

Clinical Pearls

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Clinical Pearl 23/06/20

Each week we will aim to bring out a concise email that provides 4-5 key pieces of information addressing a specific issue in clinical therapeutics.

This week: Opioid Rules Tightened

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Commencing 01/06/2020, the PBS listings for opioid medicines has changed:

- Opioid medications will now **only** be available in smaller quantities with no **repeats** for the treatment of non-chronic pain.
- To be eligible for treatment with opioids, patients will need to be unresponsive, or intolerant, or have achieved inadequate relief of their acute pain, to the maximum tolerated doses of non-opioid treatments.
- To be eligible for treatment with high strength opioids such as morphine and fentanyl, patients will need to be unresponsive, or intolerant, or have achieved inadequate relief of their acute pain, following the maximum tolerated doses of other lower strength opioid treatments.
- Less than 14 days' supply of Endone (Oxycodone), Oxynorm (Oxycodone), Palexia IR (tapentadol) 50mg, morphine injection, morphine liquid, does not require an authority prescription.
- Streamline authority prescription is required for 14 days' supply of Norspan (buprenorphine), Durogesic (fentanyl), Targin (Oxycodone/naloxone) and Palexia SR (tapentadol SR).
- Authority requests extending treatment duration **up to 1 month** may be requested using the Online PBS Authorities system or by calling Services Australia.
- Authority requests extending treatment duration **beyond 1 month** may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity prescribed is enough for up to 1-month of treatment and up to 2 repeats **ONLY**).

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- These new arrangements apply to all PBS listings for opioid medications and therefore there will also be amendments to the tramadol and paracetamol/codeine restriction requirements.

How will the new policy affect our aged care homes?

- For the GP to be able to initiate opioid treatment, residents must meet the criteria, such as: inadequate pain relief of acute pain to maximum tolerated dose of non-opioid treatments; post-surgery. Etc
- To initiate high strength opioids, residents must have not achieved adequate acute pain relief following maximum tolerated doses of other lower strength opioid treatments.
- To continue opioid treatment: residents who require long-term treatment of chronic pain with opioids will still be able to access larger pack sizes and prescribers will be able to prescribe repeats where they meet the new restrictions requirements.

What can be implemented to cope with this new policy?

- Address barriers to pain management, such as attitudes to pain, communication deficiencies, heterogeneity of responses to pharmacotherapy in elderly frail patients and limited evidence for effective treatment approaches for patients with dementia.
- Pain assessment tools, such as the use of the Painchek app, self-report tools, observation tools, and sensory testing tools are recommended to address these barriers.
- A stepwise protocol for treating pain has been shown to be effective in reducing pain scores in patients with dementia, as well as reducing behavioural and psychological symptoms of dementia.
- We can provide education sessions to staff, residents as well as their family members.

References:

<https://ajp.com.au/news/opioid-rules-tightened/>

<https://www.pbs.gov.au/pbs/home>

<https://www.racgp.org.au/afp/2015/april/pain-management-in-residential-aged-care-facilities/>

Please consider these issues when preparing or interpreting RMMR reports or education sessions. Contributions of content or suggested topics are welcome and should be sent directly to natalie@wardmm.com.au