



Public Health Association
AUSTRALIA

The Pharmaceutical Benefits Advisory Committee (PBAC)
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Dear Chair and Committee Members

Submission by the Public Health Association of Australia (PHAA) on Mifepristone and Misoprostol

Australian women needing to end unplanned and unwanted pregnancy have access to RU486 (Mifepristone), a safe and effective non-surgical option for early pregnancy termination, which has been used by millions of women worldwide since the 1980s. Mifepristone is now available on the Pharmaceutical Benefits Scheme (PBS) and helps ensure early medication abortion is affordable to those women who need it, including those who are financially disadvantaged and living in poverty. However, it is very narrowly limited at the moment only to those whose pregnancies are ≤ 49 days.

PHAA strongly supports the request for an Authority Required listing for a composite pack containing mifepristone and misoprostol for the termination of an intra-uterine pregnancy of up to 63 days gestation.

PHAA notes that the listing of the composite pack is intended to replace the current listings of the components, with an amended restriction consistent with revised TGA indications to give extended opportunity for a medical option to women who are nine weeks pregnant.

An appropriate administration has now been established to ensure risks, management of side effects, the timing of administration of the medicines involved in the method, and appropriate follow up occurs. Appropriate protocols have been designed to limit the availability of these medicines to properly qualified and resourced medical practitioners and to ensure that medical practitioners, health care professionals and patients have access to appropriate information regarding the safe and effective administration and use of these drugs.

PHAA understands that members of the PBAC are appropriately concerned with costs. It is worth noting that an abortion costs significantly less than the cost of pregnancy care and childbirth for an unwanted pregnancy, not to mention the social and economic costs to communities of caring for children whose parents are not willing or able to support them financially or emotionally. Some women may also delay abortion care. By putting off an abortion until later in their pregnancy the procedure is higher risk, more

complicated and more expensive. Therefore it is appropriate to remove costs as a significant barrier to early abortion care.

Please do not hesitate to contact PHAA should you require additional information in relation to this submission.

Yours sincerely



Michael Moore
Chief Executive Officer
Public Health Association of Australia

