

»» Schedule 8 and Restricted Schedule 4 Substances Policy and Clinical Practice Guidelines



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For further information

Department of Health and Community Services

Poisons Control

Phone: 8922 7341

Fax: 8922 7200

SEMS Email: p2pntpoisons@tedgp.org.au

nt.gov.au/health/poisonscontrol

Other resources available:

- Quick Guide for Medical Practitioners to Prescribe Schedule 8 Substances
- Self-Prescription and Self-Administration of Schedule 8 and Restricted Schedule 4 Substances fact sheet
- Summary of Requirements for Medical Practitioners fact sheet
- Summary of Requirements for Pharmacists fact sheet
- Storage and Disposal of Schedule 8 Substances fact sheet
- The Schedule 8 and Restricted Schedule 4 Substances Clinical Advisory Committee (CLAC) fact sheet
- Information for Patients on Schedule 8 Medication
- Code of Practice for the Storage and Transport of Schedule 8 Substances
- CLAC Guideline: Variation to Pharmacotherapy Takeaway
- CLAC Chronic Pain Management Clinical Flowchart
- CLAC Guideline for Transfer from Restricted Schedule 8 Opiate Pharmacotherapies to Non-restricted Schedule 8 Medication (for medical practitioners)

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Glossary

Throughout these Guidelines:

“Authorised medical practitioner” refers to a medical practitioner who holds an authority to supply a restricted S8 substance under the Act.

“CHO” refers to the Chief Health Officer.

“DHCS” refers to the Northern Territory Department of Health and Community Services.

“Supply” includes both the administration and the possession for the purpose of administration.

“The Act” refers to the *Poisons and Dangerous Drugs Act*.

“The Committee” refers to the Schedule 8 and Restricted Schedule 4 Substances Clinical Advisory Committee.



Please Note:

Pursuant to section 31P of the Act, the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

You should contact DHCS Poisons Control to ascertain current information regarding exemptions that have been granted pursuant to section 31P of the Act.

Part 1 - Supply of Non-Restricted Schedule 8 Substances

The regulatory framework for the supply of non-restricted Schedule 8 substances is derived from:

1. The requirement under section 31F of the Act to apply for and receive an authorisation from the CHO if a medical practitioner wishes to supply a non-restricted Schedule 8 substance for therapeutic purposes to more than the prescribed number of persons, or to a particular person for the treatment of addiction.
2. The requirement under section 31L of the Act to notify the CHO of the supply of a non-restricted Schedule 8 substance in accordance with these Guidelines.
3. The requirement under section 31X of the Act to comply with these Guidelines in the supply of restricted Schedule 4 and Schedule 8 substances.

The CHO is the ultimate source of authority under the Act. In practice the CHO will delegate certain powers to other persons to allow the smooth operation of the Act in day-to-day practice.

In practice, all requests for authorisations, notifications of supply and other correspondence are to be directed to DHCS Poisons Control:

Phone: 8922 7341
 Fax: 8922 7200

The prescribed number of persons

The prescribed number of persons pursuant to section 31F of the Act for non-restricted Schedule 8 substances is **fifteen (15)**.

Section 31F(4) states that the prescribed number of persons does **not** include:

- a person receiving palliative care exclusively or partially from a recognised specialist provider of palliative care (whether an individual or body)
- a person admitted to a hospital for treatment as an in-patient

Section 31F of the *Poisons and Dangerous Drugs Act* states that a medical practitioner:

- may supply, without an authorisation, non-restricted Schedule 8 substances for the therapeutic purpose of not more than the prescribed number of persons.
- may supply, unless exempted under section 31P, non-restricted Schedule 8 substances for the therapeutic use of more than the prescribed number of persons or for the use of a particular person for the treatment of addiction, only if the medical practitioner holds an authorisation.

- a person receiving emergency medical treatment that requires the administration of a non-restricted Schedule 8 substance. Emergency medical treatment in this sense means treatment for an acute illness, exacerbation of an existing illness, or an acute injury that requires the administration of a non-restricted Schedule 8 substance for less than 48 hours in total
- a person excluded by the CHO by notice in writing
- a person who belongs to a class of persons excluded by the CHO by notice in the Gazette.

If a medical practitioner wishes to supply a non-restricted Schedule 8 substance to more than 15 persons at any one time, he or she must have an authorisation from the CHO or his/her delegate to do so.

Medical practitioners wishing to obtain such an authorisation must apply in writing to the CHO or his/her delegate, providing details of the medical practitioner's training and experience in managing persons in need of non-restricted Schedule 8 substances, and must include a justification for the request.

The CHO will refer such requests to the Committee, which will review each application on a case-by-case basis and make a recommendation to the CHO.



Requirements for notification of supply

Pursuant to section 31L of the Act, medical practitioners must notify the CHO or his/her delegate of the supply of non-restricted Schedule 8 substances in accordance with these Guidelines.

Medical practitioners **must** notify the CHO or his/her delegate of supply of a non-restricted Schedule 8 substance the first time any of the following circumstances apply:

- The medical practitioner supplies, intends to supply, or thinks it likely to be necessary to supply a non-restricted Schedule 8 substance to a client for more than eight weeks. This eight week period is an aggregate period, and includes all periods of supply over the preceding 12 months, and also includes periods for which the medical practitioner is aware that another medical practitioner supplied the Schedule 8 substance.

Medical practitioners must notify the CHO or his/her delegate of the supply of non-restricted Schedule 8 substances under the conditions described in these Guidelines. An exception to this requirement applies to medical practitioners supplying S8 substances to hospital inpatients whilst they remain inpatients, or to hospital outpatients for a maximum period of three days.

- The medical practitioner supplies an initial daily dose of any one of the following non-restricted Schedule 8 substances in excess of:

60mg of oral morphine; or
 20mg of methadone tablets; or
 40mg of oral oxycodone; or
 240mg of oral codeine; or
 10mg buprenorphine patch; or
 12mcg/hour fentanyl patch; or
 any form or amount of oral pethidine.

- The medical practitioner supplies any daily dose of any one of the following non-restricted Schedule 8 substances in excess of:

200mg of oral morphine; or
 60mg of methadone tablets; or
 120mg of oral oxycodone; or
 240mg of oral codeine; or
 40mg buprenorphine patch; or
 50mcg/hour fentanyl patch; or
 any form or amount of oral pethidine.

- The medical practitioner supplies a combination of the above substances such that the total dose equivalent exceeds the limits described above. The doses described above for the different substances may be considered dose equivalents.
- The medical practitioner supplies, on any occasion, a dose increase of 30 per cent or more over the previous dose.
- The medical practitioner supplies a dose increase within two weeks of the previous dose increase.
- The medical practitioner supplies for a client because the client claims that their medication was lost or stolen, or that the previously supplied medication was consumed earlier than intended by the client.
- The medical practitioner supplies for a patient who is already taking a Schedule 8 substance supplied by another medical practitioner, or who asserts they have been supplied a Schedule 8 substance from another medical practitioner, or indicates a desire to transfer from another medical practitioner. An exception to this would be where the other medical practitioner who supplied the Schedule 8 substance is a member of the same practice as the first medical practitioner, or is a specialist who is co-managing the patient with the first medical practitioner.
- If a medical practitioner has previously made a notification of supply of a non-restricted Schedule 8 substance for a particular person and, **12 months after the initial notification**, is still supplying and intends to continue to supply the substance, the medical practitioner **must renew the notification**.
 The medical practitioner is not obliged to notify each instance of supply in between these two times and is not obliged to re-notify if a second or subsequent circumstance, as detailed above, arises.

- For clients under the care of a palliative care specialist advising a general practitioner, the medical practitioner must notify supply for palliative care, but the notification for this purpose does not need to be repeated every 12 months.

Medical practitioners **may** notify the CHO of supply of a non-restricted Schedule 8 substance if they have any concerns for the safety of the client, or concerns about circumstances surrounding the client and the client's need for or use of the substance. For example:

- younger patients requiring more than a very brief period of opiates
- patients with unusual diagnoses, or diagnoses that would not ordinarily require the use of opiates
- patients with non-malignant conditions
- patients with conditions requiring repeated, regular injections of opiates
- patients who are not well known to the practitioner who require one-off injections of opiates.

Notification pursuant to section 31L of the Act is to be made to the CHO on a Notification of Supply of a Non-Restricted Schedule 8 Substance form (Appendix A). This completed form must be forwarded to the CHO or his/her delegate within seven days of the supply of the non-restricted Schedule 8 substance.

Information to be provided concerning notification of supply

The following information **must** be supplied to DHCS Poisons Control using a Notification of Supply of a Non-Restricted Schedule 8 Substance form (see Appendix A).

Client:

- full name
- gender
- date of birth
- address
- name of parent or guardian if child under 18 years
- Medicare number and Health Care Card number (if known)
- substance
- intended dose
- intended start-date for supply
- duration of prescription
- likely duration of need for Schedule 8 treatment
- reason for notification
- clinical indication
- palliative care status of patient
- whether the client has had specialist assessment and, if so, the type of specialist
- whether the client has had previous treatment for opiate dependency
- whether the client has had previous treatment for other drug or alcohol dependency
- whether the client has ever injected drugs

- whether the client has ever been under the care of the Alcohol and other Drugs program in the NT or a similar program elsewhere in Australia.
- dates of most recent specialist assessments, and name and contact details for specialist. Please note further details and copies of correspondence must be supplied to the CHO if requested.

Prescribing Medical Practitioner:

- name
- Practice address and phone number
- Prescriber number

Contents of prescriptions

In addition to the requirements for contents of prescription detailed in section 33 of the Act, every prescription for a non-restricted Schedule 8 substance must also satisfy the following requirements:

- The prescription must be written in ink, ballpoint pen or be produced on a printer or be provided via an approved electronic medication management system which allows for an electronic representation of the prescriber's signature. It must not be written in pencil or any other easily erasable material.
- The type of preparation to be dispensed must be written; for example tablets.
- Required quantity of the substance must be written in words as well as numbers, except for prescriptions provided via an approved electronic medication management system which allows for an electronic representation of the prescriber's signature.
- Prescriptions for other medications must not be written on the same prescription, except for prescriptions provided via an approved electronic medication management system which allows for an electronic representation of the prescriber's signature.
- A start date for supply, if that date is to be different to the date of issue, must be written on the prescription.
- The date of birth of the patient must be written on the prescription.

NB: It is recommended but not mandatory that the name of the pharmacy from which the substance is to be dispensed be written on the prescription.

Period of effect of prescription and permissible supply

Pursuant to section 34 of the Act:

- Prescriptions for non-restricted Schedule 8 substances must only allow for a total supply period of **two months**, with no more than one month's supply to be dispensed at any one time.
- Prescriptions written as "private prescriptions" ie. not to be dispensed under Commonwealth, State or Territory government-funded pharmaceutical schemes, must only be for a maximum of thirty days' supply at a time, and must not contain endorsements for repeat prescriptions.

Part 2 - Supply of Restricted Schedule 8 Substances: Dexamphetamine and Methylphenidate

Supply of restricted Schedule 8 substances is governed by Part VA of the *Poisons and Dangerous Drugs Act*.

Pursuant to section 31B of the Act the CHO may declare a Schedule 8 substance to be a **restricted** Schedule 8 substance by notice in the Gazette.

The Chief Health Officer (CHO) has declared by notice in the Gazette that from 1 February 2005:

- Dexamphetamine, in all preparations and forms
- Methylphenidate, in all preparations and forms are restricted Schedule 8 substances.



Section 31E of the Act states that despite anything contrary contained within Part VA of the Act, dexamphetamine and methylphenidate may only be supplied for the treatment of narcolepsy or hyperkinetic brain damage (including attention deficit disorder).

Section 31G of the Act states that restricted Schedule 8 substances may be supplied by a medical practitioner for therapeutic use **only** if the medical practitioner holds an authorisation from the CHO under this section.

Pursuant to section 31P of the Act the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

You should contact DHCS Poisons Control (see p.9 for contact details) and ascertain recent information regarding any exemptions that have been granted pursuant to section 31P of the Act.

Framework for supply of Restricted Schedule 8 Substances Dexamphetamine and Methylphenidate

The basic framework for the supply of restricted Schedule 8 substances dexamphetamine and methylphenidate is:

1. A medical practitioner submits an application for an authorisation to the CHO to supply a restricted Schedule 8 substance dexamphetamine or methylphenidate for each individual patient.
2. The CHO decides in relation to each individual application whether the medical practitioner is competent and whether the circumstances are appropriate in relation to the patient (NB: the Act does not provide for a medical practitioner to receive a general “accreditation” to supply restricted S8 substances).
3. Details about administration, criteria to judge competence and appropriate circumstances are outlined below.
4. If considered competent a medical practitioner may only supply restricted Schedule 8 substances dexamphetamine and methylphenidate for a prescribed number of persons at any one time.
5. A medical practitioner may apply in writing to the CHO for an authority to supply for more than the prescribed number of persons.

The CHO is the ultimate source of authority under the Act. In practice the CHO will delegate certain powers to other persons to allow the smooth operation of the Act on a day-to-day basis.

In practice, all requests for authorisations and other correspondence are to be directed to DHCS Poisons Control:

Phone: 8922 7341
Fax: 8922 7200

Authorisation to supply

- Medical practitioners wishing to supply dexamphetamine or methylphenidate for a person must be authorised to do so by the CHO.
- Medical practitioners must apply for an authority to supply dexamphetamine or methylphenidate for a person using the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (Appendix B).
- For each application two judgements will be made: whether the medical practitioner is competent to safely supply restricted Schedule 8 substances dexamphetamine or methylphenidate and whether all requirements in relation to the client have been fulfilled.
- A medical practitioner will be considered competent to supply dexamphetamine or methylphenidate if they are recognised in Australia as a specialist paediatrician, psychiatrist, neurologist or physician, or a registrar in training in one of these disciplines, or if they are a medical practitioner co-managing a client with a specialist or a registrar in training in one of these disciplines.

- The CHO or his/her delegate is able to make routine approvals for authorisations under prescribed conditions. If the CHO or his/her delegate has concerns about an application, or it does not conform to the prescribed conditions, the application will be referred to the Committee immediately for advice, which must be considered prior to the granting of any authorisation. The Committee will regularly review all authorisations.

Prescribed conditions for routine authorisations

Pursuant to section 31G of the Act, the CHO or his/her delegate may, without first considering the Committee's advice, issue an authorisation to supply restricted Schedule 8 substances if all the prescribed conditions apply.

The prescribed conditions for restricted Schedule 8 substances, dexamphetamine and methylphenidate are:

- The clinical decision to initiate either dexamphetamine or methylphenidate must be made by a specialist paediatrician, psychiatrist, neurologist, physician or registrar in training (see below).
- A registrar in training in the disciplines of paediatrics, neurology, psychiatry or medicine, who is resident in the NT, may make the initial clinical decision to commence dexamphetamine or methylphenidate providing that this occurs within a supervised training environment, which may include clinics outside the major hospital environment.
- A medical practitioner who is registered and practising in the NT (other than a specialist paediatrician, psychiatrist, neurologist, physician, or registrar in training in one of these disciplines) must only supply dexamphetamine or methylphenidate once it has been initiated by, or on the recommendation of, a specialist or registrar in training. Such medical practitioners must be co-managing the client with a specialist paediatrician, psychiatrist, neurologist, physician or registrar in training and this co-management must involve the specialist paediatrician, psychiatrist, neurologist or physician, or their registrar in training reviewing the client on at least an annual basis.
- Medical practitioners, other than specialist paediatricians, psychiatrists, neurologists, physicians or their registrar in training, who intend to supply dexamphetamine or methylphenidate for a person, must complete a formal declaration that the patient has been recently reviewed by a specialist or their registrar in training, including details of the specialist's name and address. When renewing an authority to supply, the medical practitioner must also declare that the patient has been reviewed by a specialist or their registrar in training in the previous 12 months.
- The application must be made on the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (Appendix B) along with all required information.
- If a specialist paediatrician, neurologist, psychiatrist or physician is based interstate, then the NT medical practitioner applying for the authority to supply the substance must personally verify the decision to initiate these substances with the interstate specialist, rather than rely solely on a letter from the specialist which is carried by the client. Letters from interstate registrars will not be accepted.

- Specialist paediatricians or their registrars in training may not initiate the supply of restricted Schedule 8 substances dexamphetamine or methylphenidate to persons who have attained the age of 18 years. It is recommended that paediatricians only supply these substances until a client's 18th birthday and that after this time the supply of these substances should be taken over by an adult neurologist, psychiatrist, physician or their registrar in training.
- The maximum doses which may be supplied are:

Dexamphetamine	0.9mg/kg/day	Max 60mg per day
Methylphenidate	1.8mg/kg/day	Max 120mg per day

Important notes concerning authorisation and supply

- If the specialist paediatrician, neurologist, psychiatrist or physician is based interstate, an NT-based general medical practitioner may supply for a maximum of six months only, in which time the client must be reviewed by an NT-based specialist paediatrician, neurologist, psychiatrist, physician or registrar in training in one of these disciplines.
- When a specialist paediatrician or their registrar in training, as the sole supplier of the substance, is granted an authority to supply the substance, the authority will be valid until the client attains the age of 18 years.
- The authority to supply for a particular client must be renewed every two years for specialist neurologists, psychiatrists, physicians or their registrars in training, who are the sole suppliers of the substance.
- The authority to supply for a particular client must be renewed on an annual basis by medical practitioners who are co-managing the client with a specialist paediatrician, neurologist, psychiatrist, physician or registrar in training.
- When an authorised medical practitioner ceases to supply these substances for a client, he or she must notify the CHO or his/her delegate within 14 days using the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (Appendix B).
- When an authorised medical practitioner changes the substance from dexamphetamine to methylphenidate or vice versa, he or she must notify the CHO or his/her delegate within 14 days using the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (Appendix B).
- If the client is less than four years of age, it is recommended that a second opinion be gained from another specialist supporting the diagnosis and recommendation to supply dexamphetamine or methylphenidate.

Information to be provided on application

The following information is to be supplied to the CHO or his/her delegate using the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (Appendix B).

Client:

- full name
- gender
- date of birth
- address
- name of parent or guardian if child under 18 years
- Medicare number and Health Care Card number (if known)
- condition being treated
- substance
- dose.

Prescribing Medical Practitioner

- full name
- Practice address and phone number
- Prescriber number
- Type of practitioner (paediatrician, neurologist, psychiatrist, physician, registrar in training or other).

If the prescribing medical practitioner is not a paediatrician, neurologist, psychiatrist, physician or registrar in training, then the following details concerning the specialist who recommended either the initiation or maintenance of treatment must also be provided:

- name
- Practice address and phone number
- type of practitioner
- date most recently seen by specialist
- whether the specialist is based interstate and, if so whether the NT medical practitioner has personally verified the prescription with the interstate specialist.



Pursuant to section 31P of the Act the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

You should contact DHCS Poisons Control (see Pg.8 for contact details) and ascertain recent information regarding any exemptions that have been granted pursuant to section 31P of the Act.

Initial application, renewal, change of substance and cessation

The Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (Appendix B) is to be used for:

- new applications for authority to supply
- renewal of applications for authority to supply
- application for amendment to the authority to supply ie. changing from one substance to the other
- notification of cessation of supply.

Renewal of authority to supply

- The Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (Appendix B) must be completed by the authorised medical practitioner and forwarded to the CHO or his/her delegate within fourteen days of the expiry of the medical practitioner's authorisation.
- An authorisation to supply dexamphetamine or methylphenidate, for paediatricians or their registrars in training who have sole management of a client, is valid until the client attains the age of 18 years, unless otherwise specified on the authorisation. Upon the client attaining the age of 18 years, the paediatrician or registrar in training must either renew the authority or transfer the client to the care of an adult specialist.
- An authorisation to supply dexamphetamine or methylphenidate for psychiatrists, neurologists, physicians and registrars in training who have the sole management of a client is valid for two years from the date of the authorisation, unless otherwise specified on the authorisation. After the expiration of the two-year period the psychiatrist, neurologist, physician or registrar in training must apply for a renewal of the authority to supply.
- A medical practitioner who is co-managing a client with a specialist or registrar in training must renew the authority to supply dexamphetamine or methylphenidate every 12 months. An application for renewal of an authorisation in these circumstances must be accompanied by a declaration by the medical practitioner that the client has been reviewed by a specialist paediatrician, psychiatrist, neurologist, physician or registrar in training in the past 12 months.

Change of substance

- If the substance is changed from dexamphetamine to methylphenidate or vice versa, the CHO or his/her delegate must be notified, in writing, within fourteen days.
- This notification must be made on the Application for Authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (Appendix B) with all required specified information.

Cessation

- If a medical practitioner ceases to supply dexamphetamine or methylphenidate, the CHO or his/her delegate must be notified, in writing, within fourteen days.
- This notification must be made on the Application for authority to Prescribe a Restricted Schedule 8 Psychostimulant Medication form (Appendix B) with all required specified information.

The prescribed number of persons

The prescribed number of persons a specialist paediatrician, psychiatrist, neurologist or physician may supply dexamphetamine or methylphenidate to, pursuant to section 31G(4) of the Act, is **two hundred (200)**.

The prescribed number of persons a medical practitioner who is not a specialist paediatrician, psychiatrist, neurologist or physician may supply dexamphetamine or methylphenidate to, pursuant to section 31G(4) of the Act, is **ten (10)**. This limit of **ten (10)** applies to registrars in training in the specialist disciplines of paediatrics, psychiatry, neurology and adult medicine.

Pursuant to section 31G(4), the CHO may grant a medical practitioner an authorisation to supply restricted Schedule 8 substances to more than the prescribed number of persons.

- A medical practitioner may apply in writing to the CHO or his/her delegate for authority to supply restricted Schedule 8 substances dexamphetamine and methylphenidate to more than the prescribed number of persons, providing a justification for the request.
- The CHO or his/her delegate will refer this application to the Committee for advice and a recommendation to the CHO concerning its appropriateness and also the number of clients the medical practitioner may supply for.
- In considering an application pursuant to section 31G(4) of the Act, the Committee may consider the following matters:
 - the expertise and experience of the medical practitioner
 - the accessibility and availability of the medical practitioner to the clients
 - the availability of other clinicians and ancillary services.
- The CHO may impose whatever conditions are considered appropriate on any authorisation granted.

Contents of prescriptions

In addition to the requirements for contents of prescription detailed in section 33 of the Act, every prescription for restricted Schedule 8 substances dexamphetamine or methylphenidate must satisfy the following requirements:

- The prescription must be written in ink, ballpoint pen or be produced on a printer or be provided via an approved electronic medication management system which allows for an electronic representation of the prescriber's signature. It must not be written in pencil or any other easily erasable material.
- The type of preparation to be dispensed must be written for example tablets.
- Required quantity of the substances must be written in words as well as numbers except for prescriptions provided via an approved electronic medication management system which allows for an electronic representation of the prescriber's signature.

- Prescriptions for other substances must not be written on the same prescription except for prescriptions provided via an approved electronic medication management system which allows for an electronic representation of the prescriber's signature.
- A start date for supply must be written on the prescription if that date is to be different to the date of issue.
- The date of birth of the patient must be written on the prescription.

NB: it is recommended, but not mandatory, that the name of the pharmacy from which the substance is to be dispensed be written on the prescription.

Period of effect of prescription and permissible supply

Pursuant to section 34 of the Act:

Prescriptions for restricted Schedule 8 substances dexamphetamine or methylphenidate must only allow for a total supply period of **six months**.

In addition to the requirements under Section 34 of the Act no more than one month's supply of dexamphetamine or methylphenidate is permitted to be dispensed at any one time, unless the prior written permission of the Chief Health Officer has been obtained.

For dexamphetamine tablet prescriptions which are endorsed by the prescriber to be for compounding into a sustained release form, unopened bottles of 100 tablets may be ordered and supplied at one time instead of the calculated one month's supply.

In any event, supply in excess of six months supply requires the prior approval of the Chief Health Officer under section 34(2A) of the Act. It is the responsibility of the prescribing medical practitioner to request this well in advance (minimum of two weeks turnaround). Approval is not automatic, and the request will be subject to consideration by the S8 and Restricted S4 Clinical Advisory Committee (CLAC). Prescriptions of this type must be endorsed with the date and details of that approval to be valid. A Guideline to assist medical practitioners make a request of this type is available from Poisons Control.

Part 3 - Supply of Restricted S8 Substances methadone, buprenorphine and buprenorphine/naloxone

Supply of restricted Schedule 8 substances is governed by Part VA of the *Poisons and Dangerous Drugs Act*.

Pursuant to section 31B of the Act:

The CHO may declare a Schedule 8 substance to be a **restricted** Schedule 8 substance by notice in the Gazette.

The CHO has declared by notice in the Gazette that the following are restricted Schedule 8 substances:

- methadone in liquid form at a strength of 5mg/ml for oral administration (“methadone”)
- buprenorphine in tablet form of 0.4mg, 2mg or 8mg for sublingual administration (“buprenorphine”)
- buprenorphine/naloxone in tablet form of buprenorphine 2mg/naloxone 0.5mg and buprenorphine 8mg/naloxone 2mg for sublingual administration (“buprenorphine/naloxone”).



Section 31G of the *Poisons and Dangerous Drugs Act* states that restricted Schedule 8 substances may be supplied by a medical practitioner for therapeutic use **only** if the medical practitioner holds an authorisation from the CHO under this section.

For the purpose of section 31G of the Act “therapeutic purpose” includes use for the treatment of an addiction.

Pursuant to section 31P of the Act the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

You should contact DHCS Poisons Control (see Pg.17 for contact details) and ascertain recent information regarding any exemptions that have been granted pursuant to section 31P of the Act.

Framework for Supply of Restricted Schedule 8 Substances methadone buprenorphine and buprenorphine/naloxone

The basic framework for supply of restricted Schedule 8 substances methadone, buprenorphine and buprenorphine/naloxone is:

1. a medical practitioner submits an application for an authorisation to the CHO to supply a restricted Schedule 8 substance methadone or buprenorphine or buprenorphine/naloxone for each individual patient
2. the CHO decides in relation to each individual application whether the medical practitioner is competent and whether the circumstances are appropriate in relation to the patient (NB: the Act does not provide for a medical practitioner to receive a general “accreditation” to supply restricted S8 substances)
3. details about administration, criteria to judge competence and appropriate circumstances are outlined below
5. if considered competent a medical practitioner may only supply restricted Schedule 8 substances methadone, buprenorphine or buprenorphine/naloxone for a prescribed number of persons at any one time
6. a medical practitioner may apply in writing to the CHO for an authority to supply for more than the prescribed number of persons.

The CHO is the ultimate source of authority under the Act. In practice the CHO will delegate certain powers to other persons to allow the smooth operation of the Act for the day-to-day operation of the Act.

In practice, all requests for authorisations and other correspondence are to be directed to DHCS Poisons Control:
Phone: 8922 7341
Fax: 8922 7200

Authorisation to supply

- Before a medical practitioner supplies a restricted Schedule 8 substance methadone or buprenorphine or buprenorphine/naloxone the medical practitioner must be authorised to do so by the CHO.
- An application for authorisation to supply a restricted Schedule 8 substance methadone or buprenorphine or buprenorphine/naloxone for a patient must be made to the CHO using the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (Appendix C).
- Pursuant to section 31G of the Act the CHO or his/her delegate may grant an authorisation to supply a restricted Schedule 8 substance if prescribed conditions apply (see below) and without first considering the Committee’s advice. The Committee will regularly review all authorisations.

- For each application two judgements will be made: whether the medical practitioner is competent to safely supply restricted Schedule 8 substances methadone or buprenorphine or buprenorphine/naloxone, and whether all requirements in relation to the client have been fulfilled.

If the CHO or his/her delegate has concerns about an application, or it does not satisfy the prescribed conditions, the application will be referred to the Committee immediately for advice. In this instance, the CHO must consider the advice of the Committee prior to making a decision on any application;

- In considering an application pursuant to section 31G of the Act, and whether the medical practitioner is competent to safely supply the substance, the Committee may have regard to whether the medical practitioner has, within the past twelve months undergone appropriate training.

For those medical practitioners who completed training more than twelve months ago consideration will be taken of whether he/she has:

- been the subject of any complaint or concern about his/her management of Schedule 8 or restricted Schedule 4 patients
 - managed at least two restricted S8 methadone or buprenorphine or buprenorphine/naloxone clients in the past twelve months; or
 - undertaken any formal update training in this area in the past two years.
- Medical practitioners who are intending to apply for an authorisation to supply restricted Schedule 8 substances methadone or buprenorphine or buprenorphine/naloxone should advise the Chairperson of the Committee (usually the Chief Poisons Inspector) of their desire to do so, and provide proof of their competence. The Chairperson will forward this to the Committee for consideration.
 - On a case-by-case basis, those medical practitioners who are currently accredited to supply methadone or buprenorphine or buprenorphine/naloxone in another state of Australia may be considered competent to supply in the NT.
 - An authorisation to supply will be for a maximum period of two years, or such lesser time as specified in the authorisation.
 - Medical practitioners who are considered competent to supply restricted Schedule 8 substances methadone or buprenorphine or buprenorphine/naloxone for the treatment of drug addiction will be included on a register maintained by the DHCS Poisons Control.

Prescribed conditions for routine authorisations

Pursuant to section 31G of the Act, the CHO or his/her delegate may, without first considering the Committee's advice, issue an authorisation to supply restricted Schedule 8 substances if all the prescribed conditions apply.

The prescribed conditions for restricted Schedule 8 substances, methadone or buprenorphine or buprenorphine/naloxone are:

- The Committee has previously made a judgement that it considers the medical practitioner is competent to safely supply the substance.
- Where the medical practitioner was initially considered competent by the Committee over twelve months ago, the CHO or his/her delegate has ascertained that the medical practitioner has maintained a level of patient management as indicated above, and is not aware of any complaints or concerns about the medical practitioner's practice in this area.
- The application has been made on the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (Appendix C) along with all required information and a recent photograph of the person for whom the substance is to be supplied.
- The patient for whom the substance is to be supplied is not currently notified by another medical practitioner for a Schedule 8 substance as far as the CHO or his/her delegate is able to ascertain.
- If the client is to undergo a maintenance program ie. not a short withdrawal program of up to 30 days, the client must sign a restricted Schedule 8 prescribing contract with the authorised medical practitioner or agency which specifies, as a minimum:
 - the name of the substance
 - the period of duration of the contract
 - that the client agrees not to seek opiate Schedule 8 substances from other doctors
 - that the client agrees for a copy of the contract to be forwarded to the CHO or his/her delegate for dissemination to other medical practitioners and pharmacists in the NT
 - that the client understands the nature of the takeaway dosing framework to be adhered to.
- A copy of this contract is forwarded to the CHO or his/her delegate at the same time as the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (Appendix C).
- The CHO or his/her delegate is not aware of any concerns about the patient for whom the application is being made that might militate against the granting of the authorisation.

If the prescribed conditions do not apply, the CHO or his/her delegate will withhold the authorisation, inform the medical practitioner and refer the matter to the Committee. If possible, the discussion/consultation with the Committee may be completed by email or if necessary a teleconference can be convened. The CHO will consider the advice of the Committee and make a decision as to whether or not to grant the authorisation.

Information to be provided on application

The following information is to be supplied to the CHO or his/her delegate using the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (Appendix C).

Client:

- full name
- gender
- date of birth
- Indigenous status
- address
- Medicare number and Health Care Card number (if known)
- photographical identification
- name of substance
- maintenance or short withdrawal course
- initial dose
- intended start date for supply.

Supplying Medical Practitioner

- name
- Practice address and phone number
- Prescriber number.

Important notes concerning authorisation and supply

- Authorisations are issued subject to the prescribed conditions applying to the supply of the substance to that person.
- Unless otherwise stated, it is a condition of every authorisation that the medical practitioner shall not supply restricted Schedule 8 substances methadone or buprenorphine or buprenorphine/naloxone, except in accordance with the NT Schedule 8 and Restricted Schedule 4 Substances Policy and Clinical Practice Guidelines, as issued by the Minister from time to time.
- Authorisations may be requested for maintenance pharmacotherapy. An authorisation for maintenance pharmacotherapy is only valid for a period of two years. After this time a medical practitioner must apply for a renewal of the authorisation as if it were an application for a new authorisation.
- If an authorised medical practitioner ceases to supply a restricted Schedule 8 substance for a person on maintenance pharmacotherapy, a formal cessation notice using the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction (Appendix C) must be provided to the CHO or his/her delegate (see below).

- An authorisation period of a maximum of 30 days may be requested for short withdrawal programs. At the end of this period, no formal cessation notice is required. If, at any time during or at the end of this period, the authorised medical practitioner wishes to change the client onto a maintenance program, a new application for authorisation must be made including the provision of a restricted Schedule 8 prescribing contract.
- Unless otherwise stated it is a condition of every authorisation that there be a maximum of three takeaway doses per week permitted for persons on daily methadone or buprenorphine or buprenorphine/naloxone, and a maximum of one takeaway dose per week for persons on alternate daily buprenorphine or buprenorphine/naloxone. Authorised medical practitioners wishing to prescribe takeaway doses in excess of this limit must apply in writing to the CHO or his/her delegate for a variation to the authorisation (see “Takeaway doses” page 25-27).
- Authorisations to supply maintenance pharmacotherapy for persons under the age of 18 years will only be granted to specialist clinicians working in the Alcohol and Other Drugs program area, or to GPs who are co-managing the client with a specialist.



Pursuant to section 31P of the Act the CHO may exempt a medical practitioner or class of medical practitioners from a requirement to hold an authorisation under the Act.

An exemption notice may include conditions.

Please contact DHCS Poisons Control (see Pg.17 for contact details) for information regarding any exemptions that have been granted.

Initial application, renewal, modification and cessation

The Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (Appendix C) is to be used for:

- new applications
- authority renewals
- request for a variation of the authorisation ie. changing from one drug to another or from a withdrawal program to maintenance; and
- notification of cessation of supply.

Renewal of authority to supply

- The Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (Appendix C) with all specified information and a new identification photograph of the client must be completed by the medical practitioner and forwarded to the CHO or his/her delegate prior to the expiry of the existing authorisation.
- The authorisation to supply must be renewed by the CHO or his/her delegate prior to the authorised medical practitioner continuing to supply beyond the initial authorisation period.

Change of substance/nature of program

- If the substance being supplied is changed from methadone or buprenorphine or buprenorphine/naloxone or if there is a change from a withdrawal program to a maintenance program, the CHO or his/her delegate must be notified in writing within 14 days.
- This notification must be made on the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (Appendix C) with all required specified information.
- A new restricted S8 prescribing contract specifying the new substance or program must be signed by the client and forwarded to the CHO or his/her delegate for all new and renewed authorisations for maintenance treatment.

Direct transfer of patient to another prescriber

- Where a patient is transferred immediately from one authorised medical practitioner to another, the original medical practitioner must notify of the cessation within 14 days, and the new medical practitioner must submit a new application for authorisation fulfilling all requirements of the Act and these Guidelines prior to the new medical practitioner supplying any restricted Schedule 8 substance.

Cessation of supply

- If a medical practitioner ceases to supply a restricted Schedule 8 substance, the CHO or his/her delegate must be notified in writing within fourteen days.
- This notice of cessation must be made on the Application for Authority to Prescribe a Restricted S8 Substance for the Treatment of Addiction form (Appendix C) with all required specified information.

The prescribed number of persons

The prescribed number of persons pursuant to section 31G(4) of the Act for restricted Schedule 8 substances, methadone or buprenorphine or buprenorphine/naloxone is **ten (10)**;

The prescribed number of persons for medical practitioners who are employed by the agency administering the *Poisons and Dangerous Drugs Act* to provide clinical services within any facility of the Alcohol and Drugs Service is **one hundred (100)**.

Pursuant to section 31G(4) the CHO may grant a medical practitioner an authorisation to supply restricted Schedule 8 substances to more than the prescribed number of persons;

- A medical practitioner may apply in writing to the CHO or his/her delegate for authority to supply to more than the prescribed number of persons.
- The CHO or his/her delegate will refer this application to the Committee for advice and for a recommendation to the CHO concerning its appropriateness and a recommended number of clients the medical practitioner may supply for.
- In considering an application pursuant to section 31G(4) of the Act, the Committee may consider the following matters:
 - the expertise and experience of the medical practitioner in treating drug dependence
 - the accessibility and availability of the medical practitioner to the clients
 - whether the medical practitioner is working full time or part time in drug dependence treatment
 - the type of clients and type of setting in which the medical practitioner is providing Schedule 8 pharmacotherapy treatment, including for example, the availability of other clinicians and ancillary services.
- The CHO may impose whatever conditions considered appropriate on any authorisation granted.

Contents of prescriptions

The medical practitioner must forward to the dispensing pharmacy the prescription for methadone or buprenorphine or buprenorphine/naloxone, a current photograph of the client endorsed by the prescribing doctor, and a letter specifying the date of administration of the first dose. This must reach the pharmacy prior to the client receiving the first dose.

In addition to the requirements for contents of prescription detailed in section 33 of the Act, every prescription for the restricted Schedule 8 substances methadone or buprenorphine or buprenorphine/naloxone must satisfy the following requirements:

- the prescription must be written in ink, ballpoint pen or be produced on a printer or be provided via an approved electronic medication management system which allows for an electronic representation of the prescriber's signature - it must not be written in pencil or another easily erasable material
- the type of preparation to be dispensed (ie: buprenorphine or buprenorphine/naloxone sublingual tablets or methadone liquid) must be written
- required doses of the substances must be written in words as well as numbers except for prescriptions provided via an approved electronic medication management system which allows for an electronic representation of the prescriber's signature
- prescriptions for other medications must not be written on the same prescription except for prescriptions provided via an approved electronic medication management system which allows for an electronic representation of the prescriber's signature
- a start date for supply must be written on the prescription if that date is to be different to the date of issue
- an expiry date must be written on the prescription
- the date of birth of the patient must be written on the prescription
- the name of the pharmacy from which the substance is to be dispensed must be written on the prescription;
- The dosage regimen must be clearly and precisely specified; and
- The nature of any takeaway privileges (if any) must be written.

Period of effect of prescription and permissible supply

Pursuant to section 34 of the Act:

- A prescription issued in accordance with the Act for a restricted Schedule 8 substance methadone or buprenorphine or buprenorphine/naloxone remains in effect for three days from the date of issue or from the start date if that is different from the date of issue (inclusive of the date of issue or start date).
- Prescriptions not presented to a pharmacy within this time are invalid.
- Prescriptions for restricted Schedule 8 substances methadone or buprenorphine or buprenorphine/naloxone may allow only for a total supply period of **two months**.

Dispensing of the substance

As regards the dispensing of the substance from a pharmacy or dispensary:

- the substance is to be dispensed one day at a time and consumed in front of the dispensing pharmacist, nurse or medical practitioner (subject to takeaway dose privileges; see below). This is a requirement for all circumstances and does not need to be written on the prescription.

Takeaway doses

Takeaway doses are doses that are not consumed immediately in front of the dispensing pharmacist, nurse or medical practitioner. Usually, takeaway doses are authorised as privileges for stable clients who have made significant progress towards reducing or eliminating illicit opiate use. At times, takeaway doses must be granted if the client is dosing at a pharmacy that is not open seven days a week.

A staged framework, which may be considered by medical practitioners for takeaway dosing regimens, is as follows:

Stage A.

For those people who are finding it difficult to reduce their illicit opiate use significantly. All new clients should be in stage A for at least the first eight weeks. No takeaway doses unless dosing at a pharmacy that is only open six days per week or not open on public holidays.

Stage B

For those people who have:

- significantly reduced or stopped their use of illicit opiates, and want to make lifestyle and personal changes
- have given two “clean” urine samples ie. free of illicit opiates, at least 10 days apart.

One takeaway dose per week and two extra in addition to this per month.

Stage C

For those people who have made and maintained appropriate lifestyle changes, and:

- have been on methadone or buprenorphine or buprenorphine/naloxone for at least 12 months
- have stopped illicit opiate use for at least six months
- were previously in Stage B.

A staged increase in takeaway doses up to a maximum of three per week.

A condition of the authorisation to supply methadone or buprenorphine or buprenorphine/naloxone is that an authorised medical practitioner may only prescribe a **maximum of three takeaway doses per week for persons on daily dose** methadone or buprenorphine or buprenorphine/naloxone, and **one takeaway dose per week for persons on alternate daily** buprenorphine or buprenorphine/naloxone.

Pregnant women on methadone beyond 20 weeks of gestation may require a twice-daily dose with a takeaway dose for each day's evening dose (ie dose splitting due to extra metabolism of methadone). An authorised medical practitioner may supply methadone takeaways in excess of three doses per week to a woman in late pregnancy for the purpose of dose splitting, provided they make a contract agreement with the pregnant client and lodge this contract with Poisons Control. This only applies to takeaways for the evening dose. The woman must still attend the pharmacy on the same number of days per week as was required under her previous takeaway privileges. Once the woman is no longer pregnant, the authorisation will revert to a single daily dose. The contract agreement will need to be amended at this stage and relodged with Poisons Control. The CHO may grant a variation to this condition.

An authorised medical practitioner working for the Alcohol and other Drugs agency of the department, may supply an extra three takeaways to cover Easter and Christmas breaks, and an extra three takeaways under the agency cyclone plan.

In all other circumstances, an authorised medical practitioner must make a written application to the CHO or his/her delegate for a variation to the takeaway dose condition. This application must specify:

- Full name, address, date of birth, and Medicare number of the client
- The dose and type of substance
- Length of time on the program; and
- An explanation of nature and amount of extra takeaway privileges and the rationale for them.

Such applications must be made with a minimum of five working days notice prior to the first desired day of extra takeaway doses. Situations that may be considered for such approval might include:

- Clients who are in regular work or study for whom daily dosing might represent a significant impediment to continued work or study. Clients should provide documentary or other proof of their employment or study and its nature, which would justify extra takeaway privileges.
- Pregnant women on methadone who may require extra takeaway doses for reasons other than dose-splitting due to increased metabolism.
- If a client is to be transferred to another medical practitioner, interstate, extra takeaway doses may be authorised to allow the client to travel and attend an appointment with the new medical practitioner.

Supply and labelling of takeaway doses

Takeaway doses must be packaged and labelled in accordance with these Guidelines.

The label for takeaway doses of sublingual buprenorphine and buprenorphine/naloxone and methadone liquid must contain:

- the name, strength and dose form of the substance
- the quantity contained in the container
- specific instructions for the use and dose of the substance, for example “take as directed” is not sufficient
- the name of the person
- the name, address and telephone number of the person or health care facility supplying the substance
- a warning concerning drowsiness and the concurrent use of alcohol or other sedating medication
- a warning to keep out of the reach of children.

Takeaway doses of methadone liquid must be supplied in the following fashion:

- child resistant containers must be used
- separate containers must be used for each individual day ie. two days doses may not be supplied in one container
- containers may not be re-used for that purpose
- each individual day’s dose must be diluted with **water** such that there is a **minimum volume of 200mL** of fluid in the container.

Missed doses

An authorised medical practitioner may describe on a prescription for a restricted Schedule 8 substance the actions to be taken by the dispensing pharmacist or nurse in case of missed doses.

Alternatively, an authorised medical practitioner may, for the use of a registered nurse who is the subject on an authorisation under section 29(4A) of the Act, establish a Scheduled Substance Treatment Protocol (as per section 90 of the Act), which describes the actions to be taken in case of missed doses. This protocol must be approved for use by the CHO. It may be submitted to the CHO via DHCS Poisons Control.

In the absence of either of the above, if a client who is on:

- daily methadone or buprenorphine or buprenorphine/naloxone and does not attend for dosing on **three consecutive days**; or
- alternate daily buprenorphine or buprenorphine/naloxone and does not attend for dosing on **two consecutive scheduled** dosing days the prescription becomes invalid and a pharmacist or nurse must not dispense the substance.

In these circumstances, the pharmacist or nurse must either refer the client to the authorised medical practitioner for review and renewal of the prescription, or may, as per section 37 of the Act, take a telephone order from the authorised medical practitioner.

Appendix A

NOTIFICATION OF SUPPLY OF A NON-RESTRICTED SCHEDULE 8 SUBSTANCE

Poisons Control ~ Fax: 8922 7200 Phone: 8922 7341 SEMS Email: p2pntpoisons@tedgp.org.au

PATIENT DETAILS (please print clearly)

Surname:..... Given names:.....
Pseudonym:..... Date of birth:/...../..... Sex: M F
Name of parent or guardian (if child under 18)
Address:..... Medicare Card No:
..... Health Care Card No:

SCHEDULE 8 DRUG

Name and dose of drug:.....
Date of first dose:/...../..... Duration of prescription:.....
Likely duration of need for S8 medication:.....
Clinical indication:.....
Palliative Care Y/N

REASON FOR NOTIFICATION

Supply/intention to supply for more than 8 weeks High initial dose
Replace lost or stolen medication High ongoing dose
Previous supply consumed earlier than intended Rate of increase of dose
Continuing supply initiated by other medical practitioner Other.....

HAS THE PATIENT...

Had a specialist assessment? Y / N → Pain Alcohol and Other drugs Other.....
Had previous treatment for opiate dependency?..... Y / N
Had previous treatment for other drug or alcohol dependency? Y / N
Ever injected drugs?..... Y / N
Ever been under the care of an alcohol and other drugs program in the NT or elsewhere? ... Y / N
Dates of most recent specialist assessments..... Name & Contact of specialist.....
.....*Please note further details & copies of correspondence may be required by the Chief Health Officer.*

PRESCRIBER

Prescriber name:..... Prescriber No.....
Address and phone number.....
Prescriber's signature:..... Date:/...../.....

APPLICATION FOR AUTHORITY TO PRESCRIBE A RESTRICTED S8 PSYCHOSTIMULANT MEDICATION

Poisons Control ~ Fax: 8922 7200 Phone: 8922 7341

PATIENT DETAILS (please print clearly)

Surname:..... Given names:.....
 Pseudonym:..... Date of birth:/...../.....Sex: M F
 Name of parent or guardian (if child under 18)
 Address:.....
 Medicare Card No:..... Health Care Card No:.....

MEDICATION

Dexamphetamine Dose:.....
 Methylphenidate Dose:.....

DIAGNOSIS

Narcolepsy Attention Deficit Disorder Adult Attention Deficit Disorder

PRESCRIBER

Prescriber name:..... Prescriber No.....
 Address.....
 Phone number..... Fax number.....
 Category Paediatrician Neurologist Psychiatrist Other.....
 Physician GP Registrar
 Prescribers signature_____ Date/...../.....

**If prescribing Medical Officer is not a paediatrician/neurologist/psychiatrist/physician or registrar in training,
or if second opinion needed for clients under 4 years:**

SPECIALIST INITIATING PRESCRIPTION OR REVIEWING PATIENT

Name:..... Address.....
 Phone number..... Fax number..... Date client last seen...../...../.....
 Category Paediatrician Neurologist Psychiatrist Other.....
 Physician GP Registrar
 Interstate specialist? Y / N
 Prescriber must personally verify decision to prescribe with interstate specialist. Done?..... Y / N

Appendix C

APPLICATION FOR AUTHORITY TO PRESCRIBE A RESTRICTED S8 SUBSTANCE FOR THE TREATMENT OF ADDICTION

Poisons Control ~ Fax: 8922 7200 Phone: 8922 7341

New application Renewal Amending existing authorisation Cessation

SCHEDULE 8 DRUG

Name of drug: Buprenorphine (s/l tab) Methadone liquid
 Buprenorphine/naloxone (s/l tab)
Agreed treatment plan: Maintenance (24 months authority) Withdrawal (3 weeks authority)
Pharmacy.....Initial dose (mg).....Date of first dose...../...../.....

If amendment: Withdrawal to Maintenance Maintenance to Withdrawal
 Methadone to Buprenorphine Buprenorphine to Methadone
 Change of Buprenorphine form

If transfer from another prescriber: Transfer within the NT Transfer from Interstate

Name of former prescriber:

PATIENT DETAILS (please print clearly)

Surname:.....Given names:.....

Pseudonym:.....Date of birth:/...../.....Sex: M F

Name of parent or guardian (if child under 18)Transgender:

Address:.....

Medicare Card No:.....Health Care Card No:.....

Indigenous status non-Indigenous Indigenous

REASON FOR CESSATION (please tick only one)

- | | |
|--|---|
| <input type="checkbox"/> Mutual agreement (program incomplete) | <input type="checkbox"/> Transfer interstate – specify..... |
| <input type="checkbox"/> Left against medical advice | <input type="checkbox"/> Transfer to other NT prescriber..... |
| <input type="checkbox"/> Request by Medical Officer | <input type="checkbox"/> Completed program |
| <input type="checkbox"/> Ceased to pick up dose | <input type="checkbox"/> Hospitalisation |
| <input type="checkbox"/> Imprisonment | <input type="checkbox"/> Referred to other non-drug treatment |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Other – specify..... |

PRESCRIBER

Prescriber name:.....Prescriber No.....

Address and phone number.....

Prescribers signature.....Date/...../.....

Are you a GP co-prescriber?.....Y/N

If yes, Supervising Prescribers name.....

Supervising Prescribers address and phone number.....