Palliative care-related medications

Pharmaceutical medicines 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 presented in this section 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 2018a). 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 such as oxycodone. However, only those medications listed in the palliative care schedule 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.

Due to significant changes to the restriction level of some medications listed on the palliative care schedule from June 2016, data from 2016–17 onwards are not comparable with previous years. See the data source section for further information.

Data downloads

Palliative care-related medications tables 2017-18
Palliative care-related medications section 2017-18

This information was last updated in May 2019.

Key points

- Nationally, there were about 1.1 million palliative care-related prescriptions (subsidised and under co-payment) provided to almost 551,000 patients in 2017–18.
- About half of patients (55.4%) who received a PBS/RPBS prescription received a subsidised prescription, a rate of 1,232.3 patients per 100,000 population.
- PBS/RPBS subsidised prescriptions accounted for 65.5% of all palliative care-related prescriptions, a rate of 3,020.6 subsidised prescriptions per 100,000 population.
• About 1 in 15 (6.8%) patients, who were supplied palliative care-related prescriptions (subsidised and under co-payment) during 2017–18, were aged 85 or older, with about one-third (35.7%) aged 65 or older.

• Anti-inflammatory and anti-rheumatic medications were the most commonly prescribed medication type (subsidised) in 2017–18 (54.0%), followed by analgesics (35.4%) and drugs for constipation (6.8%).

Palliative care-related medications as per the palliative schedule of the PBS, 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 2018a). The medications discussed in this section 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, that are on a private prescription and prescribed by other practitioners. The data used to create this section relate to prescriptions dispensed under the PBS/RPBS. When interpreting this information, 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 1,141,949 palliative care-related prescriptions provided to 550,929 patients in 2017–18. On average, there were 2.1 prescriptions for each patient. PBS/RPBS subsidised prescriptions accounted for 65.5% of all palliative care-related prescriptions, a rate of 3,020.6 subsidised prescriptions per 100,000 population. The remaining scripts were for PBS/RPBS under co-payment prescriptions. About half of patients (55.4%) received a PBS/RPBS subsidised prescription, a rate of 1,232.3 patients per 100,000 population.

About 1 in 15 (6.8%) patients who were prescribed palliative care-related prescriptions (both subsidised and under co-payment) during 2017–18 were aged 85 or older, with about one-third (35.7%) aged 65 or older (Figure PBS.1). For the 85 and older group, the prescription rate for 2017–18 was 19,001.1 per 100,000 population, the highest rate of any age group. The lowest rate was for people aged under 15 (108.0).
Male and female patients received a similar proportion of palliative care-related prescriptions (subsidised and under co-payment) in 2017–18 (48.8% male and 51.2% female). Males and females averaged 2.0 and 2.1 prescriptions per patient respectively.

The highest rate of patients being dispensed palliative care-related prescriptions (2,740.4 per 100,000 population) was recorded for patients from Inner regional areas followed by Outer regional areas (2,595.6).

**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)
• drugs for constipation (laxatives)
• psycholeptics (drugs that tranquillise/depress the central nervous system)
• stomatological preparations (drugs that treat diseases of the mouth).

Anti-inflammatory and anti-rheumatic products were the most commonly prescribed subsidised medication type (54.0%), followed by analgesics (35.4%) and drugs for constipation (6.8%).

GPs prescribed the majority (94.3%) of subsidised palliative care-related medications. Other clinicians (including medical specialists from other disciplines and nurse practitioners) prescribed 5.2% of the medications, followed by palliative medicine specialists (0.5%).

Subsidised medications prescribed varied according to the type of clinician, however, anti-inflammatory and anti-rheumatic medications and analgesics were the 2 most commonly prescribed medication groups for all clinician types, with the exception of palliative medicine specialists who were most likely to prescribe analgesics followed by drugs for functional gastrointestinal disorders.

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

The rate of subsidised palliative care-related prescriptions dispensed nationally in 2017–18 was 3,020.6 per 100,000 population. Rates ranged from 1,504.2 per 100,000 population in the Northern Territory to 5,031.1 in Tasmania.

Nationally, anti-inflammatory and anti-rheumatic medications accounted for the highest rate of subsidised prescriptions for all states and territories, followed by analgesics and drugs for constipation (1,631.3, 1,069.2 and 205.4 per 100,000 population, respectively).

**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 2011). 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.

Due to significant changes to the restriction level of some medications listed in the PBS palliative care schedule from June 2016, data from 2016–17 onwards are not comparable with previous years. Assuming reasonable stability of the items listed on the schedule and their restriction levels in future, discussion of the time series data will recommence once sufficient data are available.
The pattern for medications prescribed from the PBS palliative care schedule is influenced by GPs prescribing the vast majority of these prescriptions. The proportion of GP prescribed PBS/RPBS subsidised prescriptions increased between 2013–14 and 2017–18 (from 87.4% to 94.3%), and the proportion prescribed by palliative medicine specialists and other clinicians decreased.

**Palliative care schedule items for pain relief**

In 2017–18, almost all (97.6%) palliative care-related prescriptions for pain relief medications (analgesics) were PBS/RPBS subsidised. An analysis of these pain relief items indicates that 56.5% of medications in this group were paracetamol, with the remainder being opioids. About 1 in 5 (18.9%) subsidised prescriptions for opioids were repeat scripts in 2017–18, compared with about half for paracetamol (47.6%). Nationally, there were 1,069.2 per 100,000 population subsidised prescriptions for pain relief medications in 2017–18, with opioids dispensed at a rate of 465.1 and paracetamol at 604.1.

For subsidised opioid prescriptions, rates ranged from 190.3 per 100,000 population for the Northern Territory to 1,197.5 for Tasmania. For paracetamol, the rates ranged from 189.9 per 100,000 population for the Northern Territory to 862.1 for New South Wales (Figure PBS.2). Western Australia, South Australia, Tasmania and the Northern Territory had higher rates of opioid than paracetamol prescriptions. Opioid prescriptions were dominated by Buprenorphine patches (91.9% of all opioid prescriptions).
All medications prescribed by palliative medicine specialists

About 304,000 (about 0.10% of all PBS prescriptions) of prescriptions supplied in 2017–18 were prescribed by palliative medicine specialists (Department of Health 2018b). Three-quarters of these medications (230,598, or 75.9%) 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). It should be noted that some palliative care specialists may hold other medical specialisations and that some prescriptions issued will be for patients other than those receiving palliative care.

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

During 2017–18, about $20.6 million was paid nationally in benefits for medications included on the palliative care schedule ($67 per patient). The
average cost per patient ranged from $56 for the Northern Territory to $150 per patient in the Australian Capital Territory. Nationally, analgesics made up about two-thirds of this expenditure (68.8%), followed by anti-inflammatory and anti-rheumatic products (20.2%). The proportion of benefits paid for analgesics ranged from 64.0% for the Northern Territory to 88.3% for the Australian Capital Territory.

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 2017–18. This number includes all medicines dispensed, of which palliative care-related prescriptions are a subset.

Just over half (56.0%) of the $17.0 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 constituted 21.9% of the total benefits paid by ATC group.

References


Data source

Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme data (RPBS)

The Australian Government Department of Human Services (DHS) processes all prescriptions dispensed under the PBS/RPBS and provides this data to the Australian Government Department of Health. Information collected includes age, sex and postcode of the patient, details of the medication prescribed (for example, location). The PBS/RPBS data maintained by Health has been used to produce this report. Only those medications listed on the PBS for prescribing to palliative care patients and medications prescribed by palliative medicine specialists are discussed in this section; and are referred to as palliative care-related prescriptions. The number of people provided with these prescriptions, their characteristics, and the prescription costs funded by the PBS and RPBS are also discussed.

Under the PBS/RPBS, people fall into two broad classes: general and concessional. Concessional beneficiaries include pensioners, Health Care card holders, Commonwealth Seniors Health card holders and Veterans card holders. The patient is required to contribute a co-payment per prescription, which is indexed annually; $40.30 for general patients and $6.50 for concessional patients as of 1 January 2019. If a prescription is priced below the relevant co-payment threshold the consumer pays the full price and the prescription is classified as ‘under co-payment’.

PBS/RPBS does not include the following:

- Private prescriptions
- Over the counter medicines
- Medicines supplied to public hospital inpatients

Although the PBS and RPBS data capture most of the prescribed medicines dispensed in Australia, these data have the following limitations:

- They refer only to PBS and RPBS prescriptions supplied to a patient.
- Until 1 April 2012 the PBS and RPBS prescription data supplied to the AIHW by the Department of Health excluded medications costing less than the patient co-payment and private prescriptions. As of April 2012, under co-payment PBS prescription data are supplied and are incorporated in the same tables. However, a time series presentation of these data is not possible at this time and comparison with the data from the previously used Drug Utilisation Sub-Committee (DUSC) database should be interpreted with caution as the DUSC survey methodology may have been an underestimate of under co-payment prescription volumes.
Patients receiving under co-payment prescriptions may also be supplied subsidised prescriptions. Tables for prescription numbers show data as subsidised and total so that they are compatible with patient number tables.

Under co-payment prescriptions are determined by a combination of patient status and dispensed price of the drug.

For demographic tables, patient characteristics are determined at a single point in each year, ensuring each person is only counted once in the year.

State and territory are determined according to the patient’s residential postcode as recorded on the Medicare Enrolment file. If the patient’s state or territory is unknown, then the state or territory of the pharmacy supplying the item is reported.

All data presented by the date of supply, that is, when the prescription was dispensed to the patient.

As part of the Post-market Review of Authority Required PBS Listings, the restrictions for a number of Palliative Care Schedule items were changed on 1 June 2016. The initial and continuing treatment restrictions were simplified and merged under the one item code. Prescriptions written prior to 1 June 2016 for deleted item codes remained valid for a 12 month transition period. The restriction level of some Palliative Care items were also changed from ‘Authority Required (STREAMLINED)’ to ‘Restricted Benefit’. Due to these changes, data from 2016–17 onwards are not comparable with previous years.

### Key concepts

#### Palliative care-related medications

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
</tr>
</thead>
<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 processing of the PBS/RPBS and refers to medications prescribed by approved prescribers and subsequently dispensed by approved suppliers (community pharmacies or eligible hospital pharmacies). Consequently, it is a count of medications dispensed rather than a count of prescriptions written by clinicians.</td>
</tr>
<tr>
<td><strong>Patient co-payment</strong></td>
<td>Under the PBS/RPBS the cost of prescription medicines is subsidised by the Commonwealth government. Patients are classified as either general or concessional, and are required</td>
</tr>
</tbody>
</table>
to pay a patient co-payment towards the cost of their prescription according to their patient status. At 1 January 2019 the co-payment was $40.30 (general) and $6.50 (concessional).

<table>
<thead>
<tr>
<th>Scope</th>
<th>The PBS/RPBS do not cover medicines supplied to public hospital inpatients, over-the-counter medicines or private prescriptions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidised prescriptions</td>
<td>A PBS/RPBS prescription is subsidised when the dispensed price of a medication exceeds the patient co-payment. The PBS and RPBS covers the difference between the full cost of the medication and the patient co-payment.</td>
</tr>
<tr>
<td>Under co-payment prescriptions</td>
<td>A PBS/RPBS prescription is classified as under co-payment when there is no government subsidy as the dispensed price of the prescription does not exceed the patient co-payment, and the patient pays the full cost of the medication.</td>
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</tbody>
</table>