

Monitored Medicines Standard checklist

For prescribers

About this checklist

This checklist summarises key obligations for health practitioners prescribing monitored medicines, as per the Monitored Medicines Standard. The checklist serves as a quick reference guide or learning tool only; there is no expectation or requirement for prescribers to complete the checklist.

For full details of the legal requirements summarised in this document, please view the Monitored Medicines Standard on the Queensland Health website at www.health.qld.gov.au

Abruptly ceasing or decreasing a patient's monitored medicine treatment without appropriate ongoing support/treatment may cause serious patient harm.

Deciding not to prescribe a monitored medicine should only occur after significant consideration of the risk of harm to the patient. In most cases, the implementation of risk mitigation strategies may be adequate in reducing the risk of medicine-related harms and maintaining patient engagement within the healthcare system.

Checklist for prescribers

1. Have you documented the following in the patient's clinical record?

- Evidence of the reasonable steps taken (prior to writing the monitored medicine prescription) to confirm the patient's identity.
- Your initial and ongoing clinical assessments of the patient (including the identification of health risks).
- Your initial and updated treatment plan(s) including:
 - the clinical justification for treatment with the monitored medicine
 - the clinical justification for the prescribed dose of the monitored medicine
 - when the next review of the patient is planned.
- Evidence that the patient has been informed about the risks/benefits of the monitored medicine prescribed.

2. Do any of the following high-risk clinical scenarios apply?

Prescribers should use the identification of high-risk clinical scenarios as an opportunity to discuss ongoing management with the patient.

- Scenario A:** Patient currently registered on the Queensland Opioid Treatment Program (QOTP)

You must not prescribe a monitored medicine to the patient unless one of the following applies:

- You (or the Queensland Health Alcohol and Other Drugs Service for which you work) are the patient's QOTP service provider

or

- You establish a Joint Prescribing Plan (JPP) with the patient's QOTP service provider and you:

- document the monitored medicine, formulation and maximum daily dose to be prescribed
- document the risk mitigation strategies implemented
- document the date on which the JPP will cease or be reviewed
- prescribe in accordance with the JPP

or

- If you are unable to contact the patient's QOTP service provider—you reasonably believe it is urgent and essential to prescribe the monitored medicine(s) for the patient's wellbeing, and you:

- prescribe in a manner reasonable in the urgent circumstance
- document the details of your attempt(s) to contact the QOTP service provider
- document why you believe it is urgent and essential to prescribe the monitored medicine(s)
- document the risk mitigation strategies implemented.

- Scenario B:** Patient previously registered on the Queensland Opioid Treatment Program

- Scenario C:** Patient receiving monitored medicines from multiple prescribers

- Scenario D:** Increased patient overdose risk—average total daily opioids of 100mg OME or greater

- Scenario E:** Increased patient overdose risk—opioid and benzodiazepine/z-drug combination

- Scenario F:** Patient receiving an opioid or benzodiazepine/z-drug for the first time in 90 days

- Document the risk mitigation strategies implemented to address the risk of monitored medicine-related patient harm.

- No high-risk clinical scenario applies.

3. Did you prescribe under duress?

- Yes**—document details of the duress experienced and the actions taken in response to the duress.
- No**—no further action required.

Contact

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