Private Healthcare Market Inquiry

The Healthcare Market Inquiry (HMI) launched by the Competition Commission has been in operation since early 2014, and has already accomplished many of its key objectives. It is currently in the process of gathering evidence on the possible impact of market structure and the conduct of market players on competition in the private healthcare sector. It is essential that extensive evidence, data and analyses are submitted, but the HMI is also engaged in interactions with stakeholders.

A number of public hearings into different aspects of private healthcare have been scheduled. The initial set of hearings is being conducted over a four week period, and has been roughly divided into four sets of stakeholders, namely consumers, service providers, funders and regulators.

In its brief to stakeholders, the HMI indicated that in addition to an indication of how private healthcare services are provided and funded, they would like to understand the impact of the regulatory framework on stakeholders.

In February 2016, the PSSA and ICPA were given the opportunity to address the panel, headed by former Chief Justice Sandile Ngcobo, on the challenges to pharmacists. The PSSA was represented by Joe Ravele, a community pharmacist who serves on the PSSA national executive committee, and Lorraine Osman.

The PSSA presentation was divided into four sections
- Regulatory framework
- Healthcare funding
- Imperfect information and understanding
- Barriers to entry and expansion

Because this set of hearings is general rather than technical, the presentation therefore focused on familiarising the Panel, the Evidence Leaders and the technical team with the community pharmacy environment.

The presentation was deliberately factual and professional, and it was made clear that the intention was to explain with examples, the complexities of the community pharmacy world, and not to go on a medical scheme or regulatory authority bashing expedition in an inappropriate forum.

Should they wish to do so, members can access the presentation on https://www.youtube.com/watch?v=woW7z4w6y]. The PSSA presentation, followed by the ICPA presentation, and then by the questioning, begins at about 02:26:20 in the link.

Four documents are also available on the PSSA website (http://www.pssa.org.za/E_News.asp) – the PSSA submission to the HMI, a summary of the points raised in the presentation, the PSSA presentation, and the notes to the slides.

Dispensing fee notice

A new dispensing fee was published in the Government Gazette on 5 February 2016. Pharmacists are required by law to display a notice informing consumers of the maximum fee structure. The PSSA has updated its notice, which may be downloaded and printed by pharmacists for display purposes.

The document can be accessed on the members’ only site of the PSSA website (http://www.pssa.org.za/default.asp). Once logged-in go to the My Practice tab, the notice can be found under Posters.

Important Notice

Dispensing Fee Notice No. B.153
Published by the National Department of Health
in Government Gazette no. 39651 dated 01 February 2016

Depending on the single exit price (SEP) of the medicine, one of four different formulas must be selected to calculate the appropriate dispensing fee to be charged by the pharmacist. The dispensing fee excludes VAT.

The prescribed formulas are:

- Where the SEP is below R30.00 the fee shall not exceed R3.65 plus 40% of the SEP.
- Where the SEP is R30.01 and less than R240.00 the fee shall not exceed R19.50 plus 35% of the SEP.
- Where the SEP is R240.01 and less than R840.24 the fee shall not exceed R44.80 plus 30% of the SEP.
- Where the SEP is R840.25 or more the fee shall not exceed R134.00 plus 5% of the SEP.

The fee charged by the pharmacy may differ depending on the contractual arrangements with the various medical schemes, where these exist, medical schemes’ options and individual circumstances that may arise.

If there is any uncertainty, please discuss this with the pharmacist, who will provide you with information which indicates the SEP, dispensing fee and VST.

Members of the Pharmaceutical Society of South Africa (PSSA) commit themselves to comply with the legal prescribable dispensing fee as prescribed by the Department of Health. Members of the PSSA are allowed to use the designation MPS or FPS behind their names.

For further information: www.pssa.org.za

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PSA Offshore Conference, 2–8 May 2016

The Pharmaceutical Society of Australia (PSA) regularly holds an Offshore Conference. The 41st Refresher Conference will be in Cape Town and Sun City from 2–8 May 2016.

The programme covers topics from “Minor ailments and the financial benefits of repositioning the pharmacist” to a number of clinical areas, such as Types 1 and 2 diabetes, Parkinson's disease, minor ailments and cardiovascular risk, as well as medication management. The full programme can be downloaded from http://psaoffshore2016.impactevents.com.au/education1/education/.

PSSA members are welcome to attend any of the conference sessions. A nominal daily registration fee of R400 will apply to any who wish to attend.

Please respond directly to the PSA National Director on warwick.plunkett@gmail.com.

Schedule changes

On 15 March 2016, the Minister of Health published changes to the schedules of the Medicines and Related Substances Act, 101 of 1965, on the recommendation of the Medicines Control Council. These changes came into immediate effect. This is particularly important for community and hospital pharmacists, who provide medicines to the end user. Packaging and package inserts may require amendment but clearly it could not be implemented overnight.

**Acetylcysteine**

This generally fell into Schedule 2, except if intended for injection, in which case it became Schedule 3. Use of acetylcysteine for injection and for management of paracetamol overdose now fall into Schedule 3.

**Acetyldihydrocodeine and norcodeine**

These substances are now solely Schedule 6.

**Codeine (methylmorphine) and dihydrocodeine**

Conditions for supply as a Schedule 2 medicine have been changed as follows:

- oral solid preparations, in combination with one or more therapeutically active substances, containing not more than 10 milligrams of codeine (calculated as base) per dosage unit, with a maximum daily dose not exceeding 80 milligrams, and in packs containing sufficient dosage units for a maximum treatment period of 5 days
- liquid oral preparations and mixtures, in combination with one or more therapeutically active substances, containing not more than 10 milligrams of codeine (calculated as base) per 5 millilitre dosage unit, with a maximum daily dose not exceeding 80 milligrams, and with a pack size not exceeding 100 millilitres

Combination oral preparations, both solid and liquid, are now Schedule 3 medicines, when they contain more than 10 milligrams of codeine (calculated as base) per dosage unit.

Single component preparations remain Schedule 6 medicines.

**Doxycycline**

Previously only available as a Schedule 4 medicine, certain preparations may now be supplied as Schedule 2:

- when intended and labelled for the chemoprophylaxis of malaria in those aged 8 years and older, for periods not exceeding 4 months of continuous use

All uses not covered in this statement remain Schedule 4, except preparations for the treatment of animals and registered in terms of the provisions of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act 36 of 1947), but excluding when intended for administration in animal feed.

**Human papillomavirus vaccine (HPV)**

Some time ago, the National Department of Health included HPV in the Expanded Programme on Immunisation. This vaccine is therefore now included in Schedule 2.

**Ipratropium**

The anomaly previously appearing in the Schedules has now been corrected. Ipratropium is now largely a Schedule 2 substance, except when contained in respirator solutions, when it is Schedule 3.
Isotretinoin
This has been changed from Schedule 4 to schedule 5.

Nicotine
Schedule 1 previously permitted sale of nicotine when intended for human medicinal use as an aid to smoking cessation, when registered and presented as nicotine transdermal patches for continuous application to the skin in strengths up to and including 21mg/24 hours. The strength of the patch has now been amended to 21 mg/24 hours or 25 mg/16 hours.

Schedule 2 has been amended to accommodate this change.

Silymarin
For some time this has been exclusively Schedule 3. There is now an exemption, so that when present in a complementary medicine with an accepted low risk claim or health claim, providing not more than 600mg of Silymarin per day (calculated as silibinin/silybin) it becomes a Schedule 0 medicine.

Additions to the Schedules

Schedule 4
- Brentuximab
- Chorionic gonadotrophin
- Dolutegravir
- Mycoplasma gallisepticum (Strain F) vaccine, except when registered in terms of the provisions of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act 36 of 1947)
- Peginterferon beta 1a
- Radiopharmaceuticals – ¹⁴C-Urea and ¹⁸F-Fludeoxyglucose (2-deoxy-2-fluoro-D-glucose)
- Ruxolitinib
- Serelaxin
- Tildipirosin when intended for veterinary use

Schedule 5
- Perampanel
- Thiopentone

Schedule 7
- AH-7921
- AM-2201
- Amfetamine (Amphetamine) and its salts, preparations thereof (Also in S8)
- Dexamfetamine (Dexamphetamine) and its salts, preparations thereof (Also in S8)
- Lisdexamfetamine (lisdexamphetamine) (Also in S8)
- Mephedrone
- 3,4-methylenedioxypyrovalerone (MDPV)
- Methylene (beta-keto-MDMA)
- 25B-NBOMe (2C-B-NBOMe)
- 25C-NBOMe (2C-I-NBOMe)
- 25I-NBOMe (2C-I-NBOMe)

Schedule 8
- Amfetamine (Amphetamine) and its salts, preparations thereof (Also in S7)
- Dexamfetamine (Dexamphetamine) and its salts, preparations thereof (Also in S7)
- Lisdexamfetamine (lisdexamphetamine) (Also in S7)

Download the Government Gazette
The Government Gazette containing the scheduling changes can be downloaded from http://www.gpwonline.co.za/Gazettes/Gazettes/39815_15-3_Health.pdf (8.6Mb)

Welcoming new members
The Pharmaceutical Society of South Africa (PSSA) welcomes the following pharmacists who joined the Society in October, November, December 2015 and January 2016. We trust that you will be welcomed into your branches and sectors, and that you will find great value in your membership.

The PSSA/Alpha Pharm Distance Learning Programme 2016

The PSSA/Alpha Pharm Distance Learning Programme continues to offer pharmacists useful, practical, up-to-date information that enables them to provide optimal pharmaceutical care to their patients.

Module 1/2016 – Hypertension

Although rates of hypertension awareness, treatment and control have improved over the past few decades, several studies show that only about half of all people with hypertension have their blood pressure under control. The burden of hypertension in South Africa is massive, with approximately 6.3 million people being hypertensive, of which it is estimated that only 14% are controlled.

Numerous reasons have been cited for the low rates of blood pressure control, including poor access to health care and medicines as well as the lack of adherence with long-term treatment for a condition that is usually asymptomatic. The latter may be particularly true when the antihypertensive treatment interferes with the patient’s quality of life. Therapeutic inertia (the failure of healthcare professionals to step-up therapy when poor blood pressure control is identified) is also becoming a well-recognised barrier to improving blood pressure control rates. It is for these reasons that hypertension will likely remain the most common risk factor for heart attack and stroke.

The community pharmacist has an important role to play, not only in blood pressure screening in the pharmacy clinic, but also in counselling patients about the importance of adherence to their antihypertensive treatment and the value of lifestyle modifications. For these reasons and because revised hypertension guidelines have been published by both the Southern African Hypertension Society (2014) and the eighth Joint National Committee in the USA (JNC 8, 2014), hypertension has been selected as the first topic for 2016 for this CPD programme.

For more information about this programme contact Gill or Glynis at Insight Medicine Information on 011 706 6939 or email: cpdalalphapharm@insightmed.co.za.

The PSSA/Alpha Pharm clinical education programme 2016 for pharmacy staff

Recognising that consumers frequently encounter front-shop assistants or pharmacist’s assistants before they speak to the pharmacist, the PSSA and Alpha Pharm have launched a clinical education programme for pharmacy staff. All pharmacy staff need to be familiar with the use of unscheduled medicines and should be reminded of when it is necessary to refer the patient to the pharmacist.

Module 1/2016 – Acute diarrhoea in the pharmacy

Diarrhoea may be a relatively mild problem in normally healthy people, where it is often self-limiting, clearing up spontaneously within a day or two. It can, however, be a life-threatening condition in infants, young children and the elderly who may become rapidly dehydrated during a bout of acute diarrhoea.

During an episode of diarrhoea, water and electrolytes (salts such as sodium, chloride, potassium and bicarbonate) are lost through the frequent passing of loose or liquid stools. Dehydration occurs when these losses are not adequately replaced either through the use of oral rehydration salt solutions, or through an intravenous drip. Dehydration may rapidly progress from mild to moderate to severe. Death can follow severe dehydration if body fluids and electrolytes are not replaced.

While key measures to prevent diarrhoea include ensuring access to safe drinking water and improved sanitation, the front shop staff in the pharmacy can play a vital role in health education about how infections are spread and the importance of rotavirus vaccination in preventing diarrhoea.

This Module discusses infectious diarrhoea (gastroenteritis) and explains its prevention and management in children and in adults.

If you would like to participate in the 2016 PSSA/Alpha Pharm Pharmacy Staff Clinical Education Programme please contact Gill or Glynis for further information at 011 706 6939 or email cpdalalphapharm@insightmed.co.za.