

Monitored Medicines

Risk mitigation strategies for prescribers

The following scenarios have been identified by Queensland Health as high-risk clinical scenarios related to monitored medicines. These are strategies that aim to maintain patient safety by reducing the risks of harms from the use of monitored medicines. They should be:

- Scenario A: Patient currently registered on the Queensland Opioid Treatment Program
- 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.

For full definitions of the scenarios, please see the Monitored Medicines Standard on the Queensland Health website at: www.health.qld.gov.au.

Why may patients be at risk in these situations?

These scenarios represent circumstances where patients may be at risk of serious physical, social and/or mental harms associated with the use of monitored medicines including:

- overdose
- substance use disorder
- diversion of medicines
- misuse /abuse of medicines.

How can high-risk clinical scenarios be managed?

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

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

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.

What are risk mitigation strategies?

These are strategies that aim to maintain patient safety by reducing the risks of harms from the use of monitored medicines. They should be:

- discussed with the patient as part of a shared decision-making process
- patient-centred—appropriate for the individual patient and their identified risks
- proportionate to the identified risks.

Patients may require one or more risk mitigation strategies to be put in place.

What risk mitigations strategies can prescribers use to manage high-risk clinical scenarios?

These examples are not exhaustive and may not be suitable for all patients. You must apply your professional judgement to determine the most appropriate strategies to use for each patient.

General strategies

These strategies can be applied to any monitored medicine, whether commencing or continuing treatment.

- Develop a treatment contract/agreement (signed by the patient) detailing the expectations, responsibilities and/or conditions in relation to the patient's monitored medicine treatment.
- For patients on high doses/combinations of monitored medicines—implement a gradual monitored medicine deprescribing (tapering) or rationalisation plan in conjunction with the patient (where appropriate).
- Provide patient education material about deprescribing/tapering of monitored medicines.
- Provide patient education regarding the identification and management of monitored medicine-related risks, including the risk when combined with other monitored medicines, over-the-counter medicines, alcohol or illicit substances.
- Provide the patient with support options (particularly if deprescribing has commenced).
- Increase the frequency of patient review e.g. twice weekly or weekly.
- Encourage one prescriber, one pharmacy for all monitored medicines.
- Conduct random urine drug screens to confirm the presence/absence of the prescribed monitored medicine, other monitored medicines or illicit drug use.

Supply-related strategies

Supply-related strategies reduce the amount of monitored medicine a patient has at any one time, thereby reducing the potential for overdose or diversion.

- Consider staged supply through the dispensing pharmacy e.g. daily, 2 or 3 times a week or weekly.
- Prescribe only enough monitored medicine(s) required until the next review.
- Recommend or organise the use of a Dose Administration Aid.
- Prescribe the lowest possible dose of monitored medicine for the shortest possible time.
- Ensure the patient understands that no replacement prescriptions will be provided between appointments.

Choice of monitored medicine

Choose the monitored medicine which is likely to cause the least harm.

- Do not prescribe a monitored medicine that a patient has previously been dependent on/misused/injected.
- Do not prescribe formulations likely to be misused e.g. high-potency, parenteral or liquid formulations, short-acting benzodiazepines.
- Avoid combinations of monitored medicines where possible.

Opioid-specific strategies

These strategies are particularly relevant for patients prescribed opioids.

- If commencing the patient on an opioid—use a short-acting formulation and tailor the quantity to the expected duration of need (e.g. avoid prescribing PBS quantities for acute conditions).
- Consider opioid rotation or deprescribing/tapering of opioid(s).
- Consider providing or prescribing take-home naloxone for patients on opioids.
- Consider commencing the patient on the Queensland Opioid Treatment Program (QOTP) or referring them to a QOTP service provider if opioid use disorder is suspected.

Clinical collaboration

These strategies promote professional collaboration between health practitioners, to help facilitate safe, patient-centred care.

- Refer the patient for review by relevant treatment service providers e.g.
 - Alcohol and Other Drugs Service, pain management or mental health service
 - addiction specialist
 - allied health service
 - an accredited pharmacist for a Home Medicines Review or MedsCheck.
- Seek advice on treatment options and/or risk mitigation strategies from other service providers e.g.
 - ADCAS (Alcohol and Drug Clinical Advisory Service – ph: 1800 290 928)
 - local Alcohol and Other Drugs Service, pain management service or mental health service
 - colleagues
 - local pharmacy
 - indemnity insurance provider.

Contact

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