

# Core Palliative Care Medicines for Queensland Community Patients

## Introduction

Community-based palliative patients need timely access to palliative care medicines to ensure emergent end-of-life (terminal phase) symptoms are optimally controlled. For this reason, Queensland Health recommends community pharmacies and residential aged care facilities (RACFs) stock at least one medicine from each of the five medicine categories included in the list below.

## Core Palliative Care Medicines List for Queensland Community Patients\*

Medicine Category	Medicines		Minimum recommended stock	Indication/(s) for use in terminal phase patients
	First Line	Second Line		
<b>Analgesic</b> <i>(High potency opioid)</i>	Morphine (sulfate or hydrochloride) 10mg/mL and/or 30mg/mL Injection	Fentanyl citrate 100µg/2mL Injection  Hydromorphone 2mg/mL Injection	5 ampoules	Dyspnoea Pain
<b>Anticholinergic</b>	Hyoscine butylbromide 20mg/mL Injection	—	5 ampoules	Respiratory tract secretions
<b>Antiemetic</b>	Metoclopramide 10mg/2mL Injection	Haloperidol 5mg/mL Injection	10 ampoules	Nausea, vomiting
<b>Antipsychotic</b>	Haloperidol 5mg/mL Injection	—	10 ampoules	Agitation Nausea, vomiting Refractory distress
<b>Anxiolytic</b>	Clonazepam 1mg/mL Injection  Clonazepam 2.5mg/mL (0.1mg/ drop) Oral Liquid	Midazolam 5mg/mL Injection	5 or 10 ampoules  10mL bottle	Agitation Dyspnoea Refractory distress Seizure

\*Community pharmacies are encouraged to stock first-line medicines or may substitute second line medicines dependent upon local prescribing preferences and/or stock availability.

This list does not restrict which medicines can be prescribed for individual palliative patients, but is one approach which will allow community pharmacies to anticipate medicines most likely to be prescribed, and allow prescribers to anticipate medicines most likely to be available for rapid supply in Queensland pharmacies and RACFs.

## Funding

This statewide project has been funded by Queensland Health.

## More information:

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## Why was the list developed?

The *Core Palliative Care Medicines List for Queensland Community Patients* has been developed as part of the Queensland Health *palliPHARM* initiative. *palliPHARM* aims to ensure all community-based palliative patients have timely access to appropriate medicines as required. *palliPHARM* contributes to high-value care; it facilitates patient-centred care by promoting delivery of the right care, at the right time, in the setting of the person's choice.

## How was the list developed?

The list includes the medicines endorsed by the Australian and New Zealand Society for Palliative Medicine for use in community-based palliative patients<sup>1</sup>; and considered the core palliative care medicine lists published in other Australian states<sup>2,3</sup>. It is informed by Palliative Care Therapeutic Guidelines' recommendations, Therapeutic Goods Administration requirements, Pharmaceutical Benefits Scheme (PBS) listings, costs to patients and expert recommendations from the Pharmaceutical Society of Australia (Queensland Branch), the Pharmacy Guild of Australia (Queensland Branch) and other members of the *palliPHARM* Advisory Group.

## Is there a financial risk to community pharmacies?

Experience in other Australian states indicates that if consistent prescribing of medicines from a core list is promoted, it is likely that those medicines will be supplied before they expire, mitigating potential financial risk to pharmacies. Importantly for pharmacies, four of the five first-line medicines (except midazolam) are available to be supplied to patients on the PBS.

## What is required from community pharmacists, RACFs and prescribers?

To optimise palliative care patient outcomes, particularly for those in the terminal phase of their illness:

- Community pharmacists should consider stocking medicines on the *Core Palliative Care Medicines List for Queensland Community Patients*
- RACFs should establish palliative care imprest systems comprising medicines from the list and tailored to the prescribing preferences of visiting general practitioners and nurse practitioners
- Community prescribers should consider prescribing medicines from the core list for palliative patients being cared for in their own home, or in supported accommodation settings
- Pharmacists, prescribers and RACF staff should work collaboratively to ensure that palliative care medicines are proactively prescribed, easily accessible, charted in appropriate doses and frequencies for all patients who may require them and that patients' carers understand how to safely manage the medicines.

Queensland Health will support this multidisciplinary palliative care health professional collaboration through development of an *Anticipatory medicines: Statewide Guideline for Queensland* document, due for publication in 2021.

<sup>1</sup> The Australian & New Zealand Society of Palliative Medicine Inc. (ANZSPM). A consensus-based list of medicines suitable for the management of terminal symptoms in community and residential aged care facilities in Australia. ANZSPM. 2020. Available from: <https://www.caringathomeproject.com.au/Portals/13/Documents/20200902-Medicine-List.pdf>. [Accessed 14 September 2020]

<sup>2</sup> Tait P, Morris B, To TJAFP. Core palliative medicines: meeting the needs of non-complex community patients. 2014;43(1/2):29

<sup>3</sup> NSW Ministry of Health. Core Palliative Care Medicines List for NSW Community Pharmacy. 2019. Available from: [health.nsw.gov.au/palliativecare/Pages/core-medicines-list.aspx](http://health.nsw.gov.au/palliativecare/Pages/core-medicines-list.aspx). [Accessed 14 October 2020].

## Additional resources

[caringathomeproject.com.au/pallimed](https://www.caringathomeproject.com.au/pallimed) // [caringathomeproject.com.au](https://www.caringathomeproject.com.au)  
[pallconsult.com.au](https://pallconsult.com.au) // [psa.org.au/pallipharm](https://psa.org.au/pallipharm)