

## Medicines used in palliative care

### Summary

<b>PBS listing</b>	A new and separate section—the Palliative Care Section—has been introduced into the Schedule of Pharmaceutical Benefits as of 1 February 2004 for palliative care medicines. <b>Authority required</b> for all palliative care listings.
<b>Reason for listing</b>	Many drugs used in palliative care were not listed on the PBS for palliative care indications. This created inconsistency between patients being treated in institutions versus the community in accessing some palliative care medicines. The Pharmaceutical Benefits Advisory Committee (PBAC) has responded to this demonstrated need and accepted the proposal to subsidise certain palliative care medicines for patients in the community.
<b>Place in therapy</b>	The Palliative Care Section adds to the medicines that are currently available on the PBS (such as opioid analgesics) for use in patients typically with malignant neoplasia. Medicines in this first phase of listings in this Section include clonazepam, hyoscine butylbromide, paracetamol suppositories, promethazine, a saliva substitute, and a range of laxative preparations.
<b>Safety issues</b>	There are no specific safety issues of concern.
<b>Dosing issues</b>	There are no specific dosing issues of concern.

### PBS listing

A new and separate section has been introduced in the Schedule of Pharmaceutical Benefits for palliative care medications. For the purposes of prescribing under the Palliative Care Section of the PBS, a palliative care patient 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.*<sup>1</sup>

**Authority required** for all palliative care listings.

Prescribers can request an initial authority to provide for a maximum of 4-months' therapy for palliative care patients. Where continued therapy is required, authority approvals for subsequent prescriptions will be for a maximum of one month's supply only, unless the prescriber consults with a palliative care specialist or palliative care service in which case up to 4-months' supply may be requested.

## Reason for listing

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It is often difficult for patients to access medicines for palliative care use, at a reasonable cost, as many have not been available on the PBS.<sup>2</sup> This can result in people having to choose inpatient hospital care over community-based care in order to gain access to some palliative care medicines.

The PBAC accepted the proposal to subsidise certain palliative care medicines for patients in the community.

In this first phase of listing it is recognised that a limited group of medicines have been made available for palliative care patients. However, it is anticipated this list will be added to over time as evidence is provided that using individual medicines in the palliative care population is cost-effective—a requirement for any item listed on the PBS.

## Place in therapy

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The Palliative Care Section adds to the medicines that are currently available on the PBS (such as opioid analgesics) for use in patients typically with malignant neoplasia.

The following medicines are new listings in the Palliative Care Section:

- Carmellose mouth spray (Aquae) as a saliva substitute
- Clonazepam 500 micrograms and 2 mg tablets (Paxam, Rivotril); 2.5 mg/mL oral liquid (Rivotril) for preventing epilepsy
- Hyoscine butylbromide 20 mg/mL injection (Buscopan) for colicky pain
- Paracetamol 500 mg suppositories (Panadol) for analgesia
- Promethazine hydrochloride 10 mg and 25 mg tablets; 5 mg/5 mL elixir (Phenergan) for nausea and vomiting.

A number of laxative products currently listed for palliative care in the Schedule of Pharmaceutical Benefits will be included in the new Palliative Care Section. These include:

- Bisacodyl 5 mg tablets and 10 mg in 5 mL enemas (Bisalax); 10 mg suppositories (Durofax, Fleet Laxative Suppositories, Petrus Bisacodyl Suppositories)
- Docusate sodium with bisacodyl 100 mg/10 mg suppositories (Coloxyl)
- Glycerol suppositories 700 mg (for infants), 1.4 g (for children), 2.8 g (for adults) (Petrus)
- Sorbitol, sodium citrate and sodium lauryl sulfoacetate enemas (Microlax)
- Sterculia with frangula bark granules (Granocol, Normacol Plus).

The PBAC noted that these laxative products are already listed for palliative care in the Schedule. Consequently, the PBAC considered it appropriate that these palliative care listings be transferred to the new Palliative Care Section of the PBS Schedule, effective from 1 February 2004. The PBAC recommended deleting the palliative care indication that applies to these preparations on 1 May 2004, allowing prescribers a 3-month transition period to become familiar with the listings under the new Palliative Care Section of the Schedule.

## Safety issues

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There are no specific safety issues of concern.

## Dosing issues

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There are no specific dosing issues of concern.

## Information for patients

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*Therapeutic Guidelines: Palliative care*<sup>3</sup> contains a list of potentially useful palliative care resources and organisations that may provide support to patients, their families, and carers.

## References

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1. Pharmaceutical Benefits Branch. Summary of recommendations of September 2003 PBAC meeting [Personal communication].
2. Cairns W. *Curr Ther* 2001;42(11):11–13.
3. Therapeutic Guidelines Ltd. *Therapeutic Guidelines: Palliative care, Version 1*. North Melbourne: Therapeutic Guidelines Ltd; 2001.

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The information contained in this material is derived from a critical analysis of a wide range of authoritative evidence. Any treatment decisions based on this information should be made in the context of the individual clinical circumstances of each point.

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