

Drugs of Dependence Unit

Monitored Drug Reports

Prescribers, Pharmacists, Sellers and Suppliers NOT connected to a PES¹

Prescribers and Pharmacists

From **1 April 2022** you must generate a Monitored Drug Report **twice each month** from your clinical software² and submit to the Drugs of Dependence Unit within 7 days of the final day of the fortnight.

- **1st report:** records from 1st to 14th day of the month
- **2nd report:** records from 15th to final day of the month

Each fortnightly report must include **all monitored drugs** prescribed or dispensed at your practice or pharmacy, including Medication-Assisted Treatment for Opioid Dependence (MATOD).

If MATOD dosing is recorded using non-dispensing software (e.g. MethDA), each new prescription must be dispensed using regular dispensing software to ensure legal reporting obligations are met.

Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

1st report due

Next month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20

2nd report due

Sellers and Suppliers

Sellers and Suppliers must provide a **monthly** report for **Schedule 8 drugs**³ by the 7th day of the next month.

Email your report to Health.DDRReturn@sa.gov.au

¹ To confirm if your software is connected to a Prescription Exchange Service (PES), contact your software provider.

² Contact your software provider for instructions.

³ Controlled Substances (Poisons) Regulations 2011: Regulation 40(1)

Requirements for reports

Prescription and dispensing records must be complete and accurate for **all Monitored Drugs**⁴

Prescribers and pharmacists

Date	Prescribed Dispensed
Patient	Full name Address Date of Birth <i>Identifiers (e.g. AFHA for a nursing home) must be entered in the address field NOT patient name.</i>
Prescriber	Full name Prescriber number Practice address Practice phone number
Drug	Name of drug (active ingredient/s) Form, strength and quantity Dose and frequency of administration Route of administration (if relevant) Directions for safe and proper use Number of times (and if appropriate, the intervals) the prescription may be dispensed Total amount of the drug to be supplied each time the drug is dispensed and the total number of times the drug may be dispensed. Any instructions about specialised supply of the drug (e.g. the name of a single pharmacy approved for dispensing, supervised dosing or collection restrictions)

Sellers and Suppliers

Date	Sold or supplied
Supplier	Name Business address
Receiver	Name Address
Drug	Name of drug (active ingredient/s) Amount and strength Invoice number for sale or supply

For more information

Drugs of Dependence Unit (DDU)

PO Box 6, Rundle Mall

Adelaide, SA 5000

1300 652 584

Health.RTPM@sa.gov.au

www.sahealth.sa.gov.au/scriptchecksa

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⁴ Controlled Substances (Poisons) Regulations 2011: Regulation 33(5) and 34(1) (for prescribers) and regulation 35(2) (for pharmacists)