

PHARMACEUTICAL BENEFITS SCHEME (PBS) OPIOID CHANGES – PATIENT INFORMATION

Why have changes been made?

Over the past decade, Australians have experienced a significant increase in the level of harm and deaths arising from the use of prescription opioid medicines. Every day in Australia, nearly 150 hospitalisations and 14 emergency department admissions involve issues relating to opioid use, and three people die from the harm that results.

The Pharmaceutical Benefits Advisory Committee (the independent body responsible for advising the Australian Government about what medicines should be subsidised under the PBS) in consultation with the Therapeutic Goods Administration (TGA) recommended a number of amendments to be made to ensure safe and appropriate access to opioid medications through the PBS. For information on why these changes have occurred and information on further regulatory changes affecting opioid medicines, please refer to the [TGA's Prescription opioids hub](#).

What has changed?

Opioids play an important role in providing pain relief for many people. The changes to the PBS ensure appropriate and safe access to opioid medication is maintained, particularly for palliative care patients, while also addressing factors that promote misuse and abuse of opioids. As such, opioid medications may only be prescribed for severe pain where other medicines do not provide sufficient pain management. The PBS now also includes smaller listed quantities for opioid medicines used in short term pain management. In addition, the process doctors must undertake to write PBS authority prescriptions has changed.

Can I still be prescribed opioids for short-term pain?

YES. Opioid medications are now available in smaller listed quantities that are intended for use when other medications are not enough to manage pain, but ongoing pain management is unlikely to be required beyond 2-3 days. These opioid medicines include codeine, codeine + paracetamol, immediate release oxycodone, (including Endone), tramadol, immediate release hydromorphone and immediate release morphine.

Regular listed quantities for immediate release opioid medicines remain available on the PBS. These products are available for the treatment of patients with severe pain, post-operative pain, or cancer-related pain when other analgesic medicines are not appropriate for you, or have provided inadequate pain relief.

Can I still be prescribed opioids for chronic pain?

YES. PBS-subsidised opioids are still available for the management of chronic pain where daily, continuous long-term treatment is required and where you meet the PBS restriction requirements. PBS listed medicines for these indications include modified release, immediate release opioids and transdermal patches.

How does my doctor prescribe increased quantities or repeats?

Doctors are able to request PBS authority approval for increased quantities and/or repeats of PBS-subsidised opioids. However, your doctor will be asked a number of questions to ensure that all PBS restriction criteria are met. In most cases where increased quantities and/or repeats of opioid medication are required, patients will need to undergo a pain management review with a second doctor annually. The secondary review may be undertaken by phone or telehealth consultation. Further, it is not mandatory to consult a pain specialist, as any doctor registered in Australia may conduct this review.

What if I do not meet the new PBS criteria?

Stopping or reducing opioid medications too quickly poses risks, and may result in harmful effects. Patients may wish to discuss all treatment options for their pain management and visit the [Painaustralia](#) website to find more information about multidisciplinary pain management programs available to them.