



Northern
Territory
Government

DEPARTMENT OF HEALTH AND FAMILIES



Prescribing Schedule 8 Substances

Quick Guide for Medical Practitioners

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www.nt.gov.au/health



Prescribing Schedule 8 Substances

New Legislative provisions

Current legislation provides a sound framework for the supply of Schedule 8 (S8) substances of potential dependence and increased options for doctors in the management of drug dependent people. The systems in place assist in the reduction of the potential misuse, over prescription or diversion to the illicit market of drugs of dependence.

Key elements of the system

- S8 substances are classified as either restricted or non-restricted;
- Doctors may supply S8 substances only for a certain number of patients;
- Authorisation is required for more than this number of patients;
- Notification of the supply of non-restricted S8 substances is required in certain circumstances;
- Authorisations are required to supply restricted S8 substances dexamphetamine, methylphenidate, buprenorphine, buprenorphine/naloxone and methadone; and
- The Chief Health Officer (CHO) may declare a Schedule 4 (S4) substance to be restricted and its supply subject to increased regulation.

Non-restricted S8 substances List of substances on page 2	15 Patients maximum without an authorisation	Notification for long term use
Restricted S8 substances dexamphetamine and methylphenidate	10 Patients maximum 200 for paediatric specialist	Authorisation for each patient
Restricted S8 substances Subutex, Suboxone and methadone liquid	10 Patients maximum	Authorisation and contract for each patient

Non - restricted Schedule 8 Substances

buprenorphine (except Subutex and Suboxone), codeine, fentanyl, flunitrazepam, hydromorphone, methadone tablets, morphine (including aspirin with morphine tablets), oxycodone, pentazocine and pethidine.

Some other S8 substances may be prescribed by specialists or in hospitals.

Doctors may prescribe non-restricted S8 substances for or in relation to a medical condition. They may not prescribe them for treatment of addiction, except with the written permission of the Chief Health Officer (CHO) under strict guidelines set out by the Minister.

How many people can I prescribe for?

A doctor may prescribe non-restricted S8 substances for 15 patients. Patients that receive palliative care, patients that are treated in hospital as in-patients or patients that are receiving emergency treatment do not have to be included in this number.

What if I want to prescribe more than 15 patients?

A doctor who wishes to prescribe for more than the approved number of patients may apply to the CHO for an authority to do so by providing details of clinical training and experience and a justification for the request.

Notification for non-restricted S8 substances

Doctors need to submit a notification to Poisons Control, Department of Health and Families if they prescribe:

- For a period exceeding 8 weeks;
- a high initial dose, as specified in the Guidelines, or any dose of oral pethidine;
- a high daily dose, as specified in the Guidelines;
- a high combination dose of different S8 substances, specified in the Guidelines ;
- a dose increase of 30% or more at any one time;
- a dose increase within 2 weeks of a previous dose increase;
- for lost, stolen or early prescriptions;
- for a patient who has another S8 prescriber except if that prescriber is a partner in the same practice or if it is under a GP-specialist co-management arrangement;
- for a patient who wants to transfer from another S8 prescriber; and
- for any patient previously notified, a renewal notification must be made after 12 months if continued supply is intended.

Content of prescription, additional to the standard requirements (detailed on page 3)

- Prescriptions must be written in ink, ballpoint pen or be produced on a printer;
- they must not be written in pencil or other easily erasable material;
- type of preparation ie liquid, sublingual tablets, etc;
- quantities of substances to be written in words as well as numbers;
- scripts for other medications not to be written on the same prescription;
- a start date for the supply if that date is to be different from the date of issue; and
- the date of birth of the patient.



Exemption from the notification

Doctors are exempt from the notification requirement if they supply non-restricted S8 substances to hospital in-patients for the duration of the patients' hospital stay or to hospital outpatients for a maximum of three days.

How long are the prescriptions valid?

Prescriptions are valid for two months.

No more than one month's supply is to be dispensed at any one time.

Private prescriptions may only be for 30 days' supply at a time.

Private prescriptions may not contain endorsements for repeat prescriptions.

Contents of a standard prescription

The following must be included in all prescriptions. Additional items must be included for specific S8 substances. These are listed under the respective substances.

- Name, professional qualifications, address and telephone number of prescriber;
- date of issue;
- name and address of patient;
- signature of prescriber, handwritten or *authorised electronic or other signature;
- quantity of substance and quantity for each resupply;
- period that is to elapse before resupply;
- other requirements as directed by the CHO;
- dentists have to write: "For dental purposes only";
- veterinarians have to write: "For animal treatment only"; and
- directions for the taking, application or administration of the substance

* The Chief Health Officer may approve an electronic or other representation of the signature.



Restricted Schedule 8 Substances

dexamphetamine and methylphenidate

These medications may only be prescribed for narcolepsy or hyperkinetic brain damage including attention deficit disorder.

Is authorisation required to supply dexamphetamine and methylphenidate?

Yes, an authority is required for each individual patient before treatment commences.

Only specialist paediatricians, psychiatrists, neurologists, physicians and registrars in training in these disciplines may initiate treatment with stimulant medication.

Other medical practitioners may provide this treatment only if it has been initiated or recommended by one of the above specialists or their registrars. The patients must be co-managed with the specialist or registrar and have a yearly review by the specialist or registrar.

Exemption from the authorisation requirement

Specialist paediatricians may initiate supply without an authorisation, but must obtain an authorisation if the supply exceeds 30 days.

How many patients can I prescribe for?

Specialist paediatricians, psychiatrists, neurologists or physicians can prescribe for 200 patients. Other medical practitioners can prescribe for 10 patients.

What if I want to prescribe for more than the approved number of patients?

A doctor who wishes to prescribe for more than the approved number of patients may apply to the CHO with details of clinical training and experience and a justification for the request.

How long are the prescriptions valid?

Prescriptions are valid for six months.

No more than one month's supply is to be dispensed at any one time.

Supply of stimulant medication by interstate prescribers

A general practitioner may supply for a patient on the recommendation of a recognised paediatrician, neurologist, psychiatrist or physician who is interstate, but only for a maximum period of 6 months in which time the patient must be reviewed by an NT based specialist as specified above or a registrar of such an NT based specialist.

Content of prescription, additional to the standard requirements (detailed on page 3)

- Prescriptions must be written in ink, ballpoint pen or be produced on a printer;
- they must not be written in pencil or other easily erasable material;
- type of preparation ie liquid, sublingual tablets, etc.;
- quantities of dexamphetamine or methylphenidate to be written in words as well as numbers;
- scripts for other medications not to be written on the same prescription;
- a start date for the supply if that date is to be different from the date of issue; and
- the date of birth of the patient.



Restricted Schedule 8 Substances

buprenorphine sublingual tablets (Subutex), buprenorphine/naloxone sublingual tablets (Suboxone) and methadone liquid

Authorisation for restricted S8 buprenorphine, buprenorphine/naloxone and methadone

An authorisation is required for each individual patient before treatment commences. An authorisation for long-term maintenance pharmacotherapy must be renewed at 24 months if the patient remains on the program. If a medical practitioner ceases to supply the medication, the CHO must be notified within 14 days.

An authorisation may be given for a short withdrawal course of buprenorphine for a 30-day period. Notice of cessation of supply in this instance is not required. A contract is not required for a short withdrawal course.

Exemption from authorisation

Exemptions to these general requirements have been granted to cover the situations of specialist alcohol and other drugs clinics, specialists and registrars working in hospitals and the locums of general practitioners who have opioid pharmacotherapy patients. The detail and conditions of these exemptions are available at www.nt.gov.au/health/poisonscontrol

How many patients can I prescribe for?

A doctor can prescribe pharmacotherapies for 10 patients.

What if I want to prescribe for more than 10 patients?

A doctor who wishes to prescribe for more than the approved number of patients may apply to the CHO with details of clinical training and experience and a justification for the request.

Who can prescribe buprenorphine, buprenorphine/naloxone and methadone?

Medical practitioners wishing to prescribe pharmacotherapies for opioid dependence must undergo approved initial training and demonstrate continued clinical practice in this area and the undertaking of refresher training. It is also recommended that patients on pharmacotherapy receive other support as identified at assessment, for example social support or financial, psychological or other counselling.

Content of prescription, additional to the standard requirements (detailed on page 3)

- Prescriptions must be written in ink, ballpoint pen or be produced on a printer;
- they must not be written in pencil or other easily erasable material;
- type of preparation ie liquid, sublingual tablets, etc;
- doses of substances to be written in words as well as numbers;
- scripts for other medications not to be written on the same prescription;
- a start date for the supply if that date is to be different from the date of issue;
- an expiry date;
- the date of birth of the patient;
- the name of the pharmacy from which the substance is to be dispensed;
- the dosage regimen clearly and precisely specified (eg dose intervals, specific days of the week for dosing etc); and
- the nature of any takeaway privileges.



How long are the prescriptions valid?

A prescription remains in effect for three days from the date of issue or the start date if that is different from the date of issue (inclusive of the date of issue or the start date).

Prescriptions not presented to a pharmacy within three days of the date of issue or the start date are invalid.

Prescriptions for restricted substances buprenorphine, buprenorphine/naloxone and methadone may only allow for a total supply period of two months.

Dispensing of pharmacotherapy

The substance is to be dispensed one day at a time and consumed in front of the dispensing pharmacist, nurse or doctor (subject to takeaway dose arrangements). This is a requirement for all circumstances and does not need to be written on the prescription.

Takeaway doses

Takeaway doses may be prescribed for stable clients who have reduced or stopped their use of illicit opioids. The maximum takeaway doses to be prescribed are three per week for persons on daily dose methadone or buprenorphine or buprenorphine/naloxone, and one per week for persons on alternate daily buprenorphine or buprenorphine/naloxone, unless otherwise authorised by the CHO.

Missed doses

An authorised medical practitioner may describe on a prescription the actions to be taken if doses are missed. Alternatively the medical practitioner may, for the use of a registered nurse, establish a Scheduled Substance Treatment Protocol, which describes the action to be taken in case of missed doses. The CHO must approve the protocol.

In the absence of a directive from the prescriber to the person dispensing the substance or a Scheduled Substance Treatment Protocol:

If a client misses a daily dose on three consecutive days, or on alternative day dosing of buprenorphine or buprenorphine/naloxone and does not attend for 2 consecutive scheduled dosing days, the prescription becomes invalid and is not allowed to be filled.

Need more information?

Department of Health and Families Poisons Control: phone 8922 7341 or fax 8922 7200
or www.nt.gov.au/health/poisonscontrol

Other resources available:

- Schedule 8 and Restricted Schedule 4 Substances Policy and Clinical Practice Guidelines
- 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 fact sheet

For all notification and authorisation forms for S8 prescribing and for voluntary and mandatory contract forms please contact Poisons Control. Applications for authority and notifications must be faxed to Poisons Control.



List of Useful Numbers

Alice Springs	
Alcohol and Other Drug Services Central Australia	(08) 8951 7580
Alice Springs Hospital, DHF	(08) 8951 7777
Central Australian Aboriginal Alcohol Programs Unit	(08) 8955 5336
Clinic 34 DHF (for STI and BBV testing)	(08) 8951 7549
Life Line Top End	13 11 14

Darwin	
Alcohol and Other Drug Services, DHF	(08) 8922 8399
Amity Community Services	(08) 8981 8030
Banyan House	(08) 8947 0832
Clinic 34, DHF (for STI and BBV testing)	(08) 8999 2678
Life Line Top End	13 11 14
Darwin Withdrawal Services, DHF	(08) 8948 0087
Health Insurance Commission (Medicare Australia)	1800 631 181
Northern Rehabilitation Network, DHF	(08) 8922 8866
Northern Territory AIDS and Hep C Council	(08) 8941 1711
Therapeutic Advice and Information Service (TAIS)	1300 138 677

Alcohol and Drug Information Service (ADIS NT)	
ADIS is a 24 hour, 7 days a week telephone counselling, information and referral service for anyone in the Northern Territory wishing to discuss an alcohol or drug related issue. It both supports and complements the network of treatment and support services in the community through the provision of multiple, immediate response to people affected by alcohol and drug issues.	1800 131 350

Drug and Alcohol Clinical Advisory Service (DACAS NT)	
DACAS is a 24-hour specialist consultancy service designed to assist health and welfare professionals with the clinical management of drug and alcohol problems. The service provides secondary consultation to health professionals by telephone, to enhance the capacity for health professionals to respond in a supported and appropriate way to the variety of clinical scenarios that arise within the generalist settings.	1800 111 092