Revised opioid PBS listings for the management of severe pain

Commencing 1 October 2020, the Pharmaceutical Benefits Scheme (PBS) listings for opioid medicines will look different.

Following feedback received regarding recent changes to opioid analgesic medications listed on the PBS, the Pharmaceutical Benefits Advisory Committee (PBAC) has recommended additional changes to ensure unimpeded access to opioid medication to palliative care patients.

Further, in collaboration with Services Australia, the Department of Health have restructured the current listings in order to reduce the additional administrative burden.

What do these changes involve?
To reduce disruptions to the prescribing and supply of required opioid analgesic medications to all palliative care patients, PBS listings requiring an annual secondary review will now allow a palliative care nurse practitioner to conduct the review. Further, 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.

The PBS listings have also been restructured to include treatment phases and reflect the length of time a patient has been treated with both PBS-subsidised and non-PBS subsidised opioids. These treatment phases include:

- Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months
- Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months
- Continuing PBS treatment after 1 June 2020

These changes will simplify the process for requesting authority approval from Services Australia, and ensure that prescribers will not be required to repeat the same information for each authority application. Further, these changes clarify the requirements for increased quantities and repeats in each scenario.

The requirement to provide the date of the review and the name of the medical practitioner consulted has also been removed. However, prescribers will need to ensure this information is kept for compliance purposes.

All new and amended restrictions will be updated on the PBS website (pbs.gov.au) from 1 October 2020.

What has stayed the same?
Reduced packs sizes for immediate release opioid formulations are intended for use when other medications are not enough to manage pain, but ongoing pain management is unlikely
to be required beyond 2-3 days. These listings are Restricted Benefits meaning no authority approval is required before prescribing.

All standard pack sizes for immediate release opioid formulations remain available on the PBS in addition to their reduced listed quantities. These listings are Restricted Benefits for the treatment of severe pain, meaning no authority approval is required before prescribing listed quantities.

Standard pack sizes for modified release products are available for the treatment of patients with chronic severe pain, requiring daily, continuous long-term therapy. These listings are predominantly Authority Required (STREAMLINED) listings meaning no authority approval is required before prescribing listed quantities.

To be eligible for treatment with some opioids including high strength opioids such as morphine, patients will need to be unresponsive or intolerant, or have achieved inadequate relief of their acute pain, following maximum tolerated doses of other lower strength opioid treatments or where other opioid and/or non-opioid are not appropriate.

What does this change mean for prescribers?
You may continue to prescribe PBS subsidised opioid medications where clinically appropriate and where the patient meets the PBS listing requirements.

Prescribers must continue to ensure that patients meet the relevant PBS listing requirements when prescribing opioids under Restricted Benefit and Authority Required (STREAMLINED) PBS listings, and continue to include the correct streamlined code on the prescription where required. Streamlined codes are provided on the PBS website against the relevant PBS item code.

To ensure appropriate use of opioid medicines for the management of chronic non-cancer pain, patients must be referred to a second medical practitioner for clinical review if opioid use exceeds or is expected to exceed 12 months. From 1 October 2020, the date of the review and name of the medical practitioner consulted will no longer be required to be provided for every authority application.

Patients being treated in the palliative care setting may undergo the secondary annual review with a palliative care nurse practitioner or a medical practitioner. However, to ensure further access is not impeded for those who are unable to attend a consultation, a patient may be exempt from requiring an annual secondary review if their condition doesn’t allow them to.

What does this change mean for pharmacists?
Pharmacists will be required to continue to ensure PBS scripts have a valid streamlined authority code or authority approval, where relevant.