Palliative care-related medications

Prescription medications are an important component of care for palliative patients. One of the attributes of palliative care is to ‘provide relief from pain and other distressing symptoms’ (WHO 2014). In the majority of cases, this involves medications being prescribed by the treating clinician.

Information on medications is sourced through the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). Through these schemes, the Australian Government subsidises the cost of pharmaceutical products listed in the Schedule of Pharmaceutical Benefits (Department of Health 2016). In 2004, the Australian Government introduced the Pharmaceutical Benefits for Palliative Care Schedule as a subsection of the PBS Schedule to improve access to essential and affordable medications for patients receiving palliative care. As well as those medications listed on the palliative care schedule, palliative patients can also access medications in the general listings of the PBS/RPBS schedule. However, only those medications in the palliative care listings and medications prescribed (and subsequently dispensed) by palliative medicine specialists are discussed in this chapter; the former being referred to as palliative care-related prescriptions.

Key points

- Nationally, there were about 83,000 palliative care-related prescriptions (subsidised and under co-payment) provided to almost 52,500 patients in 2015–16 (1.6 prescriptions per patient, on average).

- Seven in 10 patients (70.3%) received a PBS/RPBS subsidised prescription, a rate of 154.0 patients per 100,000 population.

- PBS/RPBS subsidised prescriptions accounted for 78.6% of all palliative care-related prescriptions, a rate of 272.6 subsidised prescriptions per 100,000 population.

- About 1 in 8 (12.8%) patients who were supplied palliative care-related prescriptions (subsidised and under co-payment) during 2015–16 were aged 85 or older, with almost half (46.4%) aged 65 or older.

- Laxatives were the most commonly prescribed medication type (subsidised) in 2015–16 (28.3%), followed by analgesics (22.0%) and anti-inflammatory and anti-rheumatic products (18.0%).

This information was last updated in May 2017.

Palliative care medications may be prescribed for patients with ‘active, progressive and far advanced diseases for whom the prognosis is limited and the focus of care is quality of life’ (Department of Health 2016a). The Palliative care medications discussed in this chapter include those dispensed for palliative care treatment. However, it is likely that some medications are prescribed by palliative medicine specialists for reasons other than palliative care. Additionally, some other medications prescribed as a part of palliative care might have been excluded, such as those medications not listed in the PBS/RPBS palliative care schedule and prescribed by general practitioners or non-palliative care clinicians. The data used to create this chapter relate to the number of prescriptions recorded on the PBS/RPBS. When interpreting the information presented in this chapter, it is useful to note that individual prescriptions will vary in the number of doses, the strength of each individual dose and the type of preparation (such as tablets or injections). This level of detail is not reported here.
Characteristics of patients receiving palliative care-related prescriptions

Nationally, there were 83,067 palliative care-related prescriptions provided to 52,470 patients in 2015–16. PBS/RPBS subsidised prescriptions accounted for 78.6% of all palliative care-related prescriptions, a rate of 272.6 subsidised prescriptions per 100,000 population. The remaining scripts were for medicines listed on the PBS/RPBS, but the patient co-payment covered the full cost (under co-payment scripts). The majority of patients (70.3%) received a PBS/RPBS subsidised prescription, a rate of 154.0 patients per 100,000 population (Table PBS.1). On average, there were 1.6 prescriptions for each patient during 2015–16.

About 1 in 8 (12.8%) patients who were prescribed palliative care-related prescriptions (both subsidised and under co-payment) during 2015–16 were aged 85 or older, with almost half (46.4%) aged 65 or older (Figure PBS.1). For the 85 and older group, the prescription rate for 2015–16 was 2,343.2 per 100,000 population, which was almost twice as high as the rate for the 75–84 age group (1,275.0). Very few prescriptions were for people aged under 15 (30.4) (Table PBS.11).

Figure PBS.1: Palliative care schedule items (subsidised & under co-payment), prescriptions and patients, by age group, 2015–16

![Graph showing per cent of patients and prescriptions by age group.](https://example.com/graph.png)

Source: Australian Government Department of Health analysis of PBS/RPBS data, unpublished.

Source data: Palliative care-related medications Table PBS.11
Male and female patients received a similar proportion of palliative care-related prescriptions (subsidised and under co-payment) in 2015–16 (50.2% female and 49.8% male). Males and females both averaged 1.6 prescriptions per patient during 2015–16 (Table PBS.11).

_Inner regional_ areas recorded the highest rate of patients being dispensed palliative care-related prescriptions (300.0 per 100,000 population) followed by _Outer regional_ areas (283.3) (Table PBS.2).

**Types of palliative care-related prescriptions and prescribing clinicians**

This section presents information on both the number and type of PBS/RPBS subsidised palliative care-related prescriptions and on the prescribing clinician. A variety of health professionals are able to prescribe medications listed on the palliative care schedule, including palliative medicine specialists, other medical specialists, GPs and nurse practitioners.

Broadly, the medications included in the PBS/RPBS palliative care schedule fall into the following groups:

- analgesics (drugs that relieve pain)
- anti-epileptics (drugs that treat seizures)
- anti-inflammatory and anti-rheumatic products (drugs that treat inflammation)
- drugs for functional gastrointestinal disorders (drugs that treat impaired gastrointestinal function)
- laxatives (drugs that treat constipation)
- psycholeptics (drugs that tranquilise/depress the central nervous system)
- stomatological preparations (drugs that treat diseases of the mouth).

Laxatives were the most commonly prescribed subsidised medication type (28.3%), followed by analgesics (22.0%) and anti-inflammatory and anti-rheumatic products (18.0%).

GPs prescribed the majority (89.9%) of subsidised palliative care-related prescriptions. Other clinicians (includes medical specialists from other disciplines and nurse practitioners) prescribed 7.7%, followed by palliative medicine specialists (2.4%).

Subsidised medications prescribed varied according to the type of clinician. GPs most often prescribed laxatives (28.6%) and analgesics (21.1%). Palliative medicine specialists most frequently prescribed analgesics (46.6%) and laxatives (23.4%). Other clinicians most frequently prescribed laxatives (25.8%) and analgesics (25.5%) (Table PBS.3).

**Palliative care-related prescriptions by state and territory**

The rate of subsidised palliative care-related prescriptions dispensed nationally in 2015–16 was 272.6 per 100,000 population. Rates ranged from 157.4 per 100,000 population in the Northern Territory to 396.4 in Tasmania.

Nationally, laxatives accounted for the highest rate of subsidised prescriptions for all states and territories, followed by analgesics and anti-inflammatory and anti-rheumatic products (77.1, 60.0 and 49.0 per 100,000 population, respectively) (Table PBS.4).

**Palliative care-related prescriptions over time**

From 1 April 2012, changes to the _National Health Act (1953)_ require pharmacies to supply data for prescriptions that are priced below the patient co-payment level (non-subsidised) to the Department of Human Services (Department of Health 2016). Prior to this, data on non-subsidised palliative care-related medications were not available. These data are now reported alongside PBS/RPBS subsidised medication data.
Over the 5 years to 2015–16, the number of subsidised palliative care-related prescriptions on the palliative care schedule that were dispensed increased at an average annual rate of 17.1% nationally, with the largest yearly increase of 21.5% occurring from 2014–15 to 2015–16. Between 2011–12 and 2015–16, there was some variability seen across the various medication types. Across all clinician types, drugs for anti-inflammatory and anti-rheumatic products had the highest average annual increase over the 5 years to 2015–16 (81.4%) followed by drugs for functional gastrointestinal disorders (37.6%) (Table PBS.5). The increase in the anti-inflammatory and anti-rheumatic category is likely to be due to changes to the PBS palliative care schedule (items included and changes to restriction levels) which occurred in June 2016.

The prescription pattern of medications from the PBS/RPBS palliative care schedule is likely to be influenced by GPs prescribing the vast majority (89.9%) of these prescriptions (Table PBS.3). The number of PBS/RPBS subsidised prescriptions dispensed over time varied depending on clinician type. However, due to a change in the derived major specialty classification methodology from 2013–14, data by specialty are no longer comparable with previous years.

**Palliative care schedule items for pain relief**

In 2015–16, almost all (96.7%) palliative care-related prescriptions for pain relief medications (analgesics) were PBS/RPBS subsidised (Table PBS.4). An analysis of these pain relief items indicates that more than 3 in 5 (61.4%) medications in this group were paracetamol, with the remainder being opioids. About 1 in 16 (6.3%) subsidised prescriptions for opioids were repeat scripts in 2015–16, compared with about 2 in 5 for paracetamol (38.6%) (Table PBS.6). Nationally, there were 60.0 per 100,000 population subsidised prescriptions for pain relief medications in 2015–16, with opioids dispensed at a rate of 23.2 and paracetamol at 36.9 (Table PBS.15).

For subsidised opioid prescriptions, rates ranged from 8.2 per 100,000 population for the Northern Territory to 36.6 for the Australian Capital Territory. For paracetamol, the rates ranged from 21.3 per 100,000 population for Western Australia to 41.0 for Victoria (Figure PBS.2). All states and territories had more paracetamol dispensed per 100,000 population than opioids, except for Western Australia and the Australian Capital Territory which had higher rates for opioids.

**Figure PBS.2: PBS/RPBS subsidised palliative care-related prescriptions for pain relief per 100,000 population, states and territories, 2015–16**

Source: Australian Government Department of Health analysis of PBS/RPBS data, unpublished.

Source data: Palliative care-related medications Table PBS.15
All medications prescribed by palliative medicine specialists

About 280,500 (about 13.5% of all PBS prescriptions) of the prescriptions supplied in 2015–16 were prescribed by palliative medicine specialists (Department of Health 2016b). About 3 in 4 of these medications (211,993, or 75.6%) were PBS/RPBS-subsidised. These prescriptions include all PBS/RPBS items, not just those on the palliative care schedule.

Nationally, the groups of medications most often prescribed by palliative medicine specialists were those that act on the nervous system (including analgesics), followed by those that act on the cardiovascular system (including anti-hypertensives) (Table PBS.7).

Australian Government expenditure on PBS/RPBS subsidised palliative care-related medications

During 2015–16, about $4.4 million was paid nationally in benefits for medications included on the palliative care schedule ($118 per patient). Average cost per patient ranged from $80 for Victoria to $265 per patient in the Australian Capital Territory. Nationally, analgesics made up about two-thirds of this expenditure (67.6%), followed by laxatives (15.1%). The proportion of benefits paid for analgesics ranged from 53.8% for South Australia to 87.2% for the Australian Capital Territory (Table PBS.8).

Expenditure on PBS/RPBS-subsidised palliative care-related medications over time

Over the 5 years from 2011–12 to 2015–16, the benefits paid for palliative care schedule items increased by an annual average of 9.4% (in nominal terms; i.e. not adjusted for inflation). There was variability between medication types, with annual average changes ranging from a 13.1% decrease for stomatological preparations to a 55.4% increase for anti-inflammatory and anti-rheumatic products. The increase in the latter category is likely to be due to changes to the PBS palliative care schedule for anti-inflammatory and anti-rheumatic products (items included and changes to restriction levels) which occurred in June 2016.

Over the 5 years to 2015–16, the relative proportion of each medication type in the total amount of benefits paid varied. Analgesics decreased from 77.2% to 67.6% over the 5 years, whereas drugs for functional and gastrointestinal disorders and anti-inflammatory and anti-rheumatic products increased from 4.8% to 9.7% and 0.7% to 2.9%, respectively (Table PBS.9).

Expenditure on medications prescribed by palliative medicine specialists

The information presented in this section relates to all PBS/RPBS-subsidised prescriptions prescribed by palliative medicine specialists during 2015–16. This number includes all medicines dispensed, of which palliative care-related prescriptions on the palliative care schedule are a subset.

About two-thirds of the $16.9 million benefits paid for prescriptions by palliative medicine specialists were for antineoplastic (anticancer) and immunomodulating (act on the immune system) agents. This was followed by those that act on the nervous system (includes analgesics), which constitutes 20.7% of the total benefits paid by ATC group (Table PBS.10).

References

### Key Concepts

#### Palliative care-related medications

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Palliative care-related prescriptions</strong></td>
<td>Unless otherwise defined, palliative care-related prescriptions are defined in this section as medications listed in the Pharmaceutical Benefits for Palliative Care Schedule. The information on prescription medicines in this section has been sourced from the PBS/RPBS and refers to medications prescribed by clinicians and subsequently dispensed in community pharmacies (or, for Section 100 drugs, by hospital pharmacies). Consequently, it is a count of medications dispensed rather than a count of prescriptions written by clinicians.</td>
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<tr>
<td><strong>Subsidised prescriptions</strong></td>
<td>A PBS/RPBS subsidised prescription is where, for those items listed on the PBS/RPBS, a government subsidy is applied when the cost of a dispensed medication exceeds the patient co-payment. The PBS and RPBS covers any gap between the full cost of the medication and patient co-payment.</td>
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<tr>
<td><strong>Under co-payment prescriptions</strong></td>
<td>Under co-payment prescriptions are prescriptions where the medication is on the PBS/RPBS schedule but the patient co-payment covers the total costs of the prescribed medication so the effective subsidy is zero. Private medications, where the medication is not supplied on a PBS/RPBS prescription, are not included in this tabulation.</td>
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