

Opioid agonist treatment price, coverage and retention after PBS subsidisation reforms among a cohort of people who inject drugs in Melbourne, Australia: Preliminary results.

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- SuperMIX Participants
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Introduction

- Opioid agonist treatment (OAT) is the frontline treatment for opioid dependence in Australia
 - Retention associated with reduced risk of numerous adverse opioid-related harms¹⁻³
- 56,000 people prescribed OAT in AUS in 2024⁴
 - 60% dispensed OAT from private pharmacies⁴
- OAT coverage and retention can be suboptimal, decreasing individual and population benefit

Introduction

- Treatment costs may inhibit OAT entry and retention⁵⁻⁷
- OAT subsidised via Pharmaceutical Benefits Scheme
- Prior to 1st July 2023
 - Pharmacists unable to claim dispensing fees from PBS
 - Private pharmacies charged patients unregulated dispensing fees (\$150-\$300/month)⁵⁻⁷

Introduction

- After 1st July 2023⁸
 - Pharmacists able to claim dispensing & staged supply fees
 - Patients pay 28-day co-pay (\$7.70 or \$31.60) – no additional charges

Aims

- Examine impact of PBS reforms to OAT on
 - Patient out-of-pocket costs
 - Coverage
 - Retention

Methods



- Participants = SuperMIX⁹, N=2,564; recruited in 2 waves (1: 2008-2013, 2: 2015-present) from active street-based drug markets across Victoria
- Eligibility: Aged 18+, at least monthly injecting drug use, and be able to provide informed consent
- Annual interview exploring demographics, drug use, health service use and criminal justice system interactions.

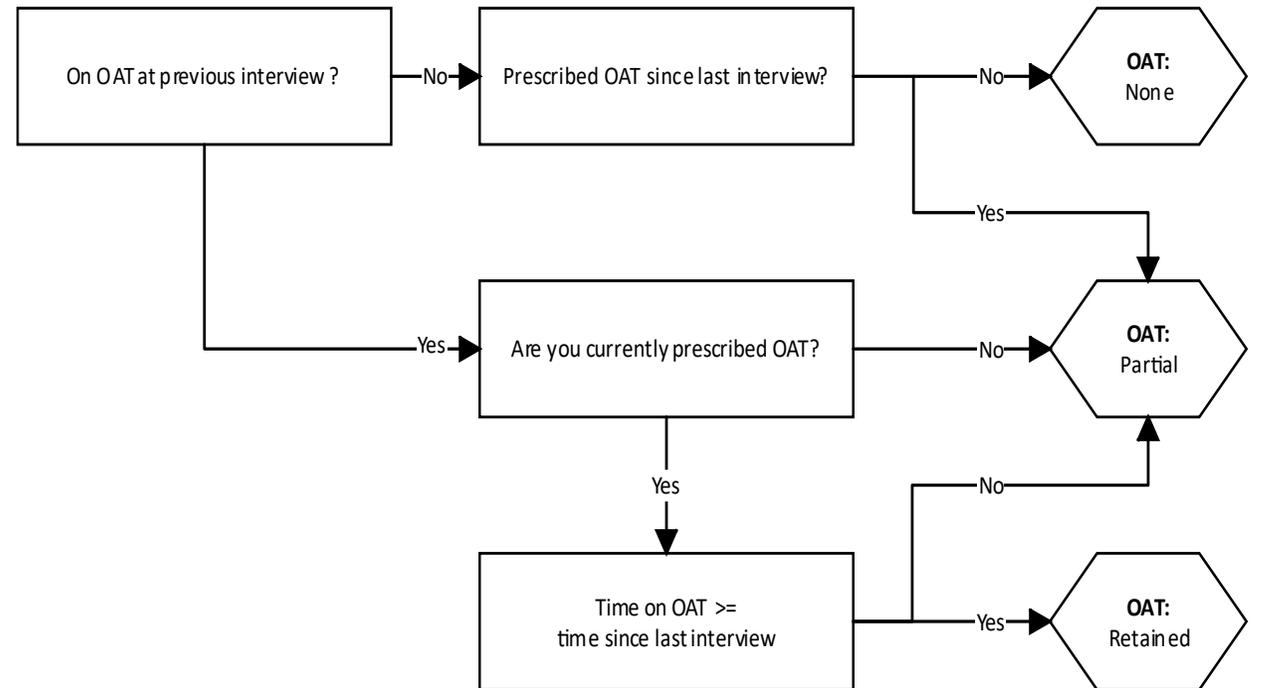
Methods

- Questions about use of OAT at each SuperMIX interview:
 - Use of OAT since last interview
 - Any use; currently prescribed
 - Type of OAT
 - Price before/after 1st July 2023
 - Duration of OAT episode

Methods

- Coverage:
 - Currently on OAT?
No / Yes

- Retention:



Source: 10

Methods

- Median price of OAT before/after PBS reforms
 - Stratified by OAT type
- Among participants with likely opioid dependence, proportion of participants (2015-2025):
 - Currently enrolled in OAT at time of interview each financial year
 - Test of proportions: 22/23 vs 23/24 & 22/23 vs 24/25
 - Reporting retention in OAT since last interview each financial year
 - Test of proportions: 22/23 vs 23/24 & 22/23 vs 24/25

Results

- 1,676 people included in the analysis.
- Baseline characteristics:
 - Male: 70%
 - Aboriginal: 21%
 - Homeless: 16%
 - Income < \$600/week: 65%
 - Median injecting frequency per week (IQR): 7 (3-16)

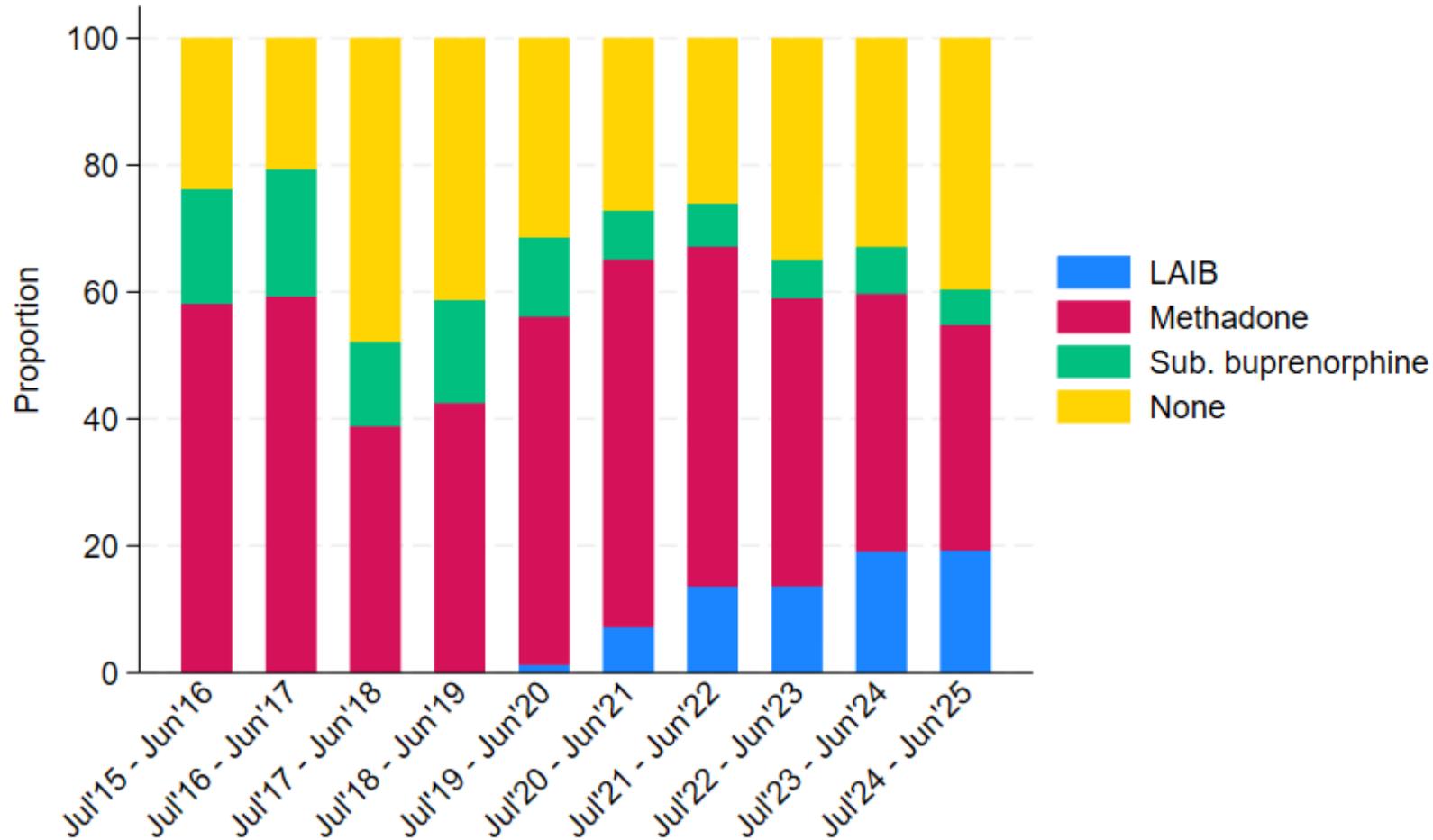
Results

Median cost of OAT per month

	Before PBS ^a reforms		After PBS ^a reforms	
	N	Median (\$AUD; Range)	N	Median (\$AUD; Range)
Overall	771	\$130 (\$0–\$761)	437	\$7 (\$0–\$231)
<i>Methadone</i>	532	\$145 (\$0–\$761)	289	\$7 (\$0–\$231)
<i>Sublingual buprenorphine</i> ^b	103	\$142 (\$0–\$347)	37	\$15 (\$0–\$152)
<i>Long acting injectable buprenorphine</i>	136	\$0 (\$0–\$260)	111	\$0 (\$0–\$213)

^a Pharmaceutical Benefits Scheme; ^b Includes buprenorphine and buprenorphine+naloxone formulations

Results: OAT Coverage at time of interview

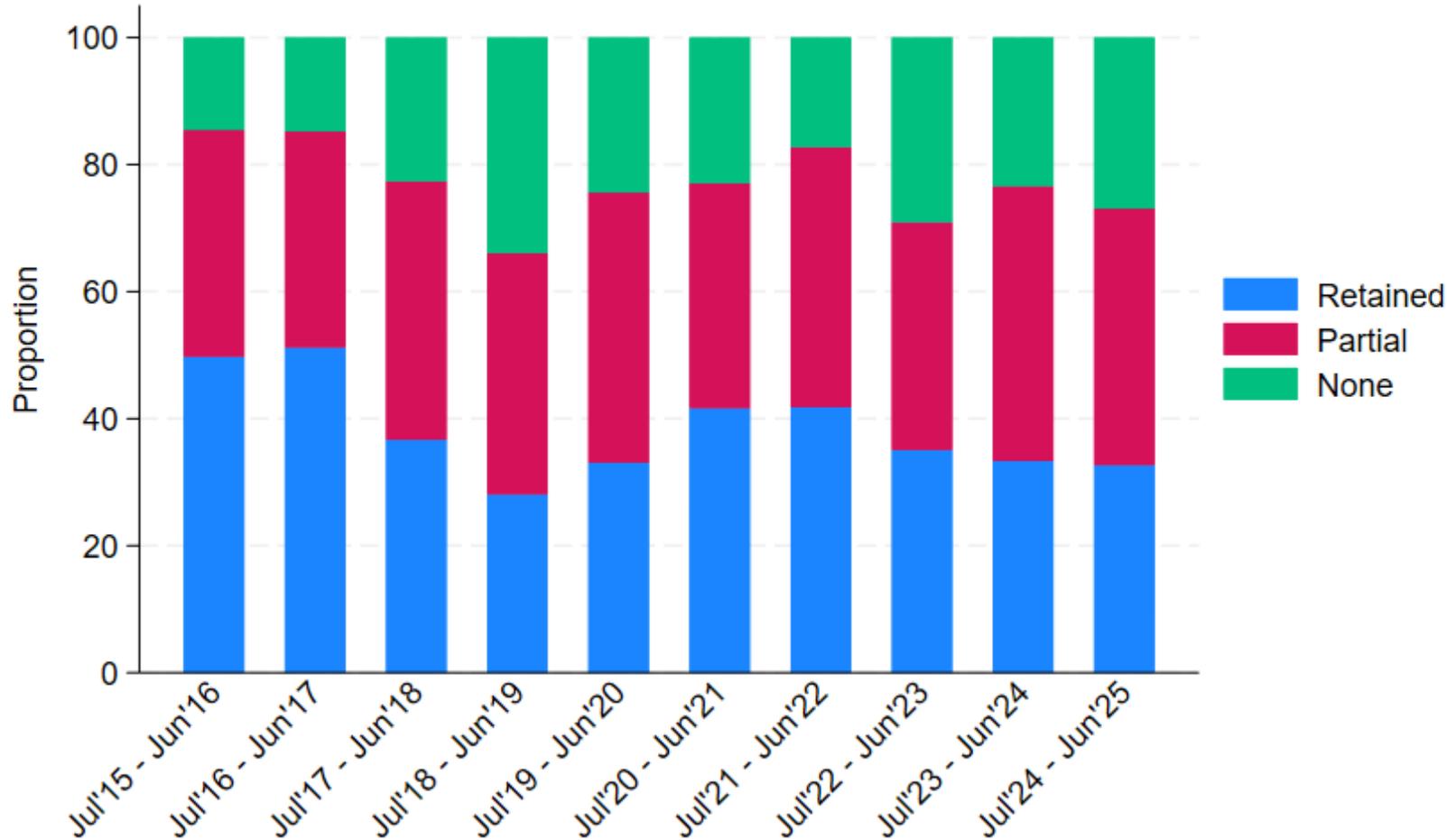


Coverage:

- FY22/23: 65.1%
- FY23/24: 67.1%
($z = -0.6349$, $p = 0.5255$)*
- FY24/25: 60.4%
($z = 1.5377$, $p = 0.1241$)*

*Compared to FY22/23

Results: OAT Retention between interviews



Retention:

- FY22/23: 35.1%
- FY23/24: 33.3%
($z = 0.4367$, $p = 0.6623$)*
- FY24/25: 32.7%
($z = 0.6308$, $p = 0.5282$)*

*Compared to FY22/23

Discussion

- Substantial reductions in treatment costs.
- High rates of coverage.
- No evidence of impact on coverage or retention.

Discussion

- Substantial improvement in affordability
- Coverage already high^{4,11}
- Dispensing fees were just one of several reported barriers to treatment
 - Demand factors
 - Other incidental costs (e.g., transport⁵⁻⁷)
 - Supervised dosing⁵⁻⁷
 - Medication options
 - System capacity⁴

Limitations

- Bias
 - Recall
 - Measurement
- Non-representative cohort
- Focus on quantitative outcomes

Conclusion

- Substantial reductions in treatment costs.
- High rates of coverage.
- No evidence of impact on coverage or retention.
- Initiatives which address other barriers to treatment may be needed to improve coverage and retention.

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