SHPA's Victoria Branch Committee submission to DPCS Amendment Regulations 2023: Proposed amendment to include pregabalin, gabapentin and tramadol in Safe Script, March 2023

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA convenes a Pain Management Leadership Committee, comprising of a network of SHPA members who provide pharmacy services to patients who are experiencing acute or persistent pain in a range of settings: acute surgical or critical care units, persistent pain clinics and other inpatient, outpatient, ambulatory or primary care settings. They may also be engaged in multidisciplinary pain services and analgesic stewardship.

SHPA has published a *Standard of practice in pain management for pharmacy services*[1] which describes current best care for the provision of pain management pharmacy services by pain management pharmacists. This includes considerations for personalised pain management, such as utilising Real-Time Prescription Monitoring (RTPM) into order to establish previous opioid-use or to identify those who may have developed tolerance or dependence to monitored medicines.

SHPA has been a strong advocate for RTPM for many years, noting that it is a crucial investment to equip doctors and pharmacists with the necessary tools to detect, monitor and treat medicines misuse and abuse. SHPA's Victoria Branch Committee therefore welcomes the opportunity to provide feedback to this consultation.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.

SHPA supports the proposed amendment to include pregabalin, gabapentin and tramadol in SafeScript and added as Schedule 5 Monitored poisons and Schedule 6 Monitored supply poisons of the Regulations.

SHPA believes that the proposal to include pregabalin, gabapentin and tramadol in SafeScript (the Proposal) reduces patient harms arising from the use of medicines at risk of misuse, by facilitating and encouraging early identification and management of any associated risks. The Proposal will also provide consistency with other states such as South Australia, who monitor these medicines through their RTPM systems. A coordinated response across all jurisdictions will prevent individuals to seek cross-border access to these medicines, especially given their increasing street value.

RTPM systems assist clinicians such as hospital pharmacists in formulating best possible medication histories when a patient is admitted to hospital, and can act as another key resource for verifying prescribed medicines and locating consumer's community pharmacy and GP. SHPA notes that my Health Record (MHR) can also be a helpful tool in providing information of recent medication dispensing, however the accuracy of information relies on the dispensing and prescribing history being up to date. In addition, MHR does not easily allow clinicians to determine a trend in potential misuse patterns. MHR is also a resource that is not always utilised by doctors at point of prescribing, supporting the need for a further safeguard such as SafeScript to allow monitoring of medicines with potential for misuse.

Although professional practice requirements necessitate that the prescribing of these medicines is safe and clinically indicated, the Proposal further safeguards patients by ensuring that risks of medicine-related patient harm such as misuse or diversion are identified at the earliest opportunity.

SHPA believes that the predicted 76.9 avoidable deaths and 2474 emergency department presentations in the next ten years due to pregabalin, gabapentin and tramadol, summarised in table 24 of the *Regulatory Impact Statement* supplied, demonstrate the importance of monitoring the use of these medications closely.

Pregabalin

SHPA members have received numerous requests from hospital prescribers and toxicologists for pregabalin to be included as a monitored medicine for RTPM. These practitioners have expressed that it would be helpful in formulating causative agents for potential overdoses and presentations relating to the misuse of pregabalin. It can also assist in identifying harmful combinations of medicines or substances that could be contributing to a clinical presentation.

Tramadol

SHPA supports tramadol being monitored on SafeScript. In hospital settings, if clinicians are unable to ascertain which pain medications are already being taken, this can affect the choice of analgesia therapy prescribed. In some cases, if records of previous analgesia therapy cannot be established, it can lead to the supply of other opioids for patients presenting with pain.

Gabapentin

SHPA supports gabapentin being added to SafeScript. However, as was the case with quetiapine, it is important to note that these medications have various indications beyond anxiety such as neuropathic pain and epilepsy. Patients must not be made to feel any stigma around their prescribed medications and any discussions surrounding medication use must be carried out with respect and approached with sensitivity.

The pharmacist's role in preventing associated harms

SHPA believes it is important to note that SafeScript does not replace discussions with consumers about medication use, as dispensed or prescribed medications do not always indicate the associated usage. Pharmacists are in a key position to ascertain usage of these medications as well as being able to refer to the consumer's GP if pain or anxiety is not being adequately controlled or if there are concerns around misuse.

SHPA is supportive of a collaborative approach by all healthcare professionals involved in a patient's care in identifying and explaining monitored medicine-related risk to patents. Pharmacists that identify inappropriate use of monitored medicine should communicate concerns to both the prescriber and patient so that a plan can be developed to prevent unnecessary harms from occurring, which may involve referral to an Opioid Treatment Program, deprescribing or more frequent medication reviews.

As suggested in the accompanying report *Evidence informing the inclusion of gabapentinoids and tramadol on Victoria's SafeScript: a 2021 update*, gabapentinoids can act as a surrogate of high-risk opioid use. Trends in the UK have shown co-prescribed gabapentinoids and opioids increasing[2] and has been associated with opioid related deaths[3]. US studies also support that the use of gabapentinoids pose a significant risk factor and predictor of inpatients developing serious opioid-related adverse events requiring administration of naloxone.[4]

Where medication supply may be interrupted due to potential risk to a patient, it is integral that communication with the patient allows further arrangements to continue their care with another service to avoid relapse or use of illicit substances. Discussions with patients at risk of overdose on high daily doses of opioids could also prompt discussions around the use of take-home naloxone as a harm minimisation strategy.

SHPA suggests that it not the sole responsibility of the prescriber to reduce the risk of monitored medicine-related patient harm nor is it a primary care intervention alone. Hospitals manage many individuals post-acute opioid overdose and discharge many others daily who would be considered at risk of opioid harm. This makes hospitals a prime setting to reach people at risk and provide them with appropriate education and access to naloxone. SHPA's *Hospital Pharmacy Practice Update: Take-home naloxone in Australian hospitals*[5] recommends that take-home naloxone is offered wherever clinically indicated to address Australia's rising opioid-related mortality. SHPA believes pharmacists, who are medication safety experts, should be involved in the delivery of take-home naloxone programs in hospitals and wherever medications are being used.

References

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