

Oral opioid prescribing – improvement or no change?

PBS restrictions to pack sizes translated to a reduction in opioid dispensing trends across two major Australian hospitals.

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Introduction

A **reduction to maximum quantities** of opioid medications on the Pharmaceutical Benefits Scheme (PBS) was made in response to:

- **HIGH** number of hospitalisations
- opioid-related **DEATHS**

The effect of the changes in PBS listing on opioid prescribing patterns is **unknown**.

Aims

Determine the impact of PBS pack size changes on the prescribing trends of oral opioids in the hospital setting.

Method

THREE oral opioids:

- oxycodone immediate-release 5mg
- tramadol immediate-release 50mg
- codeine/paracetamol 30mg/500mg

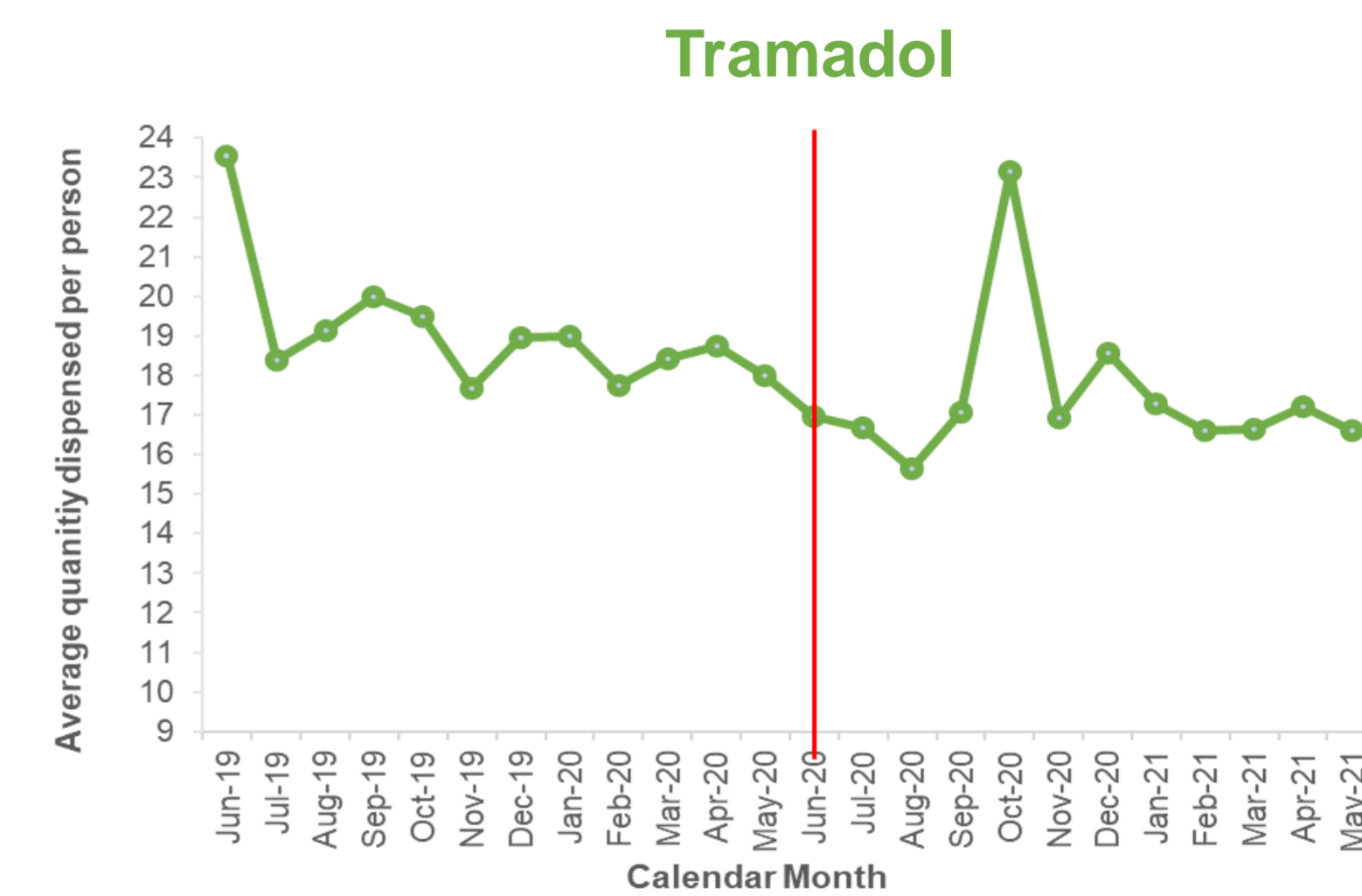
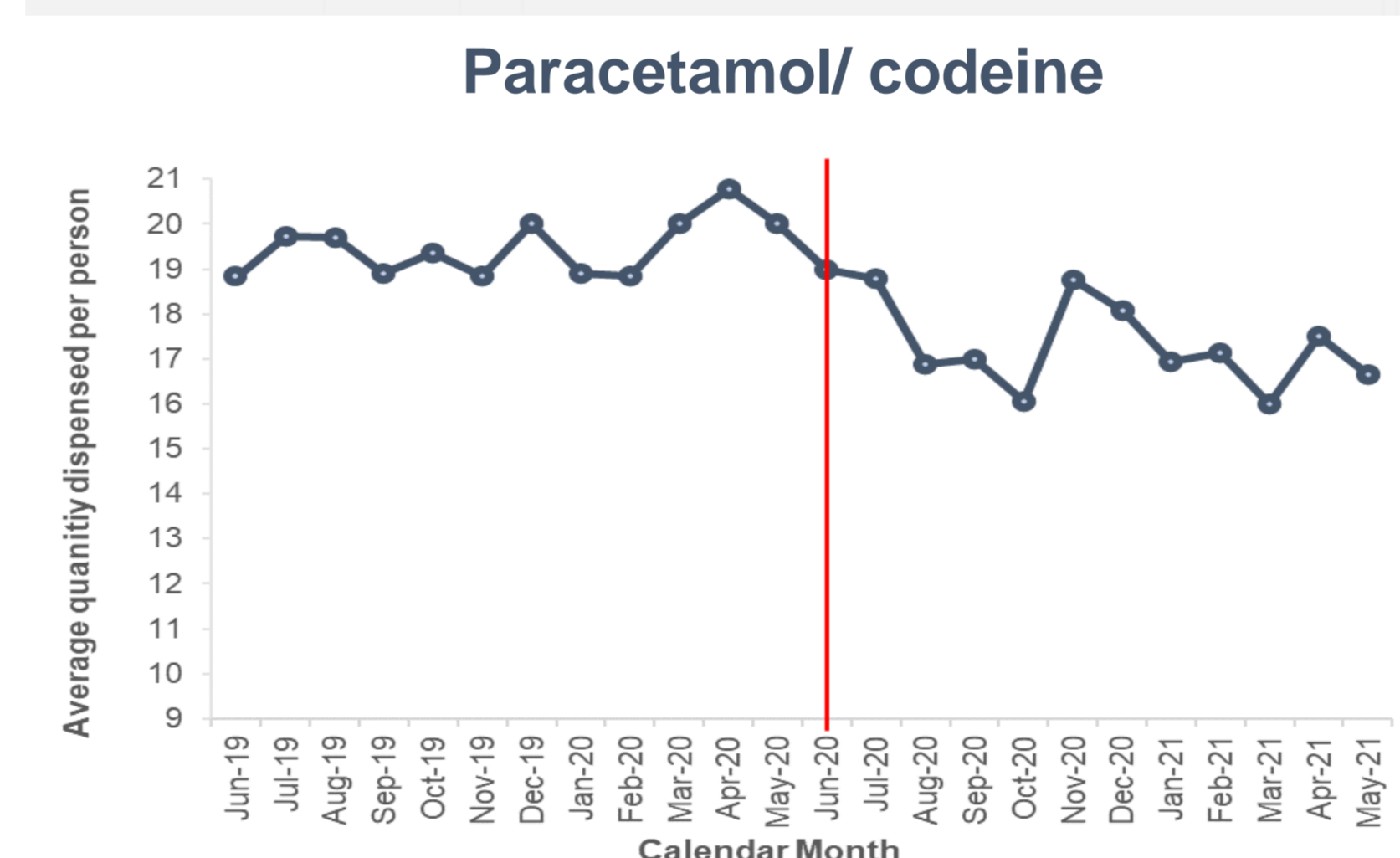
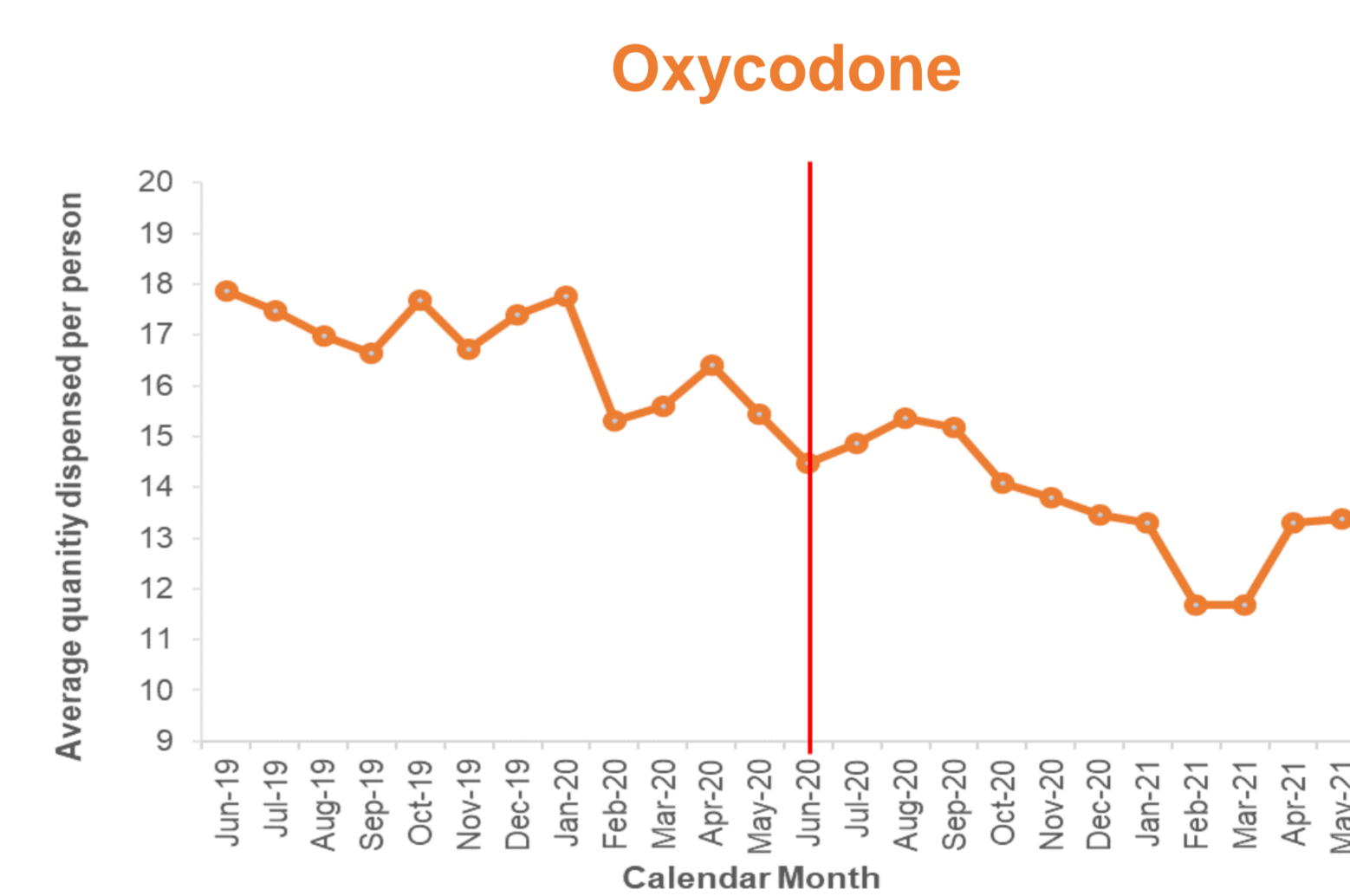
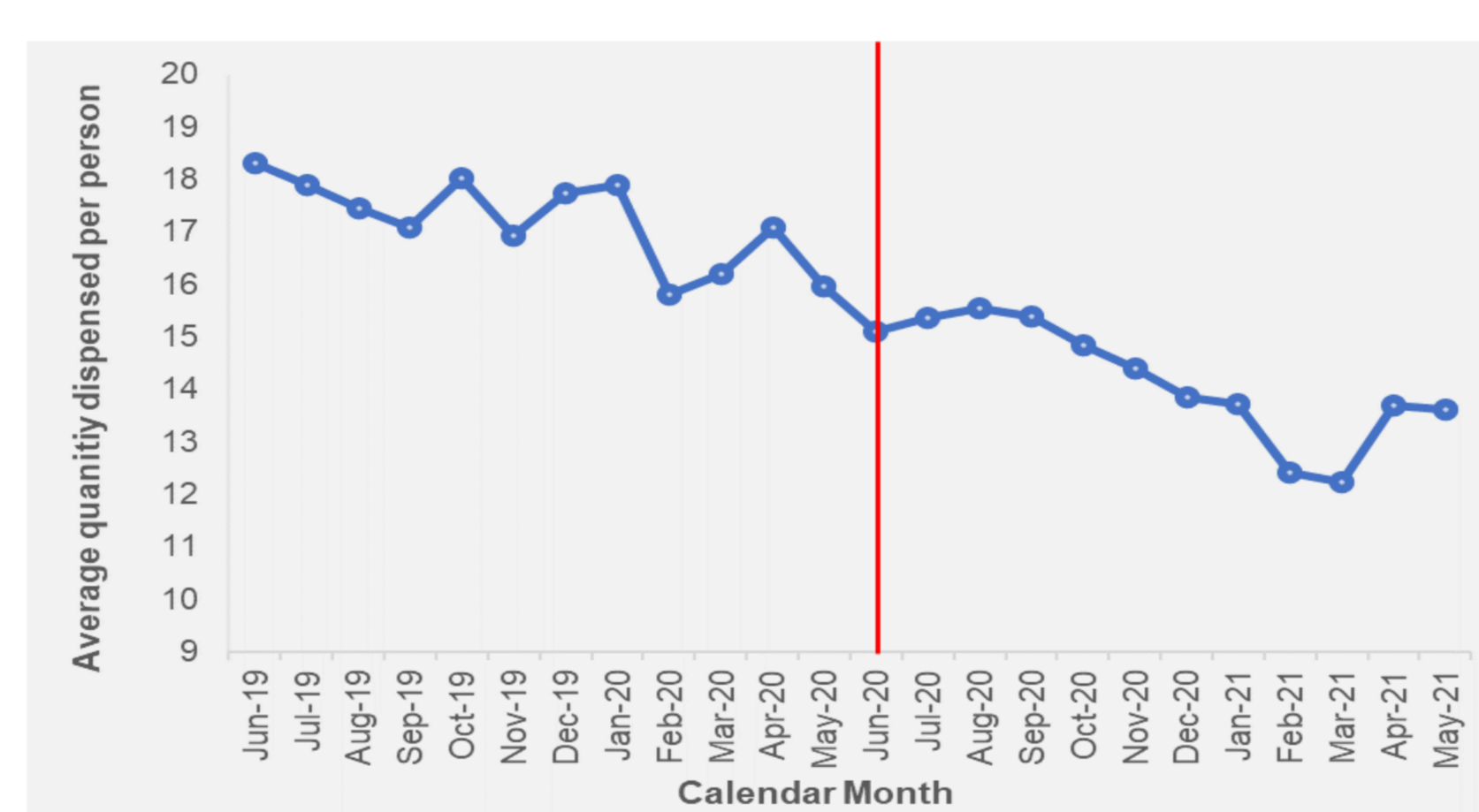


Results

- The most commonly prescribed opioid was oxycodone immediate release tablets, this was consistent for the duration of the audit period
- The proportion of oxycodone prescriptions written with a **reduced** quantity (10 tablets or less) increased from **31% to 60%** following the changes in PBS quantities
- There is a noticeable downward trend in the average quantity dispensed per patient for each oral opioid (see Figure 1)

Figure 1: Average quantity dispensed as discharge/ outpatient by calendar month (excluding palliative, pain & oncology)

Oxycodone, paracetamol/ codeine, AND tramadol



Conclusion

- Implementation of reduced maximum quantities for oral opioids on the PBS has subsequently reduced the average quantity of medication prescribed as discharge/outpatient
- Further investigations into the clinical significance of the reduction in PBS maximum quantities is required to determine impact on patient outcomes

For more information

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