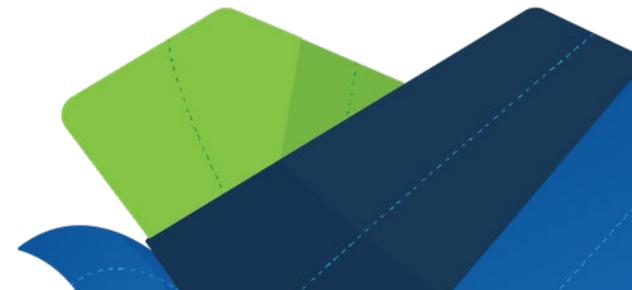


# QScript & the new Medicines and Poisons Act





Growing challenge to increase awareness about the potential risks of prescription medicines and implement mechanisms that promote the quality use of medicines and minimise harm.



# The Challenge

Prescription medicine related harms is multifaceted and requires both system level and individual level action to succeed.

## SYSTEM LEVEL

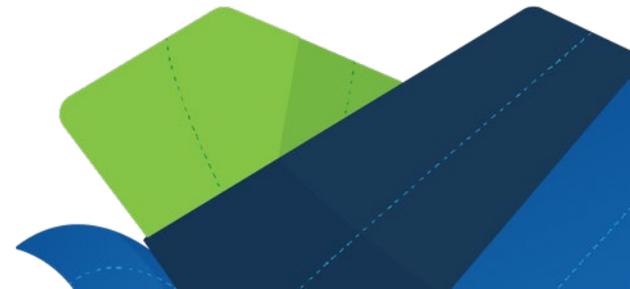
- Regulation and policy that promotes the quality use of medicines and minimises harms
- Real-time prescription monitoring (RTPM) systems
- Health services which support the community

## INDIVIDUAL LEVEL

- Application of safe prescribing and dispensing practices
- Early intervention when potential high risk clinical scenarios are detected
- Informed health consumers of the benefits, risk and limitations of prescription medicines

# What are the big changes with the MP Act?

- Structure and contemporary drafting
- New terminology
- How the offences work
- Approved person schedule
- Expanded Practice Authorities (EPA's)
- Departmental standards – Monitored Medicines Standard
- Substance Management plans
- QScript
- Electronic things (electronic prescribing etc)



# Structure of new legislative scheme

Medicines and  
Poisons Act 2019

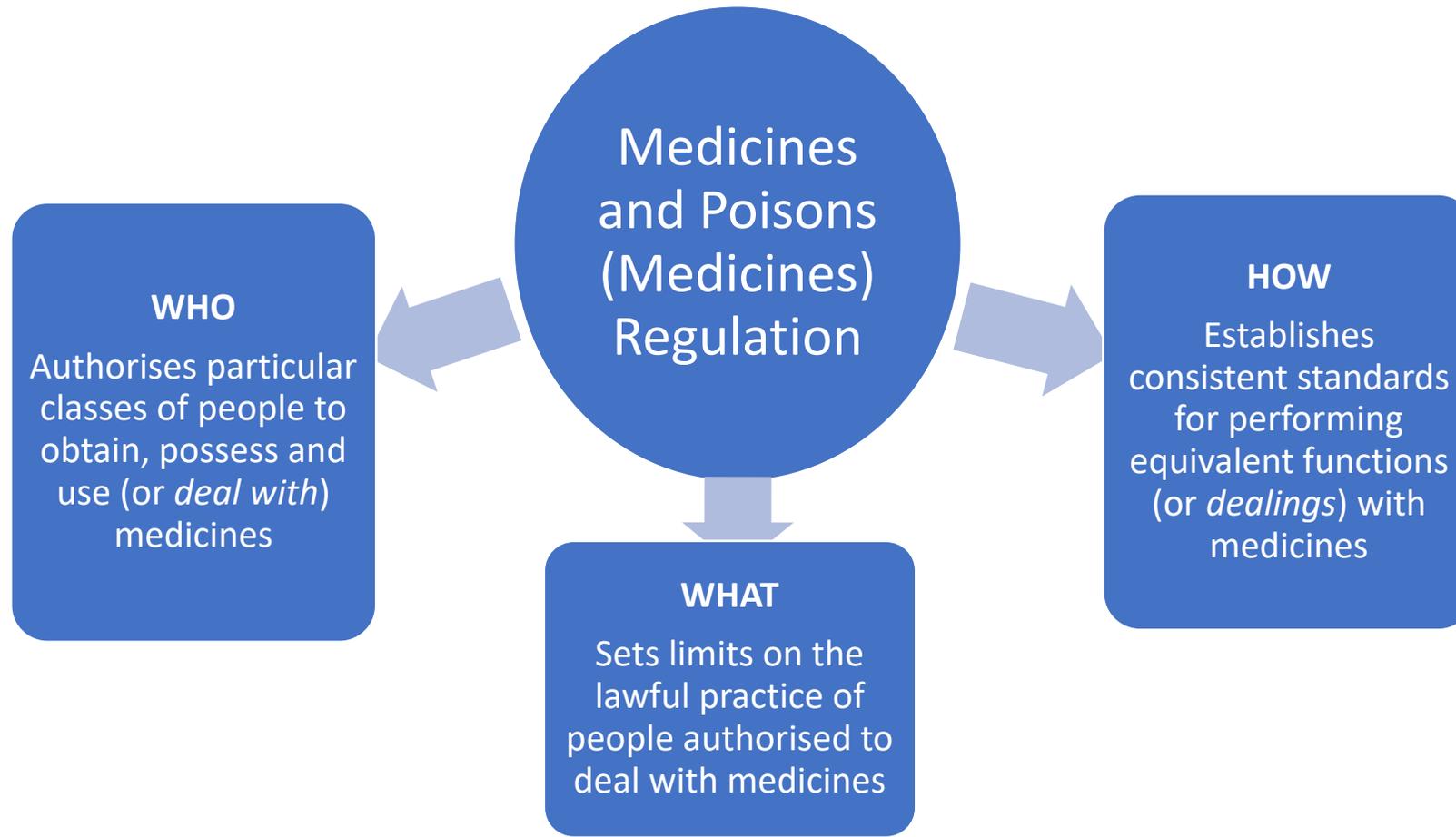
Medicines and  
Poisons (Medicines)  
Regulation

Medicines and  
Poisons (Poisons and  
Prohibited  
Substances)  
Regulation

Medicines and  
Poisons (Pest  
Management)  
Regulation

Standards  
Guidelines  
Approved forms

# What is in the regulation?

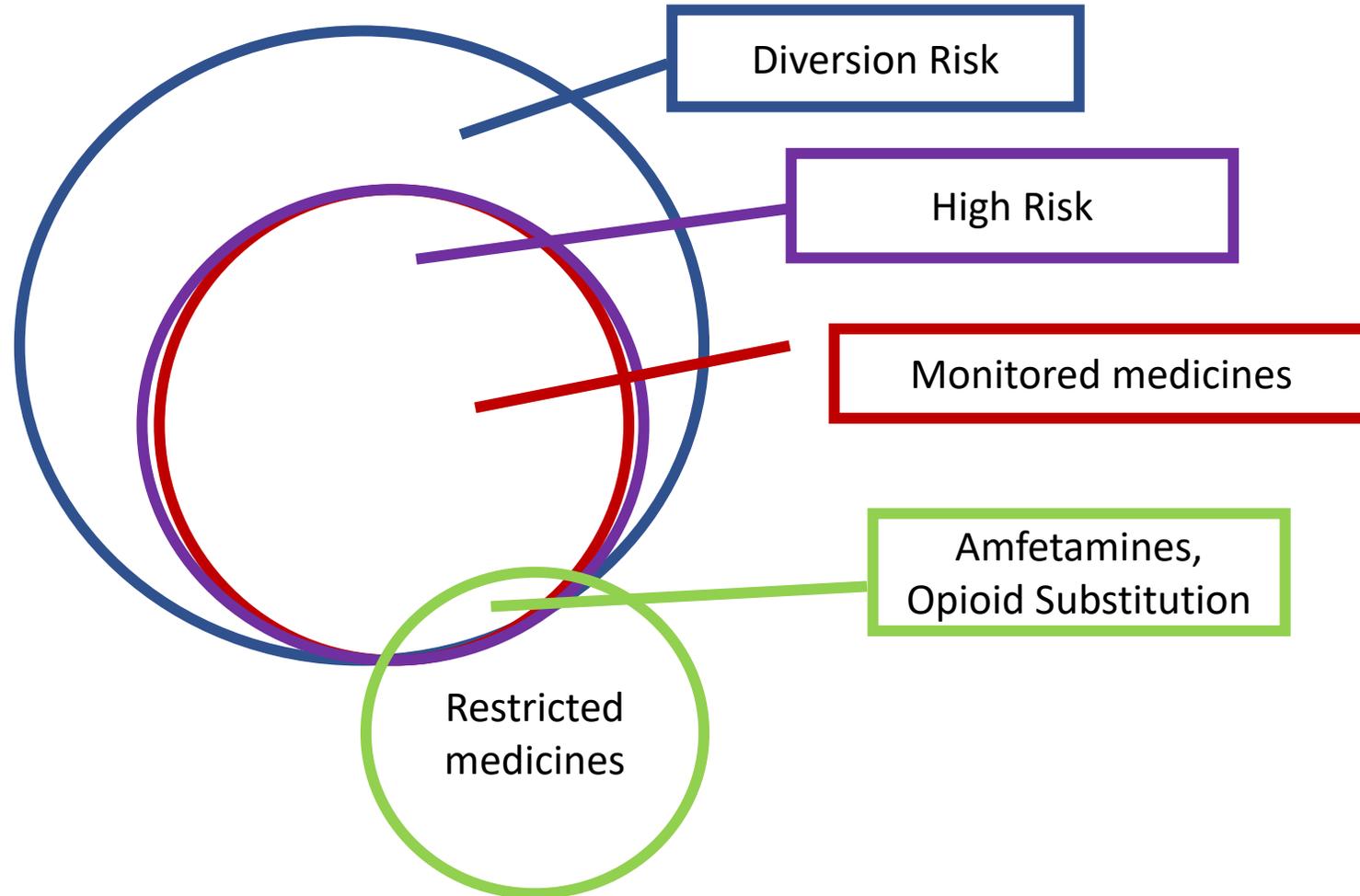


# New terminology

- There is new terminology for activities with medicines under the MP Act for example:
  - **Prescribe** – the action of a practitioner who authorises supply or administration and includes writing a prescription for a pharmacist and writing on a medication chart
  - **Approved persons** – previously the ‘endorsement’ under the HDPR. In the new scheme those with the certain qualifications are called ‘approved persons’
- There are new terms to describe some groups of medicines (S2, S3, S4 and S8 medicines remain – but may be grouped according to risk)



# Particular medicines



# Approved persons schedule

Schedule 7

## Division 2 Nurses generally

### 10 Class of person

A person (a *registered nurse*) who is registered under the Health Practitioner Regulation National Law to practise in the registered nurses division of the nursing profession.

### 11 Dealing authorised

	Column 1 Dealing	Column 2 Medicine	Column 3 Scope of dealing
1	give a treatment dose	a medicine mentioned in the extended practice authority called 'Registered nurses'	the treatment dose is given under the extended practice authority

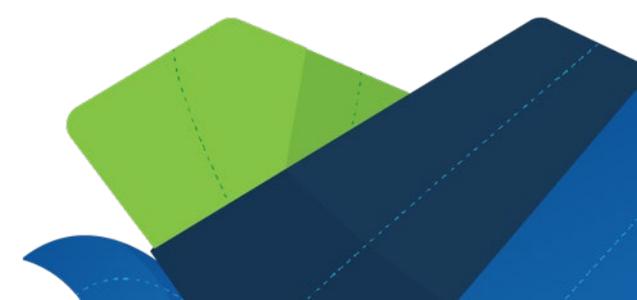
	Column 1 Dealing	Column 2 Medicine	Column 3 Scope of dealing
2	administer	(a) an S2 or S3 medicine	
		(b) any medicine	the medicine is administered on a standing order
		(c) an S4 or S8 medicine	the medicine is administered on a prescription
		(d) an S4 or S8 medicine	the medicine is administered in accordance with the medicine's approved label
		(e) an S4 or S8 medicine mentioned in the extended practice authority called 'Registered nurses'	the medicine is administered under the extended practice authority
3	give a purchase order	stock of an S4 or S8 medicine mentioned in the extended practice authority called 'Registered nurses'	the purchase order is given under the extended practice authority

# Introducing the Monitored Medicines Standard

- One of several proposed departmental standards under the new *Medicines and Poisons Act 2019* and subordinate regulations.
- Applies to all prescribers and dispensers, regardless of the practice setting
- Consistent with good professional practice
- Ties in with QScript as the high-risk clinical scenarios discussed in the MMS trigger the notifications and alerts in the QScript system.

## Queensland Health Department Standard – Monitored medicines

Consultation Version 0.1 April 2021



# Monitored Medicines Standard

- Outcome based
- Provides for the minimum requirements to meet the outcome and comply with the MMS
- The MMS has been developed by an interdisciplinary group and was included in the Medicines Regulation consultation package earlier this year.
- If there is an adverse event with a patient – prescribers or pharmacists maybe required to show they have complied with the MMS
- The MMS does not require prescribers or pharmacists to do anything above hat would be considered good professional practice.
- A MMS companion document has been developed to provide examples of how to comply with the standard.



# Complying with the Monitored Medicines Standard

- For prescribers:
  - When prescribing for supply:
    - Writing a prescription for a monitored medicine to be dispensed by a pharmacist at a hospital or community pharmacy
    - Writing a prescription for another health professional to give a treatment dose to a patient – e.g. in a rural hospital the Medical superintendent requests a patient has 7 days of a monitored medicine provided to them by the RN on discharge from the hospital.
- You do not need to comply with the MMS when prescribing for administration



# Example of outcome measure for prescribers

Outcome measure	Minimum requirements
<p><b>P3</b> Except for limited circumstances, prescribers must not prescribe a monitored medicine to a patient currently registered on the Queensland Opioid Treatment Program (QOTP) unless they have explicit agreement from the QOTP service provider to do so.</p>	<p>P3-1 If high-risk clinical scenario <b>Scenario A:</b> <i>Patient currently registered on the Queensland Opioid Treatment Program</i> applies, the prescriber must not prescribe a monitored medicine to the patient unless:</p> <ul style="list-style-type: none"><li>a. the prescriber (or the Queensland Health Alcohol and Other Drug Service for which the prescriber works) is the patient's QOTP service provider; or</li><li>b. the prescriber and QOTP service provider establish a Joint Prescribing Plan (JPP); and<ul style="list-style-type: none"><li>i. the prescriber documents the terms of the JPP including (at a minimum) the following information:<ul style="list-style-type: none"><li>A. the monitored medicine to be prescribed by the prescriber; and</li><li>B. the formulation and maximum daily dose of the monitored medicine to be prescribed by the prescriber; and</li><li>C. the risk mitigation strategies implemented to address the risk of monitored medicine-related patient harm; and</li><li>D. the date on which the JPP will cease or be reviewed by the prescriber and QOTP service provider; and</li></ul></li></ul></li></ul>

# Example of outcome measure for dispensers

## Part 2 - Dispensing monitored medicines

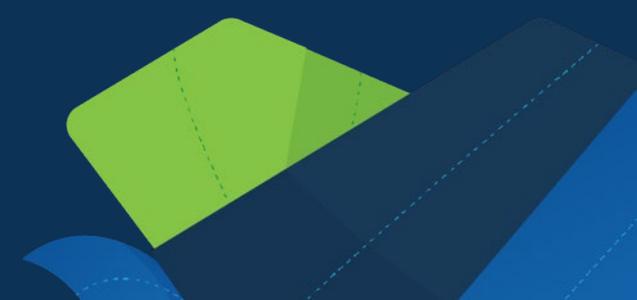
Part 2 applies when a dispenser proposes to dispense a monitored medicine for a patient, irrespective of whether the prescription for the monitored medicine was written in Queensland or another jurisdiction.



Outcome measure	Minimum requirements
<b>D1</b> Dispensers must be able to demonstrate the steps they have taken to reduce the risk of monitored medicine-related patient harm.	<b>D1-1</b> In relation to a monitored medicine proposed to be dispensed for a patient, the dispenser must document details of: <ul style="list-style-type: none"><li>a. any medicine-related problem identified; and</li><li>b. any clinical interventions performed.</li></ul>

# What else is changing ?

- The 'treating drug dependent' patient approval under the HDPR (s122) will no longer be required
- 'Reports to the Chief Executive' about long term use of S8 medicines will no longer be required
- Health Practitioners prescribing for the QOTP will be required to have a 'Prescribing approval' under the new MP Act
- Psychostimulant approvals have been streamlined
- Changes in how the QOTP is managed – WI's are replaced with QOTP prescriptions



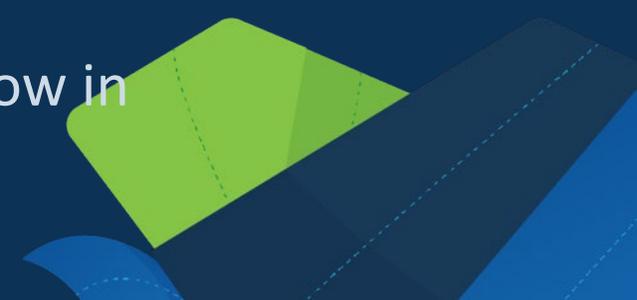
# What else is changing?

- **Prescriptions for dispensing**

- Date of birth required for monitored medicines
- Prescribing approval number (if any) on the prescription
- Digital images of paper prescriptions need annotations and to be sent directly to proposed dispensing pharmacy AND followed with the paper original

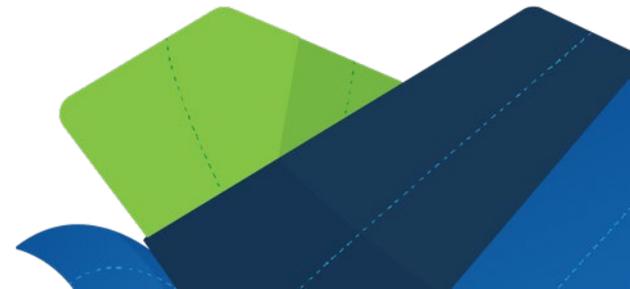
- **Storage systems**

- Some changes to storage requirements for s8 medicines (in a Standard) including OTP medicines may be kept out of safe if secure and in the presence of a pharmacist
- S8 medicines register– specifications for electronic register now in



# Important transitional arrangements

- New QOTP prescriber approvals will need to be in place within 1 month after commencement of the MP Act
- QScript look up mandatory one month after commencement of the MP Act
- QOTP WI's written before that commencement date will be valid for the length of the WI. After commencement date all instructions for supply of QOTP opioids will be required to be on a QOTP Prescription



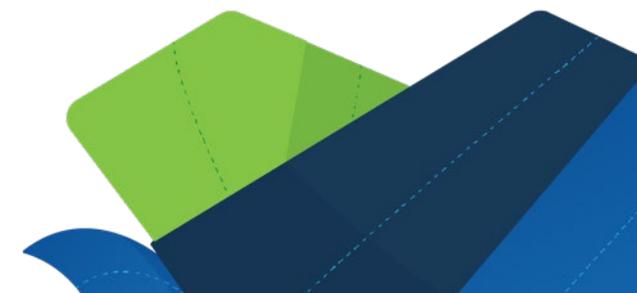
# Introducing QScript



# Benefits of RTPM (QScript)



- Informs prescribers and pharmacists of the patients prescription history
- Encourages prescribing and dispensing to be aligned with relevant guidelines
- Notifies and alerts prescribers and pharmacists to potentially high-risk scenarios
- Facilitates early identification of medicine overuse
- Delivers prescription histories across disciplines and transitions of care
- Reduces the potential for diversion by identifying patients who may be oversupplied medicines from seeing multiple prescribers
- Reduces the potential for fraudulent prescriptions



# Unintended consequences of RTPM



## the 'chilling effect'

Health practitioners becoming reluctant to appropriately provide monitored medicines to patients, potentially resulting in patients receiving sub-optimal care, reduced access to treatment and/or poorer health outcomes



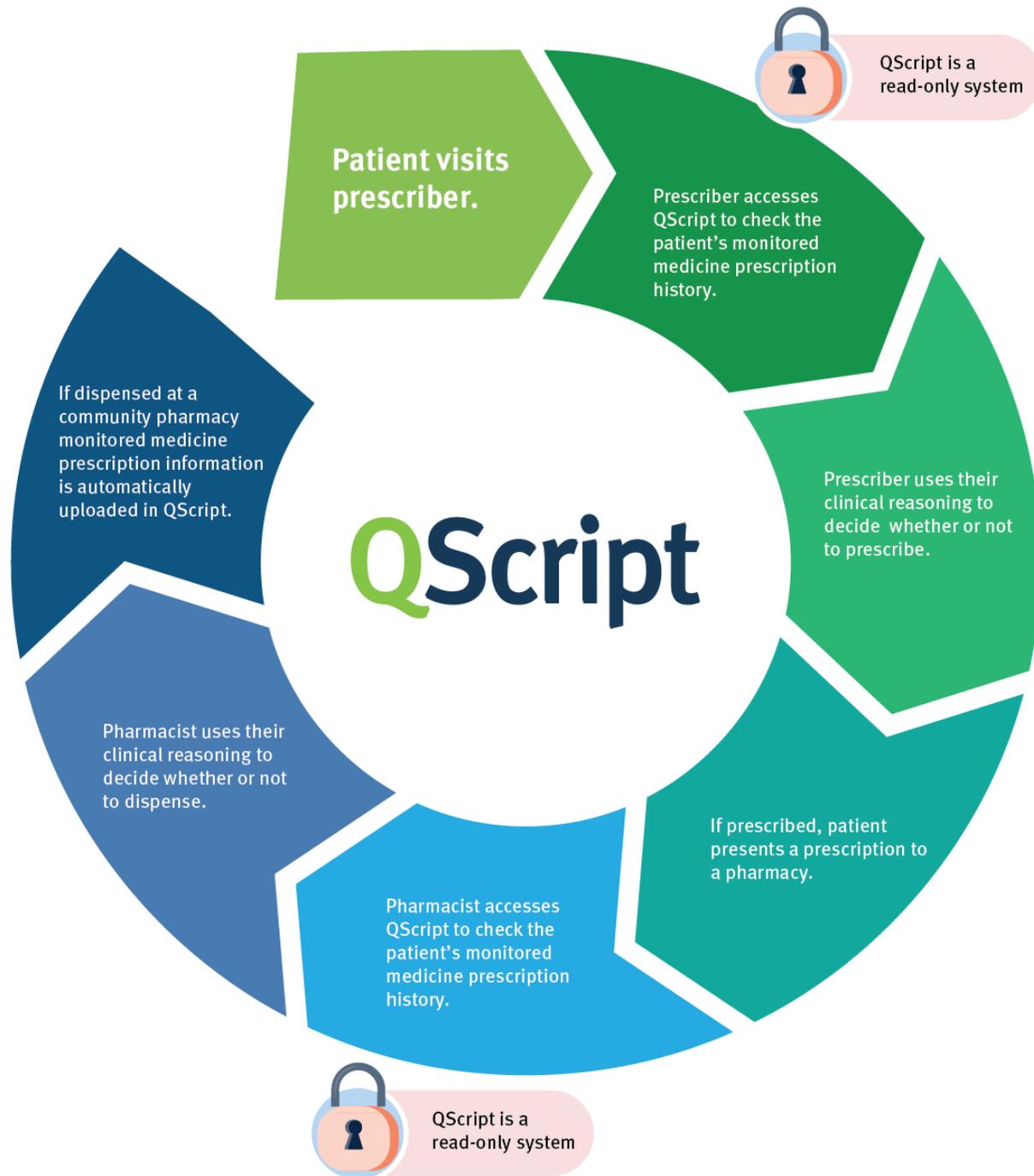
## the 'squeezed balloon' or 'substitution' effect

Health practitioners inadvertently shifting the burden of harm in relation to a monitored medicine to other licit or illicit substances e.g. as a result of refusing to prescribe or dispense a monitored medicine



## Abrupt cessation

Abrupt cessation of therapy can cause potentially life-threatening withdrawal symptoms, induce intense drug cravings (which can drive patients to illicit drugs) and precipitate intense pain that can lead to functional deficits and psychological distress



# How does information get into QScript?



## QScript user security

Only those health practitioners who are authorised to prescribe or dispense monitored medicines can access QScript. Multi-factor authentication at the point of log-in is a necessary security measure to protect patients' data against unauthorised access. Patient searches by health practitioners are logged and can be audited to monitor inappropriate use. Authorised Queensland Health and other regulatory officers can also access QScript, to support safe supply of monitored medicines.

# When will QScript be available?



- QScript's availability to health practitioners is dependent upon the commencement of the *Medicines and Poison Act 2019 (the MP Act)* and subordinate regulations.
- It is anticipated that QScript will be available **2021**.
- **One month after commencement of the MP Act and regulations it will be mandatory to look up QScript**



# Who can access QScript?



Those who are proposed to be authorised under the new legislation to prescribe or dispense a monitored medicine, and access QScript include:

## AUTHORISED PRESCRIBERS

- Medical practitioners
- Nurse practitioners
- Dentists
- Endorsed podiatrists
- Podiatric surgeons
- Endorsed midwives

## AUTHORISED DISPENSERS

- Pharmacists
- Medical practitioners

*Subject to parliamentary process*

# What medicines are captured by QScript?

One of the main benefits of QScript is that it captures a comprehensive list of medicines. These medicines have a recognised therapeutic need but may also present a high risk of causing patient harm.

*All schedule 8 medicines (e.g. opioids, alprazolam, nabiximols, dextroamphetamine)*

**The following schedule 4 medicines:**

*all benzodiazepines*

*codeine*

*gabapentin*

*pregabalin*

*quetiapine*

*tramadol*

*zolpidem*

*zopiclone*



**Subject to parliamentary process**

# How does QScript work?

QScript is a read-only real-time prescription monitoring system that alerts and notifies you to review a patient's monitored medicine prescription history at the point of care.

QScript will be able to integrate with your everyday workflow if your existing prescribing or dispensing software is compatible (PES enabled).

If your software is not enabled you will be able to access QScript via a web based portal.

QScript





High-risk clinical scenario E: FABIO GORDON is receiving a benzodiazepine/z-drug and an opioid, and may be at increased risk of harm. [More detail](#)



High-risk clinical scenario A: FABIO GORDON is currently registered on the Queensland Opioid Treatment Program. [More detail](#)

### FABIO GORDON

[View Alert History](#)

[Patient Profile](#)

[View Access Hist...](#)



Preferred Name FABIO GORDON Address 5 HENRI GR, AUSTRALIA FAIR, QLD 4215

Date of Birth 20 March 1977 (44 years, 0 month)

Gender Male

Clear Filter

Drug Search



Event Type  
All Events



Date Range  
17/05/2019 - 25/03/2021



Group By  
None



Alert	Date	Drug Details FRED	Practitioner Details	Dispensed	Type
	25/03/2021	<b>ALPRAZOLAM</b> - ALPRAX 0.5 - 500mcg - TAB - 10 Take	PAUL LENNON DHSITESTORGSQ15 20 TREMERRY CRESCENT, ABBOTSFORD, QLD 4670 Prescriber SMITH JOHN Prescriber No. 350	1 of 1	Dispensed Cancelled
	23/03/2021	<b>ALPRAZOLAM</b> - ALPRAX 0.5 - 500mcg - TAB - 10 Take ONE tablet TWICE a day as directed for anxiety	PAUL LENNON DHSITESTORGSQ15 20 TREMERRY CRESCENT, ABBOTSFORD, QLD 4670 Prescriber SMITH JOHN Prescriber No. 350	1 of 1	Dispensed Cancelled
	18/03/2021	<b>FENTANYL</b> - FENTANYL (APO) - 12mcg/hr - PTCH - 5 Apply ONE patch to the skin every THREE days as directed FOR EXTERNAL USE ONLY AMENDED	PAUL LENNON DHSITESTORGSQ15 20 TREMERRY CRESCENT, ABBOTSFORD, QLD 4670 Prescriber SMITH JOHN Prescriber No. 350	1 of 1	Dispensed
	10/06/2020	<b>FENTANYL</b> - FENTANYL (APO) - 12mcg/hr - PTCH - 5 Apply	Wes Meyer LiveLife Pharmacy Pomona Tremerry Crescent, Melbourne, VIC 3000 Prescriber Adonis Lanver	1 of 1	Dispensed
	18/12/2019	<b>FENTANYL</b> - FENTANYL (APO) - 12mcg/hr - PTCH - 5 Apply ONE patch to the skin every THREE days	DANIELLE BANCROFT DHSITESTORGSQ15 20 TREMERRY CRESCENT, ABBOTSFORD, VIC 3067 Prescriber SMITH JOHN Prescriber No. 350	1 of 1	Dispensed
	06/12/2019	<b>OXYCODONE</b> - ENDONE - 5mg - TAB - 20 Take ONE tablet FOUR times a day as directed	DANIELLE BANCROFT DHSITESTORGSQ15 20 TREMERRY CRESCENT, ABBOTSFORD, VIC 3067	1 of 1	Dispensed

Dashboard

## Patient Search

▼ Name

Enter first name

Enter surname

Enter date of birth



> IHI

Search

## Notifications

Date	Actioned	Notification	Patient	Date of Bir...	Address
<p><i>There may be notifications to view. Select show and your notifications will display here...</i></p>					

## Recently Viewed

Show

Patient

DOB

Address

Patient

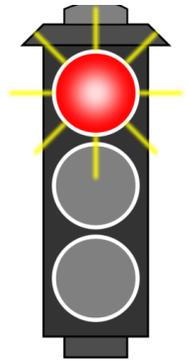
DOB

QScript provides notifications and alerts to assist prescribers and pharmacists identify any high risk clinical scenarios so that these are able to be discussed with the patient and appropriate risk mitigation strategies put in place if required.

These scenarios are identified by a pop-up notification if the software is integrated with QScript, or as the little alert symbol in the patients monitored medicine history

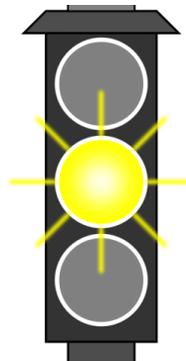


### Red notifications



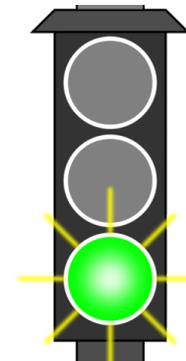
High-risk clinical scenario

### Amber notifications



Patient monitored medicine prescription history exists

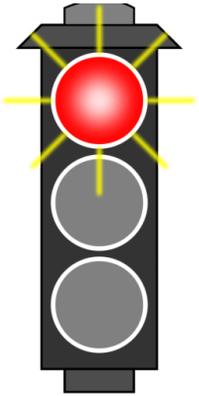
### Green notifications



No patient monitored medicine prescription history exists

# High-risk clinical scenarios

QH has determined the following 6 clinical scenarios as high-risk clinical situations that require additional attention from prescribers and pharmacists:



- **A:** Patient currently registered on the QOTP
- **B:** Patient previously registered on the QOTP
- **C:** Patient receiving monitored medicines from multiple prescribers
- **D:** Increased patient overdose risk – average daily opioid dose of 100mg OME or greater
- **E:** Increased patient overdose risk – opioid and benzodiazepine / z-drug combination
- **F:** Patient receiving an opioid or benzodiazepine / z-drug for the first time 90 days.

# QScript Learning – available now

**High-Risk Clinical Scenarios**

35% COMPLETE

≡ Aims and learning outcomes ✓

≡ Content (sections) ✓

▼ THE MONITORED MEDICINES STANDARD

≡ The Monitored Medicines Standard ✓

≡ Principles of commencing a monitored medicine ✓

▼ HIGH RISK SCENARIOS

≡ High-risk clinical scenarios ✓

≡ Patient currently registered on the Queensland Opioid Tre... ✓

≡ Acute pain management with patients receiving methadone

Lesson 7 of 17

## Acute pain management with patients receiving methadone or buprenorphine

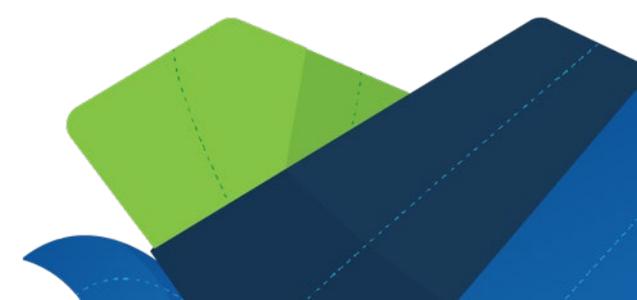
 Insight Queensland

 Watch the video below.

 Dr. Geraldine Chew - Managing Pain

Watch later Share

Watch on  YouTube



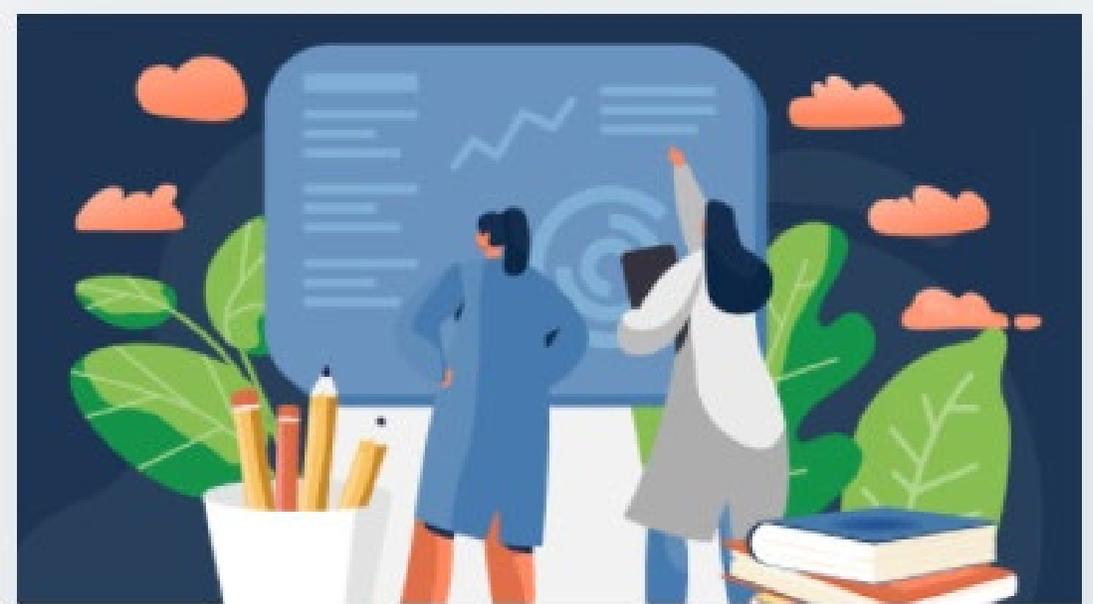
## QScript Learning portal eLearning packages:

### **Your legislative requirements**

Includes:

- ✓ QScript and the New Act
- ✓ High Risk Clinical Scenarios

Recommend these 2 as the first eLearning modules.



### **Your legislative requirements**

Two eLearning modules detailing legislative requirements in relation to QScript and the new Medicines and Poisons Act 2019 (the Act).

# Others in the series

- **25 August**

- Assoc. Prof Suzanne Nielsen presents “Preparing for QScript: Having meaningful discussions about opioid related risks”

- **1 September**

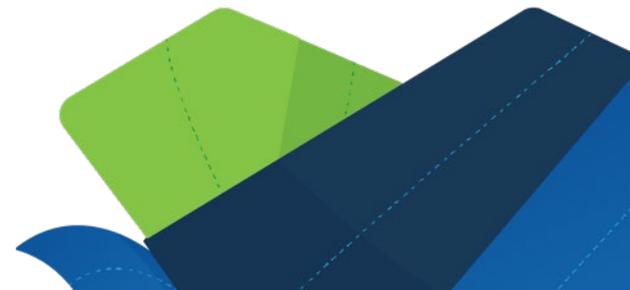
- Dr Ian Thong and Anthony Hall present “ Is it persistent pain, opioid use disorder or both?”

- **8 September**

- Joy Gailer, Melanie Proper & Dr Geraldine Chew present: “Tricky practice scenarios – a panel discussion

- **3 November**

- Debbie Rigby presents: “Benzodiazepines and Z-drugs”



# Web links

Register for  
QScript

- <https://register.qscript.health.qld.gov.au>

QScript Learning  
portal

- <https://www.qscriptlearn.health.qld.gov.au>

QScript webinar  
series

- <https://insight.qld.edu.au/training/webinars>

Information about  
QScript

- <https://www.health.qld.gov.au/qscript>



**Any questions?**

