



Media Release

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Changes to PBS for palliative care opioids restrictions a major relief - PCA

Palliative Care Australia has welcomed the changes made by the Pharmaceutical Benefits Advisory Committee (PBAC) to the Pharmaceutical Benefits Scheme (PBS), which will optimise appropriate access to analgesic opioid medications for palliative care patients.

These changes, effective 1 October 2020, will help avoid an unnecessary burden to palliative care health practitioners and reduce disruptions in the pain management for suffering palliative care patients.

PCA Chair, Professor Meera Agar says the positive recommendations and collaborative advocacy led by Palliative Care Australia with the Royal Australian College of Physicians (RACP), the Australian and New Zealand Society of Palliative Medicine (ANZSPM) and Australian Medical Association (AMA) have been instrumental in obtaining these essential adjustments to the PBS.

“Our efforts came in response to the unintended consequences of opioid schedule changes for people with palliative care needs, which had been identified by the palliative care sector and consumers, Professor Agar said.

PBS listings requiring an annual secondary review to analgesic opioids prescriptions will now allow a palliative care nurse practitioner to conduct the review. Furthermore, the requirements for the annual secondary reviews have been removed for patients whose clinical condition is such that a secondary review is rendered not possible.

Palliative Care Australia National Clinical Advisor and Nurse Practitioner Kate Reed says that, as palliative care advocates and health professionals know, the appropriate use of opioids is essential for palliative care patients to manage the pain and breathlessness associated with their life-limiting illness, not just for people with cancer.

“While recognising that safety regulations are required to avoid health risks linked to opioids, the issues of addiction and misuse are not critical factors for palliative care patients. We must continue to work together to support effective and timely pain management for these patients, helping to maintain their quality of life as much as possible,” Ms Reed said.

While these changes are an important step in the right direction, Palliative Care Australia will continue to work with PBAC to review and update the palliative care schedule, which is currently out of date and does not account for changes to the availability of new palliative care medications and updated evidence for dosing in other medications.

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