RACGP
Royal Australian College *of* General Practitioners

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29 June 2020

Professor Andrew Wilson
Pharmaceutical Benefits Advisory Committee
Australian Government Department of Health

Email: PBAC@health.gov.au

Dear Professor Wilson,

Re: Pharmaceutical Benefits Advisory Committee review of the Palliative Care Schedule

Thank you for the opportunity to submit to the Palliative Care Schedule review. This response reiterates a request made by the College to the Pharmaceutical Benefits Advisory Committee (PBAC) in September 2017 for the addition of four medicines to the Pharmaceutical Benefits Scheme (PBS), either as general benefits or for the purpose of end of life care. In addition to those four medicines (1 to 4) we now also advocate for the addition of a further two (5-6).

1. Clonazepam liquid (oral drops) 2.5 mg/ml 10 ml bottle (2.5 mg/ml)
2. Clonazepam injection 1 mg/ml box of 5 ampoules
3. Fentanyl citrate injection 100 mcg/2ml box of 5 ampoules
4. Midazolam injection 5 mg/ml box of 10 ampoules
5. Morphine ampoules and liquid
6. Hydromorphone liquid, tablets, slow-release tablets and injectables (2 mg and 10 mg)

The RACGP is not aware of any changes regarding these medicines since our letter and, therefore, we continue to recommend these additions. Our specific rationales for each are provided below.

The six medicines are widely recognised and recommended for the relief of distressing symptoms commonly experienced near the end of life. They are recommended by the Australian and New Zealand Society of Palliative Medicine (ANZSPM) and in the guidance produced by the government-funded Decision Assist initiative *End of Life (Terminal) Symptom Management Medications for Older Australians Living in the Community*. This list of medicines is designed to help general practitioners' (GPs) decision-making when caring for terminally ill patients.

Proposed changes and rationales

1. Clonazepam (oral drops)

The RACGP requests that clonazepam (oral drops) is listed simply for palliative care use, without any mention of myoclonus, and with enough quantity for this purpose.

The clonazepam (oral drops) listing on the Palliative Care Schedule is only available for people who have myoclonus AND are receiving palliative care. These indications are limited and restrictive.

We acknowledge that clonazepam (oral drops) is a Prescriber Bag item for unrestricted general use. This restricted supply (in amount and frequency of supply) is not enough for GPs who have one or more palliative care patients.

Clonazepam is an important medication when a patient's ability to swallow is affected at the end of life, making benzodiazepines in tablet form unfeasible. The Prescriber Bag supply is not typically adequate and does not allow for prescribed supply for the patient to retain and self-administer at home.

Additionally, RACGP members who work in remote Indigenous communities report a need for this medication in patients who may decline use of injectable medications and/or morphine. This is a common occurrence in this population, and many patients are managed solely with oral and transdermal medications.

2. Clonazepam (injection: 1807D)

The RACGP requests an additional PBS listing for clonazepam (injection: 1807D) for use in the Palliative Care Schedule.

Although currently listed on the PBS in the general schedule, clonazepam injection remains restricted for use only in epilepsy.

3. Fentanyl citrate (injection)

The RACGP requests the addition of fentanyl citrate (injection) to the PBS and Palliative Care Schedule.

When a patient's ability to swallow is affected at the end of life, oral routes for recommended palliative relief are unfeasible.

4. Midazolam (10178Q)

The RACGP requests an additional PBS listing for midazolam (10178Q) in the Palliative Care Schedule, with enough quantity for this purpose.

The quantities listed of midazolam injection are often inadequate for the purpose of palliative care, particularly if a GP is looking after multiple patients – by comparison, hospital inpatients with the same indication would have no barriers to receiving optimum care. It is also important that a patient's caregivers have midazolam available at home, to allow access for palliative care nurses.

The RACGP requests that in addition to the Prescriber bag listing of 10 x 1 mL ampoules, 30 x 1 mL ampoules are made available.

5. Morphine

The RACGP requests the addition of morphine ampoules and liquid to the Palliative Care Schedule

Although this medicine is listed as a general benefit with the latest restrictions on 1 June this year, larger quantities of all injectable strengths available on the Palliative Care Schedule would be of use.

6. Hydromorphone

The RACGP requests the addition of hydromorphone liquid, tablets, slow-release tablets and injectables (2 mg and 10 mg) to the Palliative Care Schedule.

Hydromorphone is used by palliative care services, and very commonly in residential aged care facilities, in people with decreased renal and hepatic function. It is also useful for those patients who are intolerant to morphine.

The greater efficacy of hydromorphone means lower volumes are required, which is of great benefit for older patients who have difficulty swallowing and frail patients with limited subcutaneous tissue.

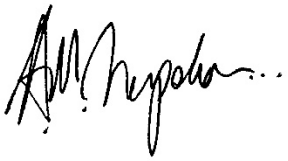
Concluding comments

Patients should not incur high costs of care or be denied PBS subsidies or access for recommended medicines that help relieve distressing symptoms which are commonly experienced near the end of life.

Furthermore, the availability of adequate palliative care medications to GPs becomes all the more important in the context of the current COVID-19 pandemic. While we may have flattened the curve successfully at present, there remains the possibility of further surges, in particular in residential aged care. In cases where a resident prefers to die in the facility than in hospital, GPs will likely be involved in their palliative care. COVID-19 is not going away anytime soon, and death from this disease can be distressing. Primary care needs to be able to provide adequate symptom relief in the community.

The RACGP thanks PBAC for the opportunity to comment. If you have any queries regarding this submission, please contact Mr Stephan Groombridge, Manager, e-Health and Quality Care on (03) 8699 0544 or at stephan.groombridge@racgp.org.au

Sincerely



Dr Harry Nespolon
President