PALLIATIVE MEDS INFO NEWSLETTER

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This month we would like to share some more of our interesting enquiries with you and discuss the problems relating to the supply of medicines used in palliative care in the community. Enjoy!

Palliative Meds Info
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Access to Medicines used in Palliative Care in the Community.

Medicines commonly used in palliative care are not always easily accessible to patients in the community setting. Families may often carry the costs of medicines used in palliative care and availability of medicines can be problematic. In this article, we aim to highlight the issues relating to the supply of medications in the community.

Medicines in Ireland are supplied to the patient by the community pharmacy under a number of schemes. The most commonly used schemes are;

- The Medical Card (or GMS card) scheme. The patient currently has to pay €0.50 per medicine covered and is liable for the full cost of any medicine not paid for through this scheme.
- The Drugs Payment Scheme (DPS): An individual or family must pay €132 each month for approved prescribed drugs, regardless of financial circumstances. The patient is also liable for the full cost of any medicines not paid for through this scheme.

There are various reasons that a medicine is not funded by the HSE medicine schemes. Unlicensed medicines that are not available on the GMS or DPS schemes include Dioctyl™ (docusate) 100mg capsules and Dexamethasone 0.5mg tablets. Licensed medicines that are not available on these schemes include Hydromorphone 50mg/ml injection and Sublimaze® (fentanyl) 50 micrograms/ml injection and non-prescription medicines such as senna, sodium picosulfate and bisacodyl and Milpar™. An example of the cost involved is as follows: for a patient prescribed Dioctyl 200mg twice daily for one month (=112 capsules), the patient may have to pay about €28.80 in the community. Parenteral medicines are often associated with even higher cost.

The'Essential Non-GMS scheme', funds medicines that are not available on the GMS or DPS schemes but each application received from the patient's community pharmacist is considered on a case-by-case basis.

There is a list of "Exempt Medicinal Products" (unlicensed medicines) that may be paid for by the HSE through the GMS or DPS schemes. To date, several unlicensed medicines used commonly in palliative care are not on this list.

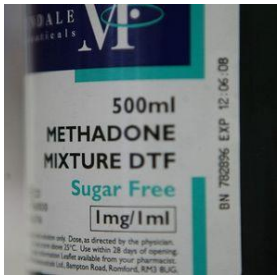
The process for a medicine to be approved for funding by the HSE on the GMS or DPS schemes relies on an application being submitted by the pharmaceutical manufacturer to the Department of Health and requires the medicine to be licensed in Ireland.

In 2010, the IAPC Pharmacists group discussed this issue with the corporate pharmaceutical unit in the HSE.

A list of medicines that are commonly used in Palliative Care that are not reimbursable under the GMS or DPS schemes is available in the full article on our webpage entitled 'Palliative Care in the Community – Access to Medicines.'

Question: We have a patient taking oral methadone for pain and we want to administer the methadone via a syringe driver. How should we convert to an equivalent dose?

Answer:



For patients with palliative care needs, methadone should only be prescribed under the supervision of a specialist palliative care team.The highly variable bioavailability of methadone (36-100%) makes it very difficult to determine the exact conversion ratio that should be used. When converting from oral methadone to subcutaneous methadone, two methods are suggested in the literature, firstly the oral dose can be divided by 2 to give the subcutaneous dose (a conversion ratio of 2:1 PO:SC) or the same dose can be used (a conversion ratio of 1:1 for PO:SC). For example, if a patient is taking methadone 10mg orally, using the conversions outlined, the equivalent subcutaneous dose is 5mg or 10mg. Read the full enquiry 'How do you convert methadone from an oral dose to an equivalent subcutaneous dose?'

Question: The patient has been receiving methadone via a syringe driver for two weeks. His condition has stabilised and we would like to switch him back to oral methadone. What conversion ratio should be use?

Answer:

As discussed above the wide variability in the bioavailability makes the conversion from the subcutaneous route to the oral route problematic. When converting from subcutaneous to oral methadone three methods are suggested. Firstly, use same dose (a conversion ratio of 1:1 SC:PO). Secondly, the subcutaneous dose can be multiplied by 2 (a conversion ratio of 1:2 SC:PO). Finally, the subcutaneous dose may be multipled by 1.4 (a conversion ratio of 1:1.4 SC:PO). For example, if a patient is receiving 10mg of methadone subcutaneously, using the conversions outlined, the equivalent oral dose could be 10mg, 14mg or 20mg. Read the full enquiry 'How do you convert methadone from a subcutaneous dose to an equivalent oral dose?'

Have your say: If you have a preference for one conversion method when switching methadone between the oral and subcutaneous routes, please email us at palliativemedsinfo@olh.ie. We will discuss feedback received in a later newsletter.

Question: There is conflicting advice regarding the use of Quinine for the treatment of leg cramps. Why is this?

Quinine 300mg taken orally at night is licensed for the treatment and prevention of nocturnal leg cramps in adults and the elderly, when cramps cause regular disruption of sleep. The US Food and Drug Association (FDA), the UK Medicines and Healthcare products Regulatory Agency (MHRA) and the UK Commission on Human Medicines (CHM) have advised against the use of quinine for the treatment of nocturnal leg cramps. However, a recent Cochrane review found moderate quality evidence to suggest that when quinine was used to treat muscle cramps for up to 60 days, the incidence of serious adverse effects was not significantly different than with placebo. If quinine is to be used for the treat of nocturnal leg cramps, it should only be used when cramps regularly disrupt sleep and the benefits outweigh the risk. Quinine should be stopped if there is no benefit after 4 weeks. Patients should be warned not to exceed the recommended dose and to report any adverse effects promptly. Read the full enquiry on our webpage 'Quinine for the treatment of nocturnal leg cramps'.