



## News from the National Palliative Care Program

June 2008

### Welcome to the Fourth Palliative Care Medicines Working Group Newsletter.

The PCMWG meets twice a year and provides advice and guidance to the Department of Health and Ageing on improving access to palliative care medicines in the community.



*Professor Peter Ravenscroft (centre) and members of the PCMWG pictured above met in Canberra November 2007.*

### Staffing in Palliative Care

Bradley Greer has joined the Palliative Care section and leads the Research and Information team, taking responsibility for the projects supporting palliative care research, medicines and quality improvement for services.

Jennie Della has left palliative care to take up a position in aged care. Jennie made a significant contribution to the work of the PCMWG during her time in the section and we wish her well in the future.

## Palliative Care Clinical Studies Collaborative

The Palliative Care Clinical Studies Collaborative (PaCCSC) is a collaborative research group that consists of ten sites around Australia supported by a coordinating site (Flinders University), and a Management Advisory Board. Between the sites, a number of Phase three and Phase four clinical studies are underway or in the advanced stages of preparation.

The phase three randomised controlled trials will focus on the following medications and indications:

- Ketamine-uncontrolled complex cancer pain
- Respiradone-delirium
- Megesterol acetate-anorexia
- Octreotide-bowel obstruction
- Ketorolac-refractory pain
- Ondansetron-Cholestatic itch

The phase four studies will focus on the symptoms being examined within the phase three studies. They will describe current treatment practices, medication use and incidence of adverse drug reactions. Both the phase 3 and phase four studies will build the evidence base for current practice within palliative care in Australia.

To date, four phase three study protocols have been developed with recruitment underway for the ketamine study. It is anticipated that the risperidone and octreotide studies will begin recruitment within the next two months. The phase four audits have been developed and are currently being piloted at all participating sites.

Considerable research infrastructure, such as standard operating procedures, has been developed to support each of the PaCCSC studies. These materials are designed to support and build the capacity to improve the evidence base for quality care through research around Australia.

Network members are encouraged to support the PaCCSC team through awareness of the clinical studies being conducted, and providing comment about how best to use any results to improve the quality of care through access to appropriate palliative care medications in the community.

For more information contact [Tania.Shelby-James@flinders.edu.au](mailto:Tania.Shelby-James@flinders.edu.au)

## Activities from the Communication Network

The national *Program of Experience in the Palliative Approach* (PEPA) has been established to provide primary health care practitioners with an opportunity to develop knowledge and skills in the palliative approach.

The Department has invited PEPA Managers in each state and territory to join the communication network asking them to include information about the increased availability of palliative medicines in education sessions with PEPA participants.

Each manager has information resources to assist them with education for PEPA participants.

In the 2007/08 financial year 184 people completed PEPA placements around Australia. This includes doctor's nurses and allied health professionals.

## Engaging GPs

In 2007, The Department engaged PCA to implement a project titled *'Engaging GPs' Support for the Implementation of Guidelines for a Palliative Approach in Residential Aged Care.*

The project aims to implement strategies that will provide opportunities for GPs to learn about the *Guidelines for a Palliative Approach in Residential aged care*. This will assist GPs to support aged care homes in implementing the Guidelines. It is expected the Engaging GP's initiative will reach up to 5000 doctors Australia-wide this year.

Palliative Care Australia is an active member of the Communication Network.

A new fact sheet was produced earlier this year for inclusion in the GP Palliative Approach Resource Kit. ***Palliative care medicines in the community*** aims to raise the awareness of GPs and other health professionals of the improved access to affordable medicines in the community through the Pharmaceutical Benefits Scheme (PBS). The fact sheet describes:

- how to use the Palliative Care Section of the PBS; and
- examples of benefits of the palliative listings.

If you would like a copy of the new fact sheet or any resources - bookmarks, fact sheets, posters, please email [donna.ridley@health.gov.au](mailto:donna.ridley@health.gov.au)

## Are you paying too much for your palliative medicines on the PBS?


A consumers brochure has been produced explaining the benefits of the medicines listed for a palliative care indication on the PBS.

National Prescribing Service has released 2000 copies of the "Medimate" brochure to be distributed in conjunction with the medicines brochure. Both will be distributed by palliative care services /community nurses in information packs given to people on admission to a palliative care service.

## What's happening in South Australia..

South Australia is engaged in delivering the Communications Sub Group work with Divisions of General Practice and has undertaken presentations in three Divisions in recent months with more scheduled in the coming weeks.

At the forthcoming national meeting of accredited pharmacists, Debra Rowett has been invited to present on the Quality Use of Palliative Care medicines and Dr Greg Crawford on Palliative Care in 2008 and pain management. A workshop will be conducted around the potential role for the Home Medicines



Review and Residential Medication Management Review in the palliative care setting. The workshop is being conducted in collaboration with the palliative care doctors from all services in South Australia.

## Future Projects

Members of the PCMWG, Communication Network and staff from the Palliative Care Section continue to work together to;

- expand the communication network to include health professionals in new areas
- consider the educational needs of pharmacists
- present materials at conferences and to write material to highlight the work of the PCMWG
- consider the educational needs of staff in Residential Aged Care Facilities.

## Funds available to support palliative care medicine communication and awareness activities

Funds are available to support the work of the palliative care medicines communication network. If anyone would like to present material on palliative care medicines at a conference or workshop, we are happy to support you. Please send any funding application by email to [donna.ridley@health.gov.au](mailto:donna.ridley@health.gov.au). Further information about the initiatives and palliative care publications funded under the Australian Government's National Palliative Care Program can be found on our website – <http://www.health.gov.au/palliativecare>.

### Fentanyl Lozenge added to the Palliative Care Section of PBS

FENTANYL: available as


FENTANYL CITRATE, lozenge with integral applicator, 200 microgram, 400 microgram, 600 microgram, 800 microgram, 1200 microgram and 1600 microgram, Actiq®, Orphan Australia Pty Ltd

Fentanyl lozenges are an oromucosal formulation for breakthrough cancer pain in people stabilised on regular opioid therapy for persistent cancer pain. They have a rapid onset of action compared with oral opioids.

Oral morphine is the opioid of first choice on the basis of familiarity, cost and dosing flexibility. Consider fentanyl lozenges if an increase in morphine dose to control breakthrough pain causes intolerable adverse effects.

### PBS listing – Authority required

Breakthrough pain in palliative care patients with cancer who are receiving opioids for their persistent pain and where further escalation in the dose of morphine for breakthrough pain results in intolerable adverse effects.



Initial supply for dose titration is up to 3 packs of 3 units (9 lozenges) per prescription. Different dosages may be prescribed (each strength of lozenge requires an individual prescription). First continuing supply for maintenance therapy is provided for up to 3 months (maximum of 20 packs of 3 units [total 60 lozenges] plus 2 repeats).

Second and subsequent continuing supply is provided for up to 3 months when consultation with a palliative care specialist or service has occurred. Otherwise a second continuing supply is for up to 1 month (no repeats).

Refer to the palliative care section of the *Schedule of Pharmaceutical Benefits* (see Section 2 or [online](#)) for more details on maximum quantities and repeats for patients receiving palliative care

**Be aware of the following important safety issues:**

**Do not use fentanyl lozenges in opioid-naïve patients** because of the risk of respiratory depression.

**Prevent accidental or deliberate misuse** by instructing patients and carers on the correct use, storage and disposal of fentanyl lozenges.

**Keep intact or partially used lozenges away from children.** They can be fatal if consumed by a child. Any lozenge that remains on the handle needs to be dissolved under hot running water and must not be discarded whole.

To maximise oromucosal absorption of fentanyl, the lozenges should be moved along the cheek lining, not chewed, and swallowing of saliva minimised if possible until the lozenge is finished.

Fentanyl lozenges have a side-effect profile typical of that of other opioids. Instruct patients and carers to remove the lozenge immediately if excessive side effects occur during use.

**There is no dose equivalence between fentanyl lozenges and other opioid formulations.** The optimal dose cannot be predicted by the dose of regular opioid or previous breakthrough opioid. It should be individually titrated by starting at the lowest dose (200 micrograms).

Reference: NPS Radar April 2008