is integral to the National Standards as a whole.

*Question 16. Should meeting any of these standards be a mandatory requirement for Commonwealth funding? If so, which? How would this be managed or enforced? Are there different standards that should be met depending on the circumstances under which the infusion is prepared? What would the effect of any changes be for consumers, in terms of access to and quality of chemotherapy services?*

See comments above.

## **OTHER MATTERS PERTINENT TO FUNDING FOR CHEMOTHERAPY INFUSION PREPARATION**

*Question 17. Are there any concerns in relation to current administrative processes surrounding the provision and claiming of PBS chemotherapy medicines and infusions?*

PBS requirements for drug authorities and paper based prescriptions and claiming contribute significantly to the administrative workload associated with the provision of chemotherapy services. These requirements need to be reviewed to reduce the administrative burden carried by pharmacies supporting chemotherapy services in private hospitals and day clinics.

*Question 18. What if anything should be addressed in relation to these matters?*

PBS requirements for drug authorities and paper based prescriptions and claiming should be removed to allow improvement in administrative efficiency and to improve quality and safety.

Current drug authority requirements are time consuming and create an additional administrative burden for pharmacies without any discernible impact on patient safety or administrative accountability. Further there are inconsistencies in drug authority requirements. These requirements should be reviewed as a matter of priority.

Implementation of e-prescribing and e-claiming will:

- reduce the risk of medication error,
- improve the management and communication of clinical information across the clinical pathway and
- improve administrative efficiency and accountability.

Implementation of online prescribing and claiming has been trialled over several years in selected private facilities. The results of this trial should be evaluated and published as soon as possible to inform future policy.

While promising significant efficiencies further roll-out of online prescribing and claiming will require sufficient time for the careful planning, system design and change management required to ensure success. Government assistance will be required to enable pharmacy services to implement such systems as one strategy in ensuring the viability of private chemotherapy services.

*Question 19. Are there other matters not mentioned in other areas of the paper that should be considered in developing a sustainable, transparent funding model for chemotherapy infusion services? Are there consumer issues that may not have been considered that should be taken into account in developing a sustainable funding model for chemotherapy infusion services?*

The APHA reserves comment.

## **CONCLUDING REMARKS**

The impasse which has arisen in relation to the funding of chemotherapy drugs highlights the importance of taking into account the perspectives of all stakeholders involved, including not only drug manufacturers and pharmacists but also patients, carers, cancer professionals, hospitals and day clinics in both public and private sectors.

Noting the growing pressures on the PBS, the APHA looks forward to the opportunity for wider stakeholder engagement with the Government ahead of the next Pharmacy Agreement.

## Appendix A: The Prostheses List

The Prostheses List (as at February 2013) included a number of items that are used in the administration of chemotherapy. However it should be noted that following on from the manner in which the Prostheses List has evolved over time this list is not comprehensive of the consumables in use and there is not process in place to systematically incorporate a more adequate range of items in respect of chemotherapy as new technologies become available. Items used in chemotherapy, various PICC lines, ports and CADD pumps /cassettes/ lines that are currently listed are detailed below. It should be noted that this list is presented as indicative of the range of items used APHA gives no undertaking as to the completeness of this list:

Billing Code: AH004            AMBIT Infusion Pump    ATRG: 159071

Supplier: Allied Medical Limited

Minimum Benefit: \$4,950.00

The AMBIT PCA is an external programmable electronic ambulatory infusion pump used for the delivery of fluid and medications via intravenous, epidural, subcutaneous or regional routes. It can be programmed with different delivery profiles which include basal rate only, basal rate with PCA (Patient Controlled Analgesia) or PCA Bolus Only. It is operated in conjunction with a AMBIT disposable administration cassette

Billing Code: AH005            AMBIT Infusion Pump Cassette    ATRG: 159784

Supplier: Allied Medical Limited

Minimum Benefit: \$28.00

Single use sterile disposable administration set for use with the AMBIT Infusion Pump. The cassette contains a rotary mechanism that pumps the infusion solution at an accurate and controlled rate. The cassette includes an administration line with a solution bag spike and an inline air filter

Billing Code: AS052            Chemosite Implantable Venous Access System    ATRG: 53869

Supplier: Covidien Pty Ltd

Minimum Benefit: \$485.00

Port - Single Lumen (ChemoSite\*)

Billing Code: BA129    Groshong Peripherally Inserted Central Catheter    ARTG: 42589

Supplier: Bard Australia Pty Ltd

Minimum Benefit: \$180.00

Closed-Ended PICC, Single Lumen

Billing Code: BA130    Groshong Peripherally Inserted Central Catheter    ARTG: 42589

Supplier: Bard Australia Pty Ltd

Minimum Benefit: \$119.00

Closed-Ended PICC, Multiple Lumen

Billing Code: BX246 Infusor ARTG: 168893  
Supplier: Baxter Healthcare Pty Ltd  
Minimum Benefit: \$85.00  
Sterile infusor devices, spring or elastomeric driven

Billing Code: BX248 Infusor ARTG: 168893  
Supplier: Baxter Healthcare Pty Ltd  
Minimum Benefit: \$85.00  
Sterile infusor devices, spring or elastomeric driven

Billing Code: BX281 Baxter Folfusor ARTG: 168895  
Supplier: Baxter Healthcare Pty Ltd  
Minimum Benefit: \$85.00  
Folfusor SV 0.5mL/hr 120mL (Baxter Code 2C4700K), Folfusor SV 2.5mL/hr 120mL (Baxter Code 2C4711K), Folfusor SV 5mL/hr 120mL (Baxter Code 2C4705K). The Baxter Folfusor is a disposable infusion pump used in an ambulatory setting for the continuous infusion of intravenous medications. The codes listed above represent three separate flow rates specific to Chemotherapy protocols.

Billing Code: ET052 Hepasphere ARTG: 139249  
Supplier: Endotherapeutics Pty Ltd  
Minimum Benefit: \$204.00  
Expanding microspheres designed for chemic0-embolisation with chemotherapeutic agents such as Ethiodil, Cisplatin, Epirubicin, Mitomycin, etc.

Billing Code: LH405 Gelita-Spon Absorbable Gelatin Sponge-Gelita- Spon IR Sponge ARTG: 155094  
Supplier: Lifehealthcare Pty Ltd  
Minimum Benefit: \$10.00  
Gelita- Spon IR is a sterile, single-use, fully bioabsorbable gelatin sponge indicated to achieve rapid haemostasis(e.g. surgically or trauma induced) by tamponade, and arterial embolisation. also indicated for use as a vehicle for a wide range of therapeutic agents including antibiotics, thrombin and chemotherapeutics without reduction in the sponge's haemostatic effect.

Billing Code: LH410 Gelita-Spon Absorbable Gelatin Sponge Anal-Vaginal Tampon ARTG: 155095  
Supplier: Lifehealthcare Pty Ltd  
Minimum Benefit: \$10.00  
'Gelita-Spon Anal-Vaginal Tampon is a sterile, single use, fully bioabsorbable gelatin sponge indicated to achieve rapid haemostasis by tamponade, also indicated for use as a vehicle for a wide range of therapeutic agents, including antibiotics, thrombin and chemotherapeutics without reduction in the sponge's haemostatic effect.

Billing Code: LH414 Gelita-Spon Absorbable Gelatin Sponge-Gelita- Spon Standard ARTG: 155096  
Supplier: Lifehealthcare Pty Ltd  
Minimum Benefit: \$10.00  
Gelita-Spon Standard is a sterile, single- use, fully bioabsorbable gelatin sponge indicated to achieve rapid haemostasis(e.g. surgically or trauma induced)by tamponade, and arterial embolisation . also indicated for use as a vehicle for a wide range of therapeutic agents, including antibiotics, thrombin and chemotherapeutics without reduction in the sponge's haemostatic effect.

Billing Code: RN002 Surefuser ARTG: 92233  
Supplier: Nipro Australia  
Minimum Benefit: \$50.00  
Non electronic, elastomeric balloon driven, ambulatory infusion pump, various flow rates

Billing Code: RN003 Surefuser ARTG: 92233

Supplier: Nipro Australia

Minimum Benefit: \$50.00

Non electronic, elastomeric balloon driven, ambulatory infusion pump, various flow rates

Billing Code: RN001 Surefuser ARTG: 92233

Supplier: Nipro Australia

Minimum Benefit: \$50.00

Non electronic, elastomeric balloon driven, ambulatory infusion pump, various flow rates

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Billing Code: SI001 Injection/Infusion Ports, Sterile - PORT-A-CATH II Trans Arterial Percutaneous System ARTG 154985

ARTG: 154985

Supplier: Smiths Medical Australasia Pty Ltd

Minimum Benefit: \$485.00

Port - single lumen

Billing Code: SI003 Injection/Infusion Ports, Sterile - PORT-A-CATH P.A.S Port T2 System

ARTG: 175621

Supplier: Smiths Medical Australasia Pty Ltd

Minimum Benefit: \$485.00

Port - single lumen

Billing Code: SI005 Injection/Infusion Ports, Sterile - PORT-A-CATH Peritoneal System

ARTG: 154984

Supplier: Smiths Medical Australasia Pty Ltd

Minimum Benefit: \$485.00

Port - single lumen

Billing Code: SI007 Injection/Infusion Ports, Sterile - PORT-A-CATH Arterial Titanium System

ARTG: 154985

Supplier: Smiths Medical Australasia Pty Ltd

Minimum Benefit: \$485.00

Port - single lumen

Billing Code: SI008 Injection/Infusion Ports, Sterile - PORT-A-CATH Power Titanium Venous Portal

ARTG: 161540

Supplier: Smiths Medical Australasia Pty Ltd

Minimum Benefit: \$485.00

Power Port - single lumen

Billing Code: SI010 Injection/Infusion Ports, Sterile - PORT-A-CATH Implantable Access System - Venous Portal, with introducer set

ARTG: 154982

Supplier: Smiths Medical Australasia Pty Ltd

Minimum Benefit: \$485.00

Port - single lumen

Billor Code: SI012 Injection/Infusion Ports, Sterile - PORT-A-CATH Low Profile Implantable Venous System, with introducer set  
ARTG: 154982  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$485.00  
Port - single lumen

Billor Code: SI014 Injection/Infusion Ports, Sterile - PORT-A-CATH II Titanium Venous System, with introducer set  
ARTG: 154982  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$485.00  
Port - single lumen

Billor Code: SI016 Injection/Infusion Ports, Sterile - PORT-A-CATH II Titanium Venous System with introducer set  
ARTG: 154988  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$485.00  
Port - single lumen

Billor Code: SI017 Injection/Infusion Ports, Sterile - PORT-A-CATH Power Titanium Venous Portal with introducer set  
ARTG: 161451  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$485.00  
Port - single lumen

Billor Code: SI019 Injection/Infusion Ports, Sterile - PORT-A-CATH II Low Profile Titanium Venous System with introducer set  
ARTG: 161451  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$485.00  
Port - single lumen

Billor Code: SI020 Injection/Infusion Ports, Sterile - PORT-A-CATH II Epidural Low Profile System  
Supplier: Smiths Medical Australasia Pty Ltd  
ARTG: 169403  
Minimum Benefit: \$485.00  
Port - single lumen

Billor Code: SI021 Injection/Infusion Ports, Sterile - PORT-A-CATH II Intraspinal Low Profile System  
ARTG: 154989  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$485.00  
Port - single lumen

Biller Code: SI023 Injection/Infusion Ports, Sterile - PORT-A-CATH II Dual Lumen Titanium Venous system and introducer set  
ARTG: 154987  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$615.00  
Port - dual lumen

Biller Code: SI024 Medication Cassettes (50ml & 100ml)  
ARTG: 92345  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$28.00  
Pump

Biller Code: SI025 Medication Cassettes (50ml & 100ml)  
ARTG: 92345  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$28.00  
Pump

Biller Code: SI026 CADD Administration Set 175cm TOTM tubing  
ARTG: 66261  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$7.00  
For use with SI036

Biller Code: SI027 CADD Administration Sets, 198cm, with Bag Spike & Add-on Anti-siphon Valve, TOTM Plasticized Tubing, Model No. 21-7057-24  
ARTG: 92345  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$7.00  
Pump

Biller Code: SI028 Extension Set (30" & 60")  
ARTG: 92345  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$7.00  
Pump

Biller Code: SI029 Extension Set (30" & 60")  
ARTG: 92345  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$7.00  
Pump

Biller Code: SI034 CADD-Solis VIP Model 2120 Ambulatory Infusion Pump  
ARTG: 66276  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$4,950.00  
Ambulatory Infusion Pump

Biller Code: SI036 Flexible Medication Reservoir, 250ml Model 21-6167-24  
ARTG: 66276  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$8.00  
Pump

Biller Code: SI037 CADD Legacy 1 Model 6400 Ambulatory Infusion Pump  
ARTG: 72259  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$ 4,950.00  
Pump

Biller Code: SI038 CADD Legacy Plus Model 6500 Ambulatory Infusion Pump  
ARTG: 72258  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$4,950.00  
Pump

Biller Code: SI039 CADD Legacy PCA Model 6300 Ambulatory Infusion Pump  
ARTG: 72255  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$4,950.00  
Pump

Biller Code: SI040 Administration Set  
ARTG: 92345  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$7.00  
Bag Spike, Integral Anti-Siphon Valve

Biller Code: SI041 Administration Set  
ARTG: 92345  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$7.00  
High Volume, with 0.2 Micron Filter, Male Luer, Add On Anti Syphon Valve

Billir Code: SI042 Extension Set  
ARTG: 92345  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$7.00  
Microbore TOTM with 0.22 Filter, M/M Luers, for Flolan

Billir Code: SI044 Administration Set  
ARTG: 92345  
Supplier: Smiths Medical Australasia Pty Ltd  
Minimum Benefit: \$7.00  
High Volume, TOTM- Plasticized Blue Striped with 1.2 Micron Filter, Male Luer, Add On Anti-Siphon Valve

Billing Code: WC297 Turbo-Ject Peripherally Inserted Central Venous Catheters Set (Triple Lumen) ARTG: 161616  
Supplier: Cook Medical Australia Pty Ltd  
Minimum Benefit: \$165.00

Turbo-Ject Peripherally Inserted Central Venous Catheters (PICC) Sets are intended for short- or long-term use for venous pressure monitoring, blood sampling, administration of drugs (eg chemotherapy) and fluids (eg TPN), and for use with power injectors for delivery of contrast in CT studies.

Billing Code: WC300 Vital-Port ARTG: 161948  
Supplier: Cook Medical Australia Pty Ltd  
Minimum Benefit: \$630.00

Standard, power-injectable single chamber titanium Port which may include micropuncture or standard introducer set

## REFERENCES

1. Key Quarterly Statistics - March Quarter. In: Council PHIA, editor. Canberra: The Australian Government; 2013.
2. Cancer in Australia: an overview, 2012. Canberra: Australian Institute of Health and Welfare & Australasian Association of Cancer Registries; 2012. Available from: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542353>.
3. Australian Hospital Statistics 2011-12. Canberra: Australian Institute of Health and Welfare; 2013. Available from: <http://www.aihw.gov.au/publication-detail/?id=60129543133>.
4. Consultation Paper Pricing Framework for Australian Public Hospital Services 2014–15 In: Authority IHP, editor. Canberra: Commonwealth of Australia; 2013.