SafeScript NSW

Monitored medicines

List of monitored medicines

NSW Health sought the advice of a panel of academics, pharmacologists and experts in addiction medication and pain management to help determine the medicines that are monitored in SafeScript NSW.

Monitored medicines include:

Category	Medicine
Opioids	Including but not limited to buprenorphine, codeine, fentanyl, hydromorphone, methadone, morphine, oxycodone, pethidine, tapentadol, tramadol
Benzodiazepines (prescribed for anxiety or sleep)	Including but not limited to alprazolam, flunitrazepam, bromazepam, clobazam, clonazepam, diazepam, lorazepam, midazolam, nitrazepam, oxazepam, temazepam
Other sleeping aids	Zolpidem, zopiclone
Psychostimulants (prescribed for ADHD)	Dexamfetamine, lisdexamfetamine, methylphenidate
Other	Ketamine, pregabalin, quetiapine, cannabis based medicines in Schedule 8 All other Schedule 8 medicines not listed above

A full list of monitored medicines is included in the ***Poisons and Therapeutic Goods Regulation 2008 (Appendix E).***

Criteria for determining monitored medicines

The following criteria were used to guide decision-making when considering the inclusion of Schedule 4 medicines in the SafeScript NSW system:

1. Evidence of harm – for a medicine to be included there should be evidence of a pattern of harm in NSW, including non-prescribed use, dependence, and fatal and non-fatal overdoses.
2. Trends in prescribing – for a medicine to be included there should be evidence of an increasing trend in prescribing rates, as well as non-prescribed use or abuse in an Australian or global context.
3. Substitution effect – a medicine or group of medicines should be included if there is a risk that regulation of another medicine may result in a displacement of use to other medicines or illicit substances

4. Chilling effect – inclusion of medicines for monitoring in SafeScript NSW may discourage prescribing of monitored medicines when they are otherwise clinically appropriate, resulting in negative patient outcomes.
5. Regulatory burden – care must be taken to ensure that the information collected in SafeScript NSW should be sufficiently inclusive as to adequately perform its purpose in mitigating harm without adding to the significant regulatory burden that prescribers and pharmacists already face or diluting the impact of SafeScript NSW on the actions of prescribers and pharmacists.
6. Utility of information for clinical care - medicines should be considered for inclusion where the added visibility will provide clinicians greater confidence in assessing and managing the patient, leading to improved patient care. Vulnerable and complex patients in particular are at a higher risk of harm from these high-risk medicines due to polypharmacy and the multiplying effect of being on numerous medicines. This criterion provides for the monitoring of medicines that aren't inherently high-risk in their own right but may be meaningful to the health practitioner and assist them to form a more accurate overall picture of medicines use.
7. Consistency with other jurisdictions – consideration is given to the approaches of other states and territories in determining their lists of monitored medicines, to ensure co-ordinated approaches and minimise cross-border issues.

Future inclusions in the monitored medicines list

NSW Health will monitor usage trends of medicines that were considered but ultimately not included in the monitored medicines list, and any emerging evidence may warrant reconsideration of their inclusion in the SafeScript NSW system.