

# **Palliative Care Medicines Working Group**

***Working towards improved access to and quality use of palliative care medicines in the community.***

## **The policy context**

Not all palliative care medicines are available or affordable to people who want to stay in the community or at home – this is a major barrier!

A key aim under the National Palliative Care Strategy and National Palliative Care Program is to increase options and support for people to receive care at home.

## **The Palliative Care Medicines Working Group (PCMWG)**

Is working with the Therapeutic Goods Administration (TGA). The Pharmaceutical Benefits Advisory Committee (PBAC) and Sponsors to support the listing of as many priority palliative care medicines as possible on the Pharmaceutical Benefits Scheme (PBS).

## What the PCMWG needs to do

**Raise awareness** within the primary health care workforce of existing palliative care medicines listed on the PBS.

and

**Improve access** to medicines used in palliative care through the framework of the PBS.

## Composition of the PCMWG?

- Committee chairman:  
Prof. Peter Ravenscroft
- Representatives from the Department of Health and Ageing
- Representatives from peak industry and organisation bodies
  - Palliative Care Australia
  - Medicines Australia
  - Cancer Council of Australia
  - Consumer Health Forum

# How were the medicines required in the community identified?

- National survey of over 200 clinicians
- Conducted by the Joint Therapeutics Committee of Palliative Care Australia, the Clinical Oncology Society of Australia and the Australian New Zealand Society of Palliative Medicine
- Priority list of approximately 25 essential medicines were identified for possible listing within the Pharmaceutical Benefits scheme.

# Matching the priority list to PBS list

**For each medicine:**

Is the medicine **ALREADY** listed on PBS?

If YES-

- Is the listing for the right indication?
- Is the listing for the preferred route of administration and formulation?

**If there is NO PBS listing**

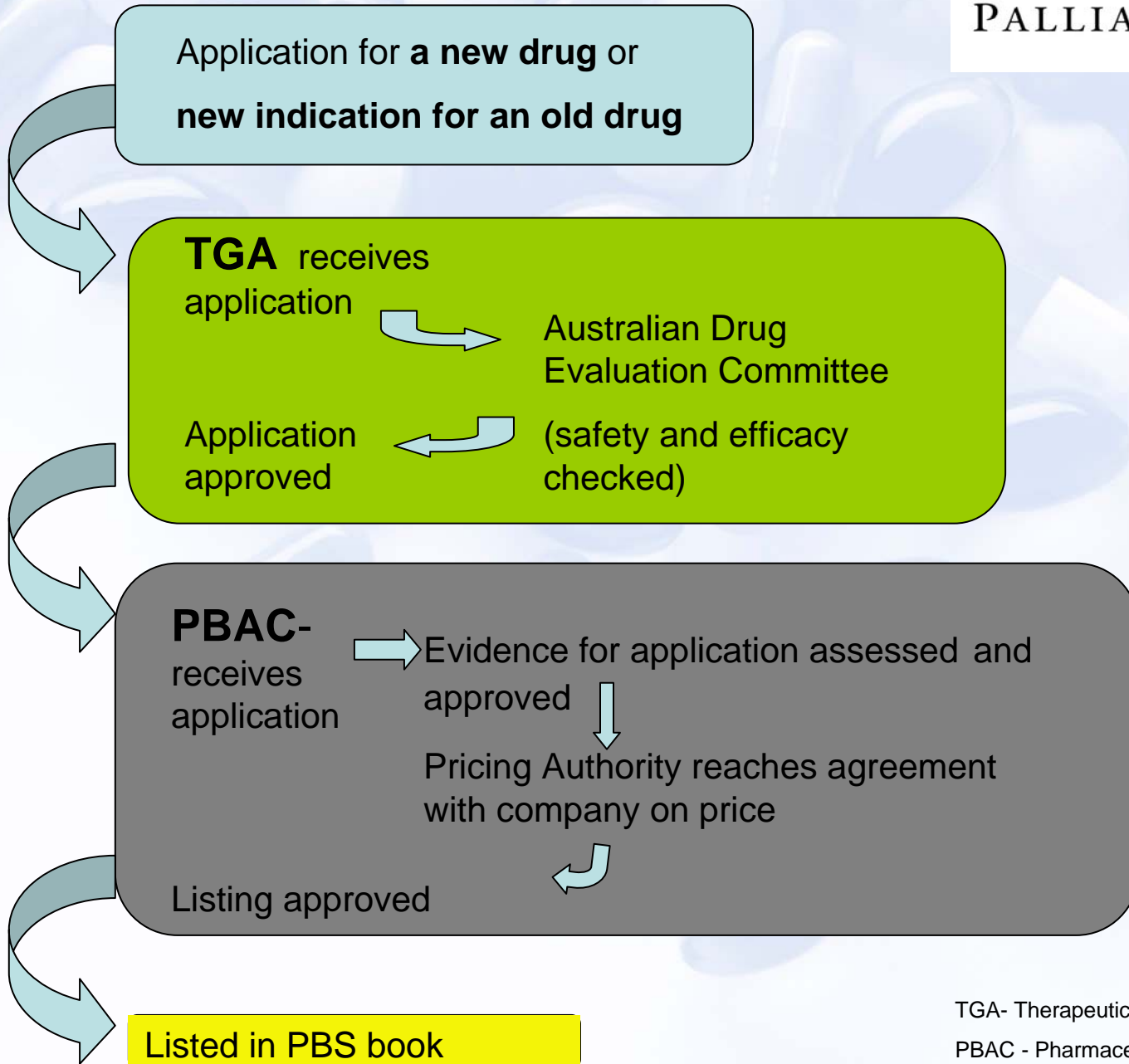
- Is there a TGA approval for:
  - the drug?
  - the indication?
  - the preferred route of administration and formulation for palliative care?

**TGA** only approves if there is robust evidence to support the quality, safety and effectiveness of the medicine for **ALL** of these factors

Only medicines that are appropriately listed by TGA can be listed on the PBS

Only the sponsor (pharmaceutical company) can list a medicine or change a listed indication on the Australian Register of Therapeutic Goods (ARTG)

# THE PROCESS FOR GETTING MEDICINES LISTED THROUGH THE PBS



Sponsor shepherds the application through

## What has been achieved to date?

- A framework to support the listing of palliative medicines through the PBS
- A palliative care section (mauve) within the PBS Schedule
- Medicines not previously listed now available through the PBS

# The Palliative care Section of PBS

**Contains drugs where all conditions met for a new indication. These are:**

Carmellose sodium (oral care)

Hyoscine butylbromide  
(antispasmodic)

Promethazine (nausea/vomiting)

Paracetamol LA and suppositories  
(pain)

Paracetamol sustained release

Clonazepam (prevention of epilepsy)

Laxatives

Bisacodyl

Docusate with bisacodyl

Sterculia with Frangula bark

Bisacodyl enemas

Microlax enemas

Glycerol suppositories

## **In December 2005 the following medicines were listed**

Diazepam

Oxazepam

Nitrazepam

Temazepam

Diclofenac

Ibuprofen

Indomethacin

Naproxen

Sulindac

Naproxen sodium

## **Other changes to the PBS effecting opioid management**

- Simplification of prescribing requirements for GPs for narcotic analgesics
- increased quantities and repeats for narcotic analgesics for patients with chronic, severe, disabling, non-malignant pain without having to hospitalise the person

- This allows GPs and specialists to be more involved in ongoing monitoring of community patients
- authority requires that the prescribing GP consult a second medical practitioner.

# Encourage palliative uses of existing PBS-listed drugs

For example

Laxatives

Simple

analgesics

Opioids

Non steroidal anti-inflammatories

Increased quantities per script through  
authority mechanism improves  
affordability for patients

## Future work:

- Encourage pharmaceutical companies to register medicines used in palliative care on the Australian Register of Therapeutic Goods
- Assist with the gathering of evidence to demonstrate quality, efficacy and safety of the medicines prioritised
- Education and awareness raising sessions for professionals and consumers