Palliative Care Access to core Medicines (PCAM) Project

What is the Palliative Care Access to core Medicines (PCAM) Project?

Palliative Care Access to core Medicines is a project that has established a Core Medicines List (CML) for end-of-life care. The CML is informed by best-evidence for treating end-of-life symptoms, CMLs established in other Australian states and the preferences of local palliative care providers, including GPs and pharmacists.

The purpose of the CML is to increase people's access to palliative care medicines when they are needed for their end-of-life care.

When determining the CML, accessibility and affordability were considered; this included the need for parenteral administration and availability of medicines through the Pharmaceutical Benefits Scheme (PBS).

North Western Melbourne Primary Health Network (NWMPHN) has commissioned the Pharmaceutical Society of Australia (PSA) to deliver this project.

Table 1: Palliative Care Core Medicines List

Core Medicine	Indication	Medicine Category
Clonazepam 2.5mg/mL	Agitation associated with	Anxiolytic
(0.1mg/drop) Oral Liquid	delirium	
	Anxiety associated with	
<u> </u>	dyspnoea	
(If an injection is required or		
preferred)		
Haloperidol 5mg/mL injection	Delirium and nausea	Antipsychotic
Hyoscine butylbromide 20mg/mL	Noisy breathing	Anticholinergic
injection		
Metoclopramide 10mg/2mL	Nausea	Antiemetic
injection		
Morphine 10mg/mL injection	Pain and dyspnoea	Analgesic
and/or 30mg/mL injection		

What is a palliative care Core Medicines List (CML)?

A palliative care CML is a list of endorsed medicines for use in end-of-life care (see list in **Table 1** above).

It is recommended that community pharmacies in north, western and central Melbourne stock these medicines. Where clinically appropriate prescribers should consider prescribing medicines from the CML for patients who wish to die at home or in an aged care setting.

The CML addresses the main symptoms commonly seen during end-of-life (pain, delirium, nausea, dyspnoea and noisy breathing).

Why was the palliative care Core Medicines List (CML) developed?

NWMPHN commissioned the PSA to deliver this project to improve end-of-life care. This is because CMLs can minimise the barriers that prevent patients from accessing medicines for end-of-life symptoms.

The CML can facilitate timely prescription, supply and use of these medicines for end-of-life symptoms by enabling:

- Pharmacists to anticipate the medicines most likely to be prescribed and then stock these medicines.
- Prescribers to anticipate the medicines most likely to be readily available in community pharmacies.

This helps reduce instances where a carer needs to visit multiple pharmacies to find the medicines prescribed for emerging and urgent symptoms. This is especially important outside of standard business hours.

How was this list developed?

This list was developed by considering the medicines endorsed by the Australian and New Zealand Society for Palliative Medicines for use in community-based palliative patients and the core palliative care medicine lists published in other Australian states. This list was localised for NWMPHN's region via consultation with local palliative care providers, including GPs and pharmacists.

What quantities of each medicine should community pharmacies keep?

Enough stock should be held in a community pharmacy to provide an initial urgent supply to a patient or carer, until more stock arrives in the next scheduled medicine order to fulfil the prescription quantity. For most pharmacies, this would mean keeping a minimum of one box of each medicine on the CML.

Which pharmacies are stocking the CML for palliative care?

A list and map of community pharmacies who have committed to stocking the CML will be listed on HealthPathways Melbourne and the PSA's online hub.

What activities are being conducted to support implementation of the CML? In 2021, for the PCAM Project the PSA will:

- Develop and deliver education webinars targeting GPs, pharmacists and residential aged care facility staff.
- Contact general practices in NWMPHN's region to increase awareness about anticipatory prescribing and the role of the CML.
- Contact community pharmacies in NWMPHN's region about the CML, and encourage pharmacists to stock the CML.
- Develop and maintain an online hub of palliative care resources relevant to pharmacists and prescribers.
- Develop an online mapping resource showing the locations of pharmacies that have agreed to stock the CML within NWMPHN's region.

Who do I contact for more information about this project?

For more information about the PCAM Project, please email Adeline.Tan@psa.org.au