

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Palliative care patients are likely to trigger alerts on **ScriptCheckSA**, due to their complex medical needs and medication requirements, necessitating clinical conversations between prescribers and pharmacists.

Alert Triggers

- > **Multiple provider episodes** → FOUR or more prescribers (red) or FOUR pharmacies (amber)
- > **Opioid dose threshold** → Daily morphine Equivalent Dose (MED) >100mg daily (red) or between 50-100mg/day (amber)
- > **High-risk medication combination** → opioids + benzo/Z drug in last 90 days (red)
- > **S58 Privileged circular** (red)
- > **Prescriber with a Prohibition order** (red) or **unauthorised prescriber*** (amber)
- > **Stolen or Fraudulent scripts** → prescriber has reported the script pad stolen (red)
- > **Unauthorised drug*** → prescriber (proposes to) prescribe an S8 medicine to a patient who already has a current authority for a different S8 medicine. (amber)

* Alert NOT triggered for Notified Palliative Care Patients, or patients over 70 years.

Consideration for palliative patients

- > **Complex medication regimes**; More than one opioid may be required for adequate analgesia or lower doses for dyspnoea. Their regime may require a neuropathic agent, such as pregabalin. Benzodiazepines are often seen in this mix for agitation or anxiety.
- > **High opioid requirement**; A patient on oxycodone SR 50mg po BD with oxycodone 10mg po QID PRN, as well as morphine liquid 2.5-5mg po ONE hourly PRN, would have a MED of up to **255mg/day!** This is not unusual for palliative patients.
- > **Various prescribers**; One patient may be receiving scripts from their Pall Care Specialist, Oncologist, GP and other prescribers.

- > **Multiple pharmacies**; Scripts may be filled at their local pharmacy by the patient or family members, at hospital, near their GP or clinic or by a community nurse assisting in medication supply.

If you have concerns

Alerts will be common and clinicians should be vigilant in ensuring safe prescribing and dispensing. Medication misuse and diversion can occur with palliative care patients so any alerts should be considered within the context of that specific patient.

- > **Contact the prescriber** about what has been alerted on ScriptCheckSA and discuss your concerns. They may provide additional information which confirms appropriateness and support dispensing.
- > **Contact the Palliative Care pharmacist** in your region (see below) to assist if required.
- > **Supply a small amount** until concerns are managed, ensure patient is aware of concerns.
- > **Document** your conversation (patient and/or prescriber) accurately in your system.

Delaying or refusing supply can be detrimental to the patient's health. Ensure they are directed back to a prescriber as soon as possible.

Resources

- > [ScriptCheckSA](#)
- > [SA Health: ScriptCheckSA](#)

For more information

Contact the Lead Palliative Care Pharmacists:

- > **Josephine To, Northern**
josephine.to@sa.gov.au (08) 8161 2499
- > **Michaela del Campo, Central**
michaela.delcampo@sa.gov.au (08) 8222 6825
- > **Naomi Lowe, Southern**
naomi.lowe@sa.gov.au (08) 8404 2058

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

