What is the ‘Core Palliative Care Medicines List for NSW Community Pharmacy?’

The NSW Clinical Excellence Commission recommends community pharmacies in NSW stock the five injectable medicines on the ‘Core Palliative Care Medicines List for NSW Community Pharmacy’ (Table 1). The Agency for Clinical Innovation’s Palliative Care Network Executive Committee, the Pharmacy Guild of Australia (NSW Branch) and the Pharmaceutical Society of Australia also support this recommendation.

Table 1: Core palliative care medicines and indication/(s) for use in the last days of life

<table>
<thead>
<tr>
<th>Core Medicine</th>
<th>Indication/(s) for use in the last days of life</th>
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</thead>
<tbody>
<tr>
<td>Clonazepam 1 mg/mL Injection</td>
<td>Anxiety, Terminal restlessness</td>
</tr>
<tr>
<td>Haloperidol 5 mg/mL Injection</td>
<td>Terminal restlessness, Nausea</td>
</tr>
<tr>
<td>Hyoscine butylbromide 20 mg/mL Injection</td>
<td>Noisy breathing</td>
</tr>
<tr>
<td>Metoclopramide 10 mg/2mL Injection</td>
<td>Nausea</td>
</tr>
<tr>
<td>Morphine 10 mg/mL Injection</td>
<td>Pain, Dyspnoea</td>
</tr>
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</table>

What is required from community pharmacists and prescribers?

Community pharmacists should consider stocking medicines on the ‘NSW Core Palliative Care Medicines List for NSW Community Pharmacy,’ and where clinically appropriate, prescribers should consider prescribing medicines from the core list for patients being cared for in their own home, or in a community setting such as a Residential Aged Care Facility. Pharmacists are also encouraged to inform their local prescribers that their pharmacy has stock of each of the five core palliative care medicines.
Why is the core palliative care medicines list for NSW being implemented?
The NSW government funded a survey of all community pharmacies in NSW in 2018. The survey demonstrated a need to improve medicine access for patients who choose to spend their last days of life in the community.
The ‘Core Palliative Care Medicines List for NSW Community Pharmacy’ does not restrict which medicines can be prescribed for individual patients, but is one approach which will allow community pharmacies to anticipate the medicines most likely to be prescribed, and allow prescribers to anticipate the medicines most likely to be readily available in NSW community pharmacies.

How has the core palliative care medicines list for NSW been developed?
Development of the core medicines list considered the efficacy of the medicines, cost to patients (considering available PBS subsidies), routes and frequency required for administration, and availability of the medicines for emergency use in the PBS Prescriber Bag.

How do we know the core medicines list will improve access to essential medicines?
An identical core palliative care medicines list has been implemented in South Australia. Use of the core list has contributed to an increase in the number of community pharmacies who stock the medicines on the core list, and therefore the number of pharmacies prepared to immediately supply medicines that manage each of the common six symptoms that occur in the last days of life.

What about the financial risk to community pharmacies?
The survey findings indicate that if consistent prescribing of medicines on the core list is promoted, it is likely that medicines on the list will be supplied before they expire, mitigating the financial risk to pharmacies. In addition, four out of the five medicines (except clonazepam injection) are available to be supplied to patients on the Pharmaceutical Benefits Scheme (PBS) General and/or Palliative Care Schedule, as well as for supply on the PBS with a Prescriber Bag Order.

More information
More information about the survey findings and the Community Pharmacy Palliative Care Initiative can be found on the NSW Clinical Excellence Commission (CEC) webpage.
More information about medicine use in palliative care can be found in the Palliative Care Essential CPE on the Pharmaceutical Society of Australia (PSA) webpage.

Agency for Clinical Innovation - Palliative and End of Life Care Blueprint for Improvement
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