

30 April 2018

Technical and Safety Improvement Section
Pharmacovigilance and Special Access Branch
Therapeutic Goods Administration
[Submitted online]

To whom it may concern

Management and communication of medicines shortages – proposed implementation approach consultation paper

I am writing in response to the consultation paper regarding management and communication of medicines shortages. PCA support the mandatory reporting of all medicines shortages to the Therapeutic Goods Administration (TGA) and the proposed definition and scope as outlined in the consultation paper. However I have concerns that those medicines commonly used within palliative care are not classified as ‘extreme’ or ‘high’ patient impact and thus not included on the proposed Medicines Watch List.

Palliative care is for people of any age who have a life-limiting illness that cannot be cured. Dying is a normal process, with palliative care offering a support system to help people to live their life as fully and as comfortably as possible until death, and to help families cope during this illness and in their bereavement. Timely and accessible medicines supply is essential in order to provide appropriate pain and other symptom management within palliative care practice.

If there is an anticipated or current medicine shortage, processes need to be in place which include early identification and notification as soon as possible to allow clinical review of individual patient medication regimes, medicines stock within respective services and suitable therapeutic alternatives.

PCA request that medicines routinely used within palliative care are considered, and a consultation process with the palliative care sector is facilitated, with the view to add a specific palliative care group on the Medicines Watch List.

Currently the following medicines are on the proposed Medicines Watch List that are used within palliative care practice:

- Ketamine
- Lignocaine
- Octreotide
- Tranexamic acid
- IV phenytoin

Further medicines which need consideration include, but are not limited to:

- Metoclopramide
- Haloperidol
- Hydromorphone

Disruption in the supply of medicines commonly used within palliative care has the potential to have an extreme or high patient impact. As the Australian Government's National Palliative Care Strategy (2010) notes, there exists the opportunity to improve approaches to ensure all Australians receive quality needs based care at the end of their life, and ensuring all is done to safe guard appropriate medicines supply is one of these approaches.

Please do not hesitate in contacting Kelly Gourlay, National Policy Advisor, if you would like to discuss these issues further at kelly@palliativecare.org.au or 02 6232 0700.

Kind Regards



Liz Callaghan
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Palliative Care Australia