Improving Community Access to Palliative Care Medicines

Many people who want to receive palliative care at home are unable to afford the medicines they need. Many patients gain these through public hospitals, either as inpatients or outpatients. To address this, a key area of the National Palliative Care Program is to improve access to affordable medicines through the Pharmaceutical Benefits Scheme (PBS). The Palliative Care Medicines Working Group, which has representatives from clinical disciplines, government, consumers and the pharmaceutical industry has been working to enable essential palliative medicines to be subsidised.

The Australian Government has demonstrated its commitment to providing affordable access for palliative care medicines by including palliative care medicines recommended for subsidy by the Pharmaceutical Benefits Advisory Committee (PBAC) in a new section in the PBS Schedule. The PBAC and the Therapeutic Goods Administration (TGA) are working with palliative care experts to minimise delays in listing palliative care medicines.

It is important to note that this new section of the Schedule (mauve pages) is intended to complement and be used together with the general listings section, where many drugs used in palliative care can be found.

How to use the Palliative Care Section of the PBS

For the purpose of prescribing under the Palliative Care Section of the PBS, a patient receiving palliative care is defined as: *A patient with an active, progressive, far-advanced disease for whom the prognosis is limited and the focus of care is the quality of life.*

All palliative care listings are “Authority Required”. All prescribers can request an initial authority to provide a maximum of 4 months therapy for palliative care patients. Where a subsequent authority is requested for continuing treatment, the provision of repeats is subject to confirmation by the prescriber that a palliative care physician or palliative care service has been consulted regarding the care of the patient.

Authority approvals can be obtained through phoning 1800 888 333 (General benefits) and 1800 552 580 (Repatriation Benefits).
How to help?

In order to support this initiative, it is important that the authority system, and not the general benefits system is used when a drug is available in both lists, but is to be used for palliative indications.

It is important to make sure that there is enough evidence to support the listing of palliative care medicines. If you have a role in palliative care medicine, it is important that you participate where possible in research and evidence gathering to support applications for listing.

Talk to your local research body or institution to see if you can help.

What now?

The Palliative Care Medicines Working Group is progressing a number of further medicines for listing, following consultation and feedback from the sector. For further information, and updates to the PBS schedule, go to www.health.gov.au