

Queensland Regulatory Requirements

for medical practitioners prescribing schedule 8 medicines (S8s)

- S8 prescriptions are valid for **6 months**.
 - A S8 prescription is valid if the following information is provided:
 - full name, professional qualifications and address of the prescriber
 - full name, address and date of birth of the patient
 - the description and quantity (in words and figures) of the medicine to be dispensed
 - adequate directions for use
 - the number of repeats (if any) and the intervals at which they may be dispensed
 - the words 'specified condition' if the S8 drug prescribed is amphetamine, dexamphetamine, methylamphetamine, methylphenidate, phenmetrazine or lisdexamfetamine.
 - the signature of the prescriber.
 - For computer generated S8 paper prescriptions the information highlighted must also be written in the doctors own handwriting.
 - Only one S8 medication can be written on the one prescription, except where multiple items are different forms of the same drug.
 - No other prescription medication can be written on an S8 prescription.
- A treatment approval from the Chief Executive is required prior to treating with:
 - any controlled drug for a patient considered to be drug dependent.
 - any 'specified condition drug' other than for attention deficit disorder in a child or for treatment of narcolepsy.
 - Prescribers giving a faxed S8 prescription must telephone and confirm details of the prescription to the pharmacist within 24 hours.
 - The prescriber must send to the dispenser the paper prescription by post or hand within seven days.
 - Prescribers prescribing, or intending to prescribe, S8s for longer than 8 weeks must forward a 'Report to the Chief Executive' through the Medicines Regulation Quality (MRQ).
 - S8 prescriptions must not be written by a prescriber for self administration.
- For treatment approvals and 'Reports to the Chief Executive' contact the Medicines Regulation Quality.
 Phone: 3328 9890
 Fax: 3328 9821
 Email: mrq@health.qld.gov.au



PBS Regulatory Requirements for S8 Prescriptions

Restricted Benefits

Most S8 opioids are *Restricted Benefit* items under the PBS categorisation, and some are *Authority Required* items. Medical Practitioners will need to check the status of each item before initial prescribing and before requesting repeats or increased maximum quantities.

Authority required PBS Prescriptions

Authority required benefits are restricted benefits that require prior approval from Medicare Australia or the Department of Veterans' Affairs.

For *Restricted Benefit* items, authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) chronic severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
- (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Approval of authority PBS prescriptions by Medicare Australia may be sought by:

- posting an Authority Prescription Form to Medicare Australia - after approval, Medicare Australia will forward both copies of the prescription to the patient or the prescriber (if it is to be sent direct to the patient, the prescriber should mark the box next to the patient's details);
- calling Medicare Australia Authority Freecall service (1800 888 333); or
- using Medicare Australia PBS authorities website at

www.medicareaustralia.gov.au/providers

An authority PBS/RPBS prescription is not valid until it has been approved by Medicare Australia or the DVA. Without this approval, a pharmacist must not supply the item as a PBS/RPBS benefit.

Writing authority PBS prescriptions

The following rules apply:

- Only one item may be prescribed per PBS prescription;
- PBS prescriptions must be completed by prescribers in writing, unless otherwise approved by Medicare Australia;
- prescribers should include their name, address, telephone number and **prescriber number** (not provider number);
- prescribers must include the patient's name, address and entitlement status (i.e. whether they are a 'concessional' or 'general patient');
- prescribers must indicate when brand substitution is not permitted. PBS prescriptions must not be prepared using a computer prescribing program that contains a default which would result in all PBS prescriptions being indicated as Brand Substitution Not Permitted;
- in certain circumstances, the prescriber must provide additional information to Medicare Australia with the authority application; and
- the PBS prescription must be signed by the prescriber and dated.

