



Queensland Health Departmental Standard

Monitored medicines – version 2

1 July 2024



Queensland
Government

Queensland Health Departmental Standard: Monitored medicines Version 2

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Preface

The *Medicines and Poisons Act 2019* (the Act) establishes a contemporary framework for the regulation of medicines, poisons, pesticides and other prohibited substances in Queensland. This framework will impact a broad range of persons.

This framework includes three regulations (the Regulations):

- Medicines and Poisons (Medicines) Regulation 2021;
- Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021; and
- Medicines and Poisons (Pest Management Activities) Regulation 2021.

The Act authorises the chief executive of Queensland Health to make departmental standards in relation to matters regulated under the Act (section 233, Part 4, Chapter 7 of the Act).

A departmental standard outlines for professions and industries the mandatory expectations and specific requirements needed to ensure regulatory compliance with the Act and Regulations.

This Standard (Monitored Medicines Standard) has been made by the Director-General, Queensland Health in accordance with section 233 of the Act.

Object

'Monitored medicines' are medicines identified by Queensland Health as potentially presenting a high risk of harm to patients and the community as a result of overdose, dependence, misuse, and/or diversion. The list of monitored medicines is prescribed in Schedule 2, Part 4 of the Medicines and Poisons (Medicines) Regulation 2021 (Medicines Regulation).

The object of this Standard—the Monitored Medicines Standard—is to protect and improve patient health and wellbeing and reduce patient and community harms arising from the use of monitored medicines, by:

- promoting clinical collaboration between health practitioners treating patients with monitored medicines
- encouraging the delivery of safe, coordinated monitored medicine treatment.

Scope

Pursuant to sections 93 and 126 of the Medicines Regulation, this Standard applies to all health practitioners authorised to prescribe or dispense monitored medicines in Queensland.

Part	Application
Part 1 Prescribing monitored medicines	Part 1 applies if a prescriber prescribes a monitored medicine for dispensing or for giving a treatment dose for a patient i.e. if a prescriber directs a person, orally or in writing, to: <ul style="list-style-type: none">• dispense a monitored medicine for the treatment of a person• give a treatment dose of a monitored medicine for the treatment of a person.
Part 2 Dispensing monitored medicines	Part 2 applies if a dispenser dispenses a monitored medicine for a patient, irrespective of whether the prescription for the monitored medicine: <ul style="list-style-type: none">• was an oral or written prescription• was prescribed in Queensland or another jurisdiction.

Regulatory requirements

Part 1 - Prescribing monitored medicines

Part 1 applies if a prescriber prescribes a monitored medicine for dispensing or for giving a treatment dose for a patient i.e. if a prescriber directs a person, orally or in writing, to:

- dispense a monitored medicine for the treatment of a person
- give a treatment dose of a monitored medicine for the treatment of a person.

Outcome measure	Minimum requirements
Outcome measure P1 A patient who is currently registered on the Queensland Opioid Treatment Program (QOTP) is not prescribed a monitored medicine by a prescriber who is not the patient's QOTP service provider, unless the prescriber has explicit agreement from the QOTP service provider to prescribe the monitored medicine.	Minimum requirement P1-1 A prescriber must not prescribe a monitored medicine for a patient currently registered on the QOTP unless: <ol style="list-style-type: none">1. the prescriber is the patient's QOTP service provider; or2. the prescriber:<ol style="list-style-type: none">2.1. has agreement from the patient's QOTP service provider to prescribe the monitored medicine for the patient; and2.2. documents the details of that agreement; or3. if the prescriber reasonably believes it is urgent and essential to prescribe the monitored medicine for the patient's wellbeing, but is unable to contact the patient's QOTP service provider to obtain their agreement to do so—the prescriber:<ol style="list-style-type: none">3.1. prescribes an amount of the monitored medicine that is not more than 3 days' supply of the medicine or the smallest available size of a manufacturer's pack of the medicine (whichever is smallest); and3.2. documents:<ol style="list-style-type: none">3.2.1. the details of their attempt(s) to contact the QOTP service provider; and3.2.2. why they believed it was urgent and essential to prescribe the monitored medicine for the patient.

Part 2 - Dispensing monitored medicines

Part 2 applies if a dispenser dispenses a monitored medicine for a patient, irrespective of whether the prescription for the monitored medicine:

- is an oral or written prescription
- was prescribed in Queensland or another jurisdiction.

Outcome measure	Minimum requirements
Outcome measure D1 Dispensers are able to demonstrate the steps they have taken to reduce the risk of monitored medicine-related patient harm.	Minimum requirement D1-1 A dispenser who holds significant concerns about the clinical appropriateness of dispensing a monitored medicine for a patient currently registered on the QOTP, must: <ol style="list-style-type: none">1. attempt to communicate with the prescriber regarding their concerns prior to deciding whether to dispense the monitored medicine; and2. document:<ol style="list-style-type: none">2.1. the details of their concerns2.2. the details and outcome of their attempt(s) to communicate with the prescriber.

Glossary

Term	Meaning
dependence	As described, for each relevant substance, in the International Classification of Diseases, 11 th Revision (World Health Organization).
dispense	As defined in section 25(2) of the <i>Medicines and Poisons Act 2019</i> .
dispenser	A person authorised to dispense a monitored medicine.
diversion	Unlawful transfer of prescribed medication from legal sources to an individual it was not prescribed for.
give a treatment dose	As defined in section 25(3) of the <i>Medicines and Poisons Act 2019</i> .
health practitioner	As defined in Schedule 1, Dictionary of the <i>Medicines and Poisons Act 2019</i> .
misuse	<p>The use of a monitored medicine:</p> <ul style="list-style-type: none"> • for non-therapeutic purposes; or • without a valid prescription; or • in a way that is not consistent with the prescriber's instructions (whether inadvertently or deliberately).
monitored medicine	A medicine prescribed in Schedule 2, Part 4 of the <i>Medicines and Poisons (Medicines) Regulation 2021</i> .
overdose	When too much of a monitored medicine is taken, resulting in a toxic effect on the body. Can be fatal, non-fatal, intentional and/or accidental.
patient	A person seeking or receiving therapeutic treatment or the supply or administration of a medicine.
prescriber	A person authorised to prescribe a monitored medicine.
prescription	As defined in Schedule 1, Dictionary of the <i>Medicines and Poisons Act 2019</i> .
QOTP / Queensland Opioid Treatment Program	The Queensland Opioid Treatment Program (QOTP) is a program administered in Queensland for the treatment of persons with opioid dependence. It aims to reduce health, social and economic harms to individuals and the community. Queensland's Department of Health has regulatory oversight of the QOTP.

Term	Meaning
QOTP service provider	<p>A patient's 'QOTP service provider' includes both:</p> <ul style="list-style-type: none"> • the prescriber with whom the patient is registered on the QOTP; and • any other health practitioner who both: <ul style="list-style-type: none"> – works within the same clinic/service/practice as that prescriber; and – is authorised to prescribe approved opioids for the patient on the QOTP.

A term used in this Standard that is defined in the Act or the Medicines Regulation, and is not referred to in this glossary, has the meaning stated in the Act or Medicines Regulation.

Medicines and Poisons Act 2019

Extended Practice Authority 'Aboriginal and Torres Strait Islander health practitioners'



Queensland Government

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Extended Practice Authority 'Aboriginal and Torres Strait Islander health practitioners'

This extended practice authority (EPA) has been made by the Director-General, Queensland Health, as the chief executive under section 232 of the *Medicines and Poisons Act 2019* (Qld). It states the scope of the regulated activities with the regulated substances which an Aboriginal and Torres Strait Islander health practitioner is authorised to carry out for the purposes described in the table under Schedule 3, Part 1 Division 2 of the Medicines and Poisons (Medicines) Regulation 2021 (Qld).

A term used in this EPA that is defined in the *Medicines and Poisons Act 2019* or the Medicines and Poisons (Medicines) Regulation 2021, has the meaning stated in the *Medicines and Poisons Act 2019* or Medicines and Poisons (Medicines) Regulation 2021.

1. Application

This EPA applies to an Aboriginal and Torres Strait Islander health practitioner employed at a *relevant health service* in Queensland. *Aboriginal and Torres Strait Islander health practitioner* means a person registered under the Health Practitioner Regulation National Law to practise in the Aboriginal and Torres Strait Islander health practice profession.

2. General Conditions

The following general conditions apply to all Aboriginal and Torres Strait Islander health practitioners.

- 2.1. When acting under this EPA, the Aboriginal and Torres Strait Islander health practitioner must ensure they have access to relevant current guidelines, manuals or protocols adopted or established by their employer, including:
 - i. their approved practice plan; and
 - ii. the current [Australian Immunisation Handbook](#), for medicines for immunisation listed in [Appendix 2](#) under the tables titled - Medicines for immunisation, and Restricted immunisation programs; and
 - iii. the [health management protocol](#) for medicines listed in this EPA.
- 2.2. The Aboriginal and Torres Strait Islander health practitioner must act in accordance with a current health management protocol that applies to the dealings of the Aboriginal and Torres Strait Islander health practitioner and that complies with the requirements specified in [Appendix 1](#).
- 2.3. The Aboriginal and Torres Strait Islander health practitioner must act in accordance with their approved individual *practice plan*¹, which defines their scope of practice, supervision and the circumstances and conditions for the health practitioner to administer or give a treatment dose of a medicine.
- 2.4. The Aboriginal and Torres Strait Islander health practitioner **must not** give a treatment dose of a *monitored medicine* listed in Schedule 2, Part 4 of the Medicines and Poisons (Medicines) Regulation 2021.

¹ As defined in Schedule 3, Part 1, Division 1 of the Medicines and Poisons (Medicines) Regulation 2021.

- 2.5. Before administering or giving a treatment dose of a medicine, the Aboriginal and Torres Strait Islander health practitioner must be familiar with the contra-indication(s) and known side effect(s) of the medicine and advise the patient accordingly.
- 2.6. If [Consumer Medicine Information](#) (CMI) is available for a particular medicine, the Aboriginal and Torres Strait Islander health practitioner must, where reasonably practicable, offer the information to each person to whom the Aboriginal and Torres Strait Islander health practitioner administers or gives a treatment dose of the medicine.

3. Medicines for immunisation

- 3.1. Before medicines for immunisation listed in [Appendix 2](#) are administered, the Aboriginal and Torres Strait Islander health practitioner must:
 - i. complete an accredited immunisation training program as required by their employer.
 - ii. ensure the equipment and procedures detailed in the current online edition of the [Australian Immunisation Handbook](#) are in place.
- 3.2. For the requirements for administration of medicines for immunisation, including for patient selection, patient consent, administration, documenting immunisation and follow up care, the Aboriginal and Torres Strait Islander health practitioner must act in accordance with:
 - i. the current online edition of the *Australian Immunisation Handbook*; or
 - ii. the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or
 - iii. the product information approved by the Therapeutic Goods Administration (TGA); or
 - iv. the current recommendations provided on the [Immunisation Schedule Queensland](#).
- 3.3. When medicines for immunisation are in the possession of the Aboriginal and Torres Strait Islander health practitioner, the Aboriginal and Torres Strait Islander health practitioner must ensure that the storage and transport of the medicines is in accordance with the [National vaccine storage guidelines: Strive for 5](#).
- 3.4. An Aboriginal and Torres Strait Islander health practitioner who administers a medicine for immunisation must ensure:
 - i. the immunisation is recorded on the [Australian Immunisation Register](#) as soon as practicable and ideally at the time of immunisation; and
 - ii. that any adverse events occurring following immunisation are notified immediately to the prescriber who authorised the administration, and the incident is recorded using the [Adverse Event Following Immunisation](#) (AEFI) form published on the Queensland Health website.

4. Authority for Aboriginal and Torres Strait Islander health practitioner

- 4.1. An Aboriginal and Torres Strait Islander health practitioner may administer or give a treatment dose of a medicine listed in Appendix 2 or Appendix 3, column 1 of this EPA:
 - i. for a medicine that is NOT marked with an asterisk (*), on the prescription² of a medical practitioner, nurse practitioner or dentist; and
 - ii. for a medicine that is marked with an asterisk (*); with or without a prescription; and
 - iii. by or for a route of administration for the medicine stated in Appendix 2 or 3, column 2; and
 - iv. in accordance with the conditions for the medicine stated in Appendix 2 or 3, column 3 (if any); and
 - v. in accordance with a current health management protocol that meets the requirements in Appendix 1.
- 4.2. If a pharmacist is not immediately available, repackaging a treatment dose of a medicine as prescribed by a medical practitioner, nurse practitioner or dentist is permitted.
- 4.3. An Aboriginal and Torres Strait Islander health practitioner who is employed in an *isolated practice area* is permitted to give a purchase order for a medicine listed in Appendix 2 of this EPA.

² A prescription may be an oral prescription given by a prescriber, or a written prescription.

Appendix 1. Requirements for health management protocols

1. The current [Australian Immunisation Handbook](#) is the health management protocol for dealings with medicines for immunisation listed in this EPA. Where a medicine for immunisation is not included in the Australian Immunisation Handbook, the current recommendation issued by ATAGI may be used as the health management protocol. In all other circumstances, the requirements below must be met.
2. A health management protocol details the clinical use of medicines that may be administered or given as a treatment dose under this EPA for patients of the Aboriginal and Torres Strait Islander health practitioner, approved and dated by:
 - a. the chief executive of a Hospital and Health Service; or
 - b. the Chief Executive Officer of a non-Queensland Health service.
3. A health management protocol for medicines must have been reviewed and endorsed by an inter-disciplinary health team comprising, at a minimum, a medical practitioner, a registered nurse and a pharmacist, and may include other identified professional personnel (an ***inter-disciplinary team***).
4. A health management protocol for medicines in Appendix 2 of this EPA must include:
 - a. The procedures for clinical assessment, management, and follow up of patients, including the recommended medicine for the relevant clinical problem.
 - b. For each medicine in the health management protocol:
 - i. the circumstances for when referral or consultation with a medical practitioner, nurse practitioner or dentist must occur for review of the condition, for planned follow up;
 - ii. a clinical indication or time when medical referral/consultation must occur for that condition;
 - iii. the name, form and strength of the medicine and the condition/situation for which it is intended and any contraindications to the use of the medicine;
 - iv. the recommended dose of the medicine, the frequency of administration (including rate where applicable) and the route of administration of the medicine;
 - v. for a medicine to be administered without prescription from an authorised prescriber, the health management protocol must detail the permitted maximum:
 - dose of a medicine that may be administered;
 - quantity of medicine; and
 - duration of administration.
 - vi. for a medicine to be given as a treatment dose without a prescription, the maximum quantity of a medicine that may be given;

Appendix 2. Approved medicines

Note 1. Administration or giving a treatment dose of these medicines must only occur on the prescription of a medical practitioner, nurse practitioner or dentist except for the substances marked with an asterisk (*).

Note 2. For a medicine that is a prepacked liquid, cream, ointment or aerosol that is being given on a prescription—the quantity supplied must be sufficient to provide treatment for the prescribed duration, to the nearest whole manufacturer's pack.

Schedule 8 Medicines: Opioid Analgesics - Acute pain management		
Regulated substance	Approved route of administration	Restrictions/Conditions
Morphine	Intramuscular Intravenous Subcutaneous	Adult only. May not be given as a treatment dose.
Fentanyl	Intramuscular Intravenous Subcutaneous	
Oxycodone	Oral	

Analgesics and Antipyretics		
Regulated substance	Approved route of administration	Restrictions/Conditions
Aspirin*	Oral	Adult only. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Ibuprofen*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Ketorolac trometamol	Intramuscular	Adult only. Single dose up to 30 mg.
Methoxyflurane	Inhalation	Adult and child 6 years or older: 3 mL may be repeated after 20 minutes to a maximum of 6 mL. Patient must self-administer.

Analgesics and Antipyretics		
Regulated substance	Approved route of administration	Restrictions/Conditions
Nitrous oxide 50% / oxygen 50%	Inhalation	Patient must self-administer.
Paracetamol*	Oral Rectal	For rectal route, may administer a single dose then must contact medical practitioner or nurse practitioner. When giving a treatment dose, may only give the smallest available manufacturer's pack.

Antibiotics and other Anti-infective agents (Oral)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Amoxicillin	Oral	
Amoxicillin/clavulanic acid	Oral	
Azithromycin	Oral	
Cefaclor	Oral	Child only.
Cefuroxime	Oral	Adult only.
Cefalexin	Oral	
Ciprofloxacin	Oral	
Clindamycin	Oral	
Dicloxacillin	Oral	
Doxycycline	Oral	
Erythromycin	Oral	
Famciclovir	Oral	
Flucloxacillin	Oral	
Metronidazole	Oral	

Antibiotics and other Anti-infective agents (Oral)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Molnupiravir	Oral	For the treatment of COVID-19 virus
Nitrofurantoin	Oral	
Paxlovid	Oral	For the treatment of COVID-19 virus
Phenoxymethylpenicillin	Oral	
Roxithromycin	Oral	
Tinidazole	Oral	
Trimethoprim	Oral	
Trimethoprim/ sulfamethoxazole	Oral	
Valaciclovir	Oral	

Antibiotics (Parenteral)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Amoxicillin	Intramuscular Intravenous	
Ampicillin	Intramuscular Intravenous	
Benzathine penicillin <i>e.g. Bicillin L-A</i>	Intramuscular	
Benzylopenicillin	Intramuscular Intravenous	
Cefotaxime	Intramuscular Intravenous Intraosseous	Maximum 2 g.

Antibiotics (Parenteral)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Ceftriaxone	Intramuscular Intravenous Intraosseous	Intramuscular to be given reconstituted with 1% Lidocaine (lignocaine) injection. Maximum 2 g.
Cefazolin	Intravenous Intraosseous	
Flucloxacillin	Intramuscular Intravenous Intraosseous	
Gentamicin	Intramuscular Intravenous Intraosseous	
Lincomycin	Intramuscular Intravenous	
Metronidazole	Intravenous	
Procaine benzylpenicillin (procaine penicillin)	Intramuscular	
Teicoplanin	Intramuscular	
Vancomycin	Intravenous Intraosseous	

Antibiotic Adjuncts		
Regulated substance	Approved route of administration	Restrictions/Conditions
Dexamethasone	Intramuscular Intraosseous Intravenous	Intramuscular and intraosseous routes may only be used for treatment in <i>isolated practice areas</i>
Probenecid	Oral	

Antibiotics and other Anti-infectives (Topical)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Chloramphenicol (eye drops/eye ointment)	Topical to eye	
Ciprofloxacin (ear drops)	Otic	Must provide directions to the patient to self-administer the medicine for a maximum of 9 days. For use in patients over one month old.
Clindamycin 2%	Intravaginal	Must provide directions to the patient to self-administer the medicine for a maximum of 7 days.
Clotrimazole*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Clotrimazole	Intravaginal	Must provide directions to the patient to self-administer the medicine for a maximum of 7 days.
Dexamethasone 0.5 mg / framycetin sulfate 5 mg / gramicidin 0.05 mg/mL (ear drops)	Otic	
Flumetasone pivalate 0.02%/ clioquinol 1% (ear drops)	Otic	
Ketoconazole shampoo*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Miconazole*	Topical	For tinea, cutaneous candidiasis, and oral thrush only. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Miconazole	Intravaginal	Administer one dose and supply one full course.

Antibiotics and other Anti-infectives (Topical)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Mupirocin (cream)	Topical	Administer one dose and supply one full course.
Nystatin* (oral drops for topical use)	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Podophyllotoxin	Topical	When giving a treatment dose, may give a maximum of 6 weeks supply.
Silver sulfadiazine 1% (cream)	Topical	
Triamcinolone compound (ointment)	Otic	
Triamcinolone + neomycin + nystatin + gramicidin (ear drops)	Otic	
Terbinafine*	Topical	For tinea and ringworm only. When giving a treatment dose, may only give the smallest available manufacturer's pack.

Anticoagulants and Antifibrinolytics		
Regulated substance	Approved route of administration	Restrictions/Conditions
Enoxaparin	Subcutaneous	

Antidotes, Adrenaline and other Reversal Agents (Agents to treat adverse effects)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Adrenaline (epinephrine)*	Intramuscular	Administer up to two doses then must contact a medical practitioner or nurse practitioner.

Antidotes, Adrenaline and other Reversal Agents (Agents to treat adverse effects)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Benzatropine	Intramuscular Oral	
Flumazenil	Intravenous	
Glucagon*	Intramuscular Subcutaneous	Administer one dose then must contact a medical practitioner or nurse practitioner.
Hydrocortisone	Intramuscular Intravenous	
Naloxone*	Subcutaneous Intravenous Intramuscular Intranasal	
Tranexamic acid	Intravenous	For treatment in <i>isolated practice areas</i> .

Antiemetics		
Regulated substance	Approved route of administration	Restrictions/Conditions
Metoclopramide	Intravenous Intramuscular Oral	Adult Only. Single dose only. Maximum 10mg.
Ondansetron	Intravenous Oral	May be administered to treat adults and children. Children - Maximum 4mg intravenous, 8mg oral.
Prochlorperazine	Oral	Adult Only.

Antihistamines		
Regulated substance	Approved route of administration	Restrictions/Conditions
Loratadine*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Cetirizine*	Oral	Adults and children over 12 years. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Promethazine	Oral	Administer one dose then contact a medical practitioner or nurse practitioner.
Promethazine	Intramuscular Intravenous	Maximum 50 mg as first dose.

Antiparasitic and Anthelmintic Agents		
Regulated substance	Approved route of administration	Restrictions/Conditions
Albendazole	Oral	
Ivermectin	Oral	For an ARTG ³ approved indication only. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Mebendazole*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Pyrantel*	Oral	
Thiabendazole	Oral	

Antivenoms		
Regulated substance	Approved route of administration	Restrictions/Conditions
Snake polyvalent anti-venom	Intravenous	
Box jellyfish anti-venom*	Intravenous Intramuscular	Administer one ampoule (20,000 units) then contact a medical practitioner or nurse practitioner.
Funnel web spider anti-venom	Intravenous	

³ Australian Register of Therapeutic Goods

Cardiovascular and Renal Medicines (Acute)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Aspirin*	Oral	
Furosemide (frusemide)	Intramuscular Intravenous Oral	
Glyceryl trinitrate (patches)	Transdermal	
Glyceryl trinitrate*	Sublingual	Administer for chest pain, acute hypertensive crisis or acute pulmonary oedema
Nifedipine	Oral	

Local anaesthetic		
Regulated substance	Approved route of administration	Restrictions/Conditions
Lidocaine (lignocaine) 1%	Local infiltration or mixed with ceftriaxone or benzathine penicillin intramuscular injection	
Lidocaine (lignocaine) lotion 2.5%*	Topical	For toothache.
Lidocaine (lignocaine) with adrenaline (epinephrine)	Subcutaneous Topical	Subcutaneous - Adults and children older than 12 years only.
Lidocaine (lignocaine) with phenylephrine	Intranasal	
Lidocaine (lignocaine) with prilocaine*	Topical	
Lidocaine (lignocaine) + tetracaine (amethocaine) + adrenaline (epinephrine)*	Topical	
Oxybuprocaine eye drop 0.4% (minim)	Topical to eye	Single dose minim (drop) - never to be given to take home.

Renal Dialysis		
Regulated substance	Approved route of administration	Restrictions/Conditions
Iron	Intravenous	For renal dialysis only.
Enoxaparin	Intravenous	
Heparin	Intravenous	

Respiratory Medicines (Acute)		
Regulated substance	Approved route of administration	Restrictions/Conditions
Adrenaline (epinephrine) (nebulised solution)	Inhalation	
Budesonide (nebulised solution)	Inhalation	
Budesonide (intranasal spray)	Intranasal	Administer and supply for mild to moderate allergic rhinitis
Dexamethasone	Oral	
Hydrocortisone sodium succinate	Intravenous	Maximum stat dose in accordance with the Australian Asthma Handbook .
Ipratropium bromide* (nebulised or metered dose inhaler)	Inhalation	Administer one dose then contact medical practitioner or nurse practitioner.
Methylprednisolone sodium succinate	Intravenous	Maximum stat dose in accordance with the Australian Asthma Handbook .
Prednisolone	Oral	
Salbutamol* (nebulised)	Inhalation	Administer one dose then contact medical practitioner or nurse practitioner.
Salbutamol* (metered dose inhaler)	Inhalation	Administer one dose then contact medical practitioner or nurse practitioner.

Rheumatology medicines		
Regulated substance	Approved route of administration	Restrictions/Conditions
Colchicine	Oral	

Sedatives		
Regulated substance	Approved route of administration	Restrictions/Conditions
Diazepam	Intravenous Oral Rectal	Adults: 10 mg.
Haloperidol	Intravenous Intramuscular Oral	5 mg stat with second 5 mg dose if required to maximum of 10 mg.
Lorazepam	Oral	Adult Only: 1 mg stat.
Midazolam	Intramuscular Intranasal Buccal	
Olanzapine	Intramuscular Oral	Adult Only.

Obstetric Use only - Schedule 8 Medicines: Opioid Analgesics		
Regulated substance	Approved route of administration	Restrictions/Conditions
Morphine	Intramuscular Intravenous Subcutaneous	Adult only. To a maximum of 10 mg. Intravenous route may only be used for treatment in <i>isolated practice areas</i>

Obstetric Use - Other Agents		
Regulated substance	Approved route of administration	Restrictions/Conditions
Amoxicillin	Intravenous Intraosseous	
Ampicillin	Intravenous Intraosseous	
Benzylpenicillin	Intravenous Intramuscular	
Betamethasone	Intramuscular	
Ceftriaxone	Intravenous Intraosseous	
Ergometrine	Intramuscular	250 micrograms per dose up to a maximum of 500 micrograms.
Erythromycin	Oral	
Indometacin	Rectal	
Lincomycin	Intravenous Intramuscular	
Metoclopramide	Intramuscular	
Misoprostol	Rectal Sublingual Buccal	Maximum 1000 micrograms.
Nifedipine	Oral	
Nitrous oxide 50% and oxygen 50%	Inhalation	
Oxytocin	Intramuscular Intravenous	

Oral Contraceptives

Can only be supplied if less than 12 months since the last medical consultation and there is a current prescription

Regulated substance	Approved route of administration	Restrictions/Conditions
Ethinylestradiol 35 microgram / cyproterone acetate 2 mg	Oral	Maximum supply at any one time not to exceed 4 months
Ethinylestradiol 30 microgram / desogestrel 150 microgram	Oral	
Ethinylestradiol 30 microgram / dienogest 2 mg	Oral	
Ethinylestradiol 20 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / gestodene 75 microgram	Oral	
Ethinylestradiol 20 microgram / levonorgestrel 100 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 50 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 125 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 150 microgram	Oral	
Ethinylestradiol 40 microgram / levonorgestrel 75 microgram	Oral	

Oral Contraceptives

Can only be supplied if less than 12 months since the last medical consultation and there is a current prescription

Regulated substance	Approved route of administration	Restrictions/Conditions
Ethinylestradiol 35 microgram / norethisterone 500 microgram	Oral	Maximum supply at any one time not to exceed 4 months
Ethinylestradiol 35 microgram / norethisterone 1 mg	Oral	
Levonorgestrel 30 microgram	Oral	
Norethisterone 350 microgram	Oral	

Injectable Hormonal Contraception

Can only be administered if less than 12 months since last medical practitioner or nurse practitioner assessment and there is a current prescription. At and after 12 months, further clinical assessment by a medical practitioner or nurse practitioner is required

Regulated substance	Approved route of administration	Restrictions/Conditions
Medroxyprogesterone acetate	Intramuscular	To be administered once every 12 weeks (+ or – 14 days).

Post-coital Contraception (Emergency Contraception)

Regulated substance	Approved route of administration	Restrictions/Conditions
Levonorgestrel 1.5 mg	Oral	

Vitamin and Mineral Supplements

Regulated substance	Approved route of administration	Restrictions/Conditions
Folic acid	Oral	

Vitamin and Mineral Supplements		
Regulated substance	Approved route of administration	Restrictions/Conditions
Ferrous fumarate	Oral	
Ferrous sulfate	Oral	

Fluoride Varnish		
Regulated substance	Approved route of administration	Restrictions/Conditions
Fluoride varnish*	Topical	If application of fluoride varnish is included in the scope of practice in the practitioner's practice plan.

Appendix 2 continues next page – Medicines for immunisation.

Medicines for immunisation		
Regulated substance/antigen	Approved route of administration	Restrictions/Conditions
COVID-19	Dose and route of administration as stated in the current online edition of the Australian Immunisation Handbook, or as stated in the product information approved by the TGA, or as per current recommendations issued by ATAGI, or as per current recommendations provided on the Immunisation Schedule Queensland.	<ul style="list-style-type: none"> • In accordance with the current National Immunisation Program (NIP) Schedule; or as approved by the National Health and Medical Research Council (NHMRC) for future inclusion in the NIP; or • under an immunisation program carried out by a Hospital and Health Service, Queensland Health or a local government; or • under a general approval that is given to provide an immunisation program under the <i>Medicines and Poisons Act 2019</i>; or • for use in a case/outbreak situation, or other specific situations, as directed by a Public Health Medical Officer.
Diphtheria		
<i>Haemophilus influenzae</i> type b		
Hepatitis A		
Hepatitis B		
Human Papillomavirus		
Influenza		
Measles		
Meningococcal B		
Meningococcal C		
Meningococcal (ACWY)		
Mumps		
Nirsevimab		
Pertussis		
Poliovirus		
Pneumococcal		
Respiratory syncytial virus (RSV)		
Rubella		
Rotavirus		
Tetanus		
Tetanus immunoglobulin		
Varicella		
Zoster (herpes zoster)		

Restricted Immunisation Programs		
Regulated substance	Approved route of administration	Restrictions/Conditions
Japanese Encephalitis – inactivated JE vaccine or live attenuated JE vaccine	Dose and route of administration as stated in the current online edition of the Australian Immunisation Handbook, or as stated in the product information approved by the TGA, or as per current recommendations issued by ATAGI, or as per current recommendations provided on the Immunisation Schedule Queensland.	Under an immunisation program approved by the chief executive of the Torres and Cape Hospital and Health Service (TCHHS) or the Public Health Medical Officer of the TCHHS. In accordance with local procedures for the Japanese Encephalitis Vaccine Program for the Outer Torres Strait Islands of Moa, Badu, Mabuia, Boigu, Dauan, Saibai, Yam, Warraber, Coconut, Yorke, Stephen, Darnley and Murray Islands.

Appendix 3. Chronic Disease Medicines

Note. Medicines in this appendix may only be given as a treatment dose if less than 9 months since last medical consultation.

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Regulated substance	Approved route of administration
Aluminium hydroxide	Oral
Amiloride	Oral
Amiodarone	Oral
Amlodipine	Oral
Aspirin	Oral
Atenolol	Oral
Atorvastatin	Oral
Benzathine penicillin <i>e.g. Bicillin L-A</i>	Intramuscular
Bisoprolol	Oral
Bumetanide	Oral
Calcitriol	Oral
Calcium carbonate	Oral
Candesartan	Oral
Captopril	Oral
Carvedilol	Oral
Chlortalidone	Oral
Cinacalcet	Oral
Clonidine	Oral
Clopidogrel	Oral
Colecalciferol	Oral
Darbepoetin alfa	Subcutaneous

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Regulated substance	Approved route of administration
Digoxin	Oral
Diltiazem	Oral
Enalapril	Oral
Eplerenone	Oral
Epoetin alfa	Subcutaneous
Epoetin beta	Subcutaneous
Eprosartan	Oral
Erythromycin	Oral
Etacrynic acid	Oral
Ezetimibe	Oral
Fenofibrate	Oral
Flecainide	Oral
Felodipine	Oral
Fosinopril	Oral
Furosemide (frusemide)	Oral
Gemfibrozil	Oral
Glyceryl trinitrate	Sublingual
Hydralazine	Oral
Hydrochlorothiazide	Oral
Hydrochlorothiazide / triamterene	Oral
Indapamide	Oral
Irbesartan	Oral
Isosorbide dinitrate	Oral
Isosorbide mononitrate	Oral

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Regulated substance	Approved route of administration
Ivabradine	Oral
Labetalol	Oral
Lanthanum	Oral
Lercanidipine	Oral
Lisinopril	Oral
Losartan	Oral
Magnesium aspartate	Oral
Methyldopa	Oral
Methoxy polyethylene glycol-epoetin beta	Subcutaneous
Metoprolol	Oral
Minoxidil	Oral
Moxonidine	Oral
Nebivolol	Oral
Nicorandil	Oral
Nifedipine	Oral
Nimodipine	Oral
Olmesartan	Oral
Oxprenolol	Oral
Perhexiline	Oral
Perindopril	Oral
Phenoxymethylpenicillin	Oral
Pindolol	Oral
Pravastatin	Oral
Prazosin	Oral

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Regulated substance	Approved route of administration
Propranolol	Oral
Quinapril	Oral
Ramipril	Oral
Rivaroxaban	Oral
Rosuvastatin	Oral
Sevelamer	Oral
Simvastatin	Oral
Sotalol	Oral
Spirolactone	Oral
Sucroferric oxyhydroxide	Oral
Telmisartan	Oral
Terazosin	Oral
Ticagrelor	Oral
Trandolapril	Oral
Valsartan	Oral
Verapamil	Oral

Diabetes Medicines	
Regulated substance	Approved route of administration
Acarbose	Oral
Alogliptin	Oral
Canagliflozin	Oral
Dapagliflozin	Oral
Empagliflozin	Oral
Exenatide	Subcutaneous
Glibenclamide	Oral
Gliclazide or Gliclazide MR	Oral
Glimepiride	Oral
Glipizide	Oral
Linagliptin	Oral
Liraglutide	Subcutaneous
Metformin or Metformin ER	Oral
Pioglitazone	Oral
Rosiglitazone	Oral
Saxagliptin	Oral
Sitagliptin	Oral
Vildagliptin	Oral
Insulins	
Insulin aspart and Insulin aspart protamine	Subcutaneous
Insulin detemir	Subcutaneous
Insulin glargine	Subcutaneous
Insulin glulisine	Subcutaneous

Diabetes Medicines	
Regulated substance	Approved route of administration
<i>Insulins continued...</i>	
Insulin isophane	Subcutaneous
Insulin lispro	Subcutaneous
Insulin lispro and Insulin lispro protamine	Subcutaneous
Insulin neutral	Subcutaneous
Insulin neutral and Insulin isophane	Subcutaneous

Respiratory Medicines (Chronic)	
Regulated substance	Approved route of administration
Acridinium	Inhalation
Beclometasone	Inhalation
Budesonide	Inhalation
Budesonide / formoterol (eformoterol)	Inhalation
Ciclesonide	Inhalation
Cromoglycate	Inhalation
Formoterol (eformoterol)	Inhalation
Fluticasone / salmeterol	Inhalation
Fluticasone	Inhalation
Fluticasone / vilanterol	Inhalation
Glycopyrronium	Inhalation
Indacaterol	Inhalation
Indacaterol / glycopyrronium	Inhalation
Ipratropium bromide (nebulised)	Inhalation

Respiratory Medicines (Chronic)	
Regulated substance	Approved route of administration
Montelukast	Oral
Nedocromil	Inhalation
Prednisolone	Oral
Salbutamol	Inhalation
Salmeterol	Inhalation
Terbutaline	Inhalation
Theophylline	Oral
Tiotropium bromide	Inhalation
Umeclidinium	Inhalation

