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Palliative Care in the Community: Access to Medicines

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Introduction

Medicines commonly used in palliative care are not always easily accessible to patients in the community setting. In particular, unlicensed medicines and non-prescription medicines may pose problems as they are not always paid for by the HSE and can be costly for the patient or their family members. Accordingly, where possible, licensed medicines should be prescribed for patients based in the community. The **community pharmacist** plays an important role in ensuring the timely and cost effective supply of unlicensed medicines in the community but they may experience difficulty or delays when trying to source such medicines. It is advisable to inform the community pharmacist as soon as an unlicensed medicine is prescribed for a patient with palliative care needs. Table 1 below provides a list of medicines prescribed in the palliative care setting, which would generally not be kept in stock in community pharmacies.

HSE Medicine Schemes Overview

Medicines in Ireland are supplied to the patient by the community pharmacy under the following HSE schemes:

- **The Medical Card (also referred to as a GMS card):** A €2.00 prescription charge applies to all prescription medicines dispensed to patients holding a medical card, up to a maximum of €20 per month, per person or family.¹ For persons aged 70 & over, , the prescription charge is just €1.50 per item, up to a maximum of €15 per month.¹
- **The Drugs Payment Scheme (DPS):** An individual or family in Ireland pays a maximum of €124 each month for approved prescription medicines.² Anyone ordinarily resident in Ireland can apply to join the scheme, regardless of family, financial circumstances or nationality.²
- **The Long Term Illness (LTI) scheme:** A patient can apply to have their medicines supplied under the LTI scheme if they have one of the following illnesses or disabilities including (but not limited to): acute leukaemia, cerebral palsy, cystic fibrosis, multiple sclerosis, diabetes mellitus, diabetes insipidus, intellectual disability, parkinsonism, epilepsy, hydrocephalus or muscular dystrophy.³ There is no income requirement or means test. The patient is supplied with a long-term illness scheme card. This card replaces the Long-Term Illness Scheme green book. The card allows the patient to get medicines, directly related to the treatment of the illness, free of charge.³

- **The Health (Amendment) Act Card (HAA Card):** Patients who contracted Hepatitis C from the administration of blood or blood products within Ireland and have a positive diagnostic test for Hep C, are entitled to all prescribed drugs free of charge.⁴
- **The High Tech Scheme:** ‘High Tech’ medicines are a group of high cost medicines, associated with complex patient medical and health needs and include anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy or growth hormones. Under this scheme the HSE requires that high tech medicines are initiated by a consultant doctor, who is responsible for overseeing the patient’s therapy and care. The medicines are purchased by the Health Service Executive and supplied through Community Pharmacies.
Patients prescribed ‘High Tech’ medicine(s) must nominate a pharmacy at drug initiation where they will thereafter collect medicines dispensed under the ‘High Tech Scheme’. If patients subsequently wish to change the pharmacy supplying their ‘High Tech’ medicine, a change of nominated pharmacy form must be completed. The patient will pay for the ‘High Tech’ item(s) under the DPS schemes.⁵ Patients with a medical card receive ‘High Tech’ items free-of-charge.⁵
- **Methadone in Palliative Care:** Methadone for ‘non-opiate dependent patients’ is paid for under the medical card or DPS schemes.

Prescriptions from hospices: medication supply from the community pharmacy⁶

Formerly, discharge prescriptions from hospices were not accepted in community pharmacies for patients with medical cards. However, The Hospital Emergency Scheme was expanded in 2017 to allow persons with established eligibility under the GMS who are provided with a prescription on their discharge from a residential palliative care setting (hospice) to obtain a maximum of a seven day supply of prescribed medicines, without undue delay. The patient should then take their prescription (or a photocopy of it) to their G.P. to be prescribed on a GMS prescription form for further dispensing. The seven day supply by the patient’s community pharmacy can only be dispensed *on the day of issue* of a hospital/hospice prescription. In rare circumstances an emergency supply may be dispensed on the following day. Importantly, only GMS reimbursable items may be claimed for under this arrangement. Normal GMS fees apply (i.e. €1.50 / €2.00 per item). The person to whom dispensed items are handed over must sign for receipt of same in the space provided on the claim form. When a person other than the named patient is collecting drug/medicines under this arrangement, the relationship of such person to the GMS named person should be recorded on the form. Patients who pay for their medicines privately, or under the DPS can obtain the full quantity of medicines prescribed on any hospice prescription.

How do you know if a medicine is unlicensed?

An Exempt Medicinal Product (Unlicensed) is a medicine which does not carry either a Product Authorisation (PA) number issued by the Health Products Regulatory Authority (HPRA) or a European

Union (EU) authorisation number issued by the European Medicines Evaluation Agency (EMA) (ref Regulation 6, Medicinal Products (Control of Placing on the Market) regulations SI 540 2007). An unlicensed medicine should only be prescribed when an equally safe and effective licensed alternative, in a similar/suitable formulation, is not available. The Health Product Regulatory Authority (HPRA) maintains a list of licensed medicines on their website, available from www.hpra.ie.

Why are certain medications not available on the GMS or DPS?

There are many reasons why a medicine is not available on the GMS or DPS. In order for a medicine to be reimbursed on the GMS and/or DPS schemes, the product manufacturer/agent must submit an application to the Department of Health and Children.⁵ The medicine must have a current EU Commission Marketing Authorisation (MA) or a Product Authorisation (PA) number issued by the Health Products Regulatory Authority in order to be considered for reimbursement - in other words it must be licensed in Ireland.⁵ Therefore, as a general rule, exempt medicinal products are not available on the GMS or DPS. However, there are also several licensed medicines that are not available on the GMS or DPS schemes (see table 1). Reasons that licensed medicines are not reimbursed under these schemes will include where a cheaper alternative product is licensed for use, where a company has not applied for their medicine to be approved by the PCRS or where there is insufficient evidence that the licensed medicine represents a cost effective treatment for patients.

Certain exempt medicinal products are available on the medical card or DPS schemes. Why is this?

There is a list of exempt medicinal products that may be covered under the GMS or DPS. This will generally apply where the HSE (under the guidance of the Medicines Management Programme and the NCPE) has deemed use of an exempt medicinal product for the management of a condition or symptom to be cost effective. This will happen on occasion where there are no alternative treatment options available or where a manufacturer no longer pays to have a product licensed in Ireland because it is not profitable, but the product is still used effectively in certain patients (e.g. levomepromazine tablets). It is advisable to consult with the community pharmacist if an unlicensed medicine is to be prescribed. Unfortunately, several unlicensed medicines used commonly in palliative care are not covered on this list.

What is the Essential Non-GMS scheme (previously known as the Hardship Scheme)?⁷

If a patient with a medical card is prescribed an unlicensed medicine that is not listed on the exempt medicinal products list, an application may be made to their Local Health Office to supply the medicine under the Essential Non-GMS scheme. The criteria for the supply of medicines under this scheme are changeable. Therefore, it is important to consult with the patient's community pharmacist. The community pharmacist can make the application to the Local Health Office on behalf of the patient – applications will be accepted without the patient/doctor sections filled out. All applications should be supported by a valid

prescription. Approval is generally granted for a 6 month period. The procedure for this application may differ between health offices.

In order to provide satisfactory patient care, community pharmacies are responsible for applying for reimbursement of certain items for their patients with palliative care needs. PCRS Circular No 48/16 (see Q9) outlines that claims in relation to palliative patients requiring (i) Senna products (ii) Bisacodyl preparations (iii) Dioctyl preparations (iv) Kin mouthwash (v) Bioextra products (vi) Phosphate or Arachis Oil enemas will be "fast-tracked" for reimbursement by the PCRS. It is important to note that to make a claim under these conditions, the patient must be on a regular opioid, and must have input from a palliative care service.

Table 1: Medicines Commonly Used in Palliative Care which are NOT reimbursable on the DPS or GMS⁸

Prescription Medicine	Licence Status	Non-Prescription Medicine	License Status
Alfentanil 500microgram/ml INJ	L	Anusol Ointment	L
Alfentanil 5mg/ml INJ	ULM	Anusol Suppositories	L
Amitriptyline 25mg/5ml suspension	L	Aveeno cream with menthol	L
Amitriptyline 10mg tablets	ULM	BioXtra gel*	L
Dexamethasone 0.5mg tablet	ULM	Bisacodyl suppositories 10mg (Dulcolax)*	L
Dexamethasone 10mg/5ml liquid	L	Bisacodyl tablets 5mg*	L
Dexamethasone 4mg/ml INJ	L	Chlorhexidine mouthwash 0.2%*	L
Diazepam 10mg/5ml suspension	ULM	Glycerine Suppositories 4g	L
Diazepam 2mg/5ml suspension	ULM	Hyoscine hydrobromide 300micrograms (Kwells)	L
Docusate 100mg cap (Dioctyl)*	ULM	Ibuprofen suppositories 60mg	L
Fentanyl 50micrograms/ml INJ (Sublimaze®)	L	Ibuprofen suspension 100mg/5ml	L
Fleet Ready-to Use enema*	L	Microlette	L
Glycopyrrolate 1mg tablet	ULM	Paracetamol sachets 1g (Panadol Max)	L
Hydromorphone 50mg/ml INJ	L	Paracetamol suspension 250mg/5ml	L
Ketamine 10mg/ml , 50mg/mL INJ (Ketalar®)	L	Senna liquid*	L
Levomepromazine 6mg tab (Levinan)	ULM	Senna tablets*	L
Levetiracetam 100mg/ml INJ (Keppra)	L	Sodium picosulfate liquid 5mg/5ml	L
Methadone 10mg/ml INJ	ULM		
Methadone 10mg/ml oral liquid	ULM		
Metoclopramide 5mg/5ml oral liquid	ULM		
Midazolam buccal liquid (Epistatus) [#]	ULM		
Ondansetron 4mg/2ml, 8mg/4ml INJ (Zofran®)	L		
Phenobarbital 15mg/ml, 30mg/ml, 60mg/ml INJ	L		
Phenobarbital 200mg/ml INJ	ULM		
Sodium valproate 400mg (Epilim®) INJ	L		

*These medicines will be covered for patients under palliative care under the essential non-GMS scheme as per PCRS Circular Number 48/16

This list is not inclusive of all medicines that are not reimbursable on the GMS or DPS schemes. Every effort has been made to ensure that the information in this table is accurate. However, items may become reimbursable at a later date. Please consult with a community pharmacist or check the list of reimbursable items available from the HSE (www.pcrs.ie).

Buccolam (midazolam) oromucosal prefilled syringes 2.5mg, 5mg, 7.5mg and 10mg are reimbursable on the GMS and DPS schemes.

References

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