Medicines and Poisons Act 2019

Factsheet – current as at June 2022

Prescribing psychostimulants

Background

This factsheet informs **prescribers** of their obligations under the *Medicines and Poisons Act 2019* (**MPA**) and the Medicines and Poisons (Medicines) Regulation 2021 (**MPMR**), regarding prescribing amfetamines and methylphenidate (also known as psychostimulants). These medicines are 'restricted medicines', 'high-risk medicines', 'diversion-risk medicines' and 'monitored medicines' under Schedule 2 of the MPMR.

Under section 30 of the MPA, a person may be authorised to carry out a 'regulated activity' (which includes prescribing) with a 'regulated substance' (which includes amfetamines and methylphenidate) if they are an 'approved person' (such as a medical practitioner) or if they hold a 'substance authority' (which includes a prescribing approval).

Prescribing approvals

Section 67 of the MPA defines 'prescribing approval' as follows:

> *A **prescribing approval** is an approval that authorises a person to carry out any of the following regulated activities with a medicine stated in the approval—*
>
> *(a) prescribing the medicine for a person, or a class of persons, stated in the approval in the stated circumstances*
>
> *(b) buying, possessing, administering, dispensing and giving a treatment dose of the medicine in the stated circumstances.*

A prescribing approval is a case-by-case approval that can be granted by the chief executive of Queensland Health (or delegate). It is not automatically granted, and a person must apply for it.

A prescribing approval authorises the approval holder to undertake a regulated activity with the regulated substance stated in the approval, under the standard conditions stated in the MPMR and any conditions stated in the approval.

When is a prescribing approval **not required**?

Under the MPMR, a prescribing approval is **not required** to treat a patient with amfetamines or methylphenidate in the following circumstances:

- A **medical practitioner** prescribing amfetamines or methylphenidate for the treatment of a 'relevant condition' (Schedule 6, Part 1, Division 5 of the MPMR):
    - narcolepsy; or
    - brain damage, or attention deficit disorder, of a child[1] patient (aged 4–17 years inclusive).
- A **paediatrician** prescribing amfetamines or methylphenidate for the treatment of a 'relevant child condition' (Schedule 6, Part 2, Division 15 of the MPMR):
    - brain damage, or attention deficit disorder, of a child patient (aged up to and including 17 years).
- A **psychiatrist** prescribing amfetamines or methylphenidate, within the 'maximum dosage', for treatment of a 'relevant adult condition' (Schedule 6, Part 2, Division 16 of the MPMR).

  'Relevant adult condition' means:
    - attention deficit disorder of an adult patient (aged 18 years or older).

  'maximum dosage', of a medicine, means:

  (a) if the medicine is dexamfetamine—a dose of the medicine that does not exceed 40mg a day; or
  (b) if the medicine is lisdexamfetamine—a dose of the medicine that does not exceed 70mg a day; or
  (c) if the medicine is methylphenidate—a dose of the medicine that does not exceed 80mg a day.

- A **psychiatrist** prescribing amfetamines or methylphenidate for treatment of a 'relevant child condition' (Schedule 6, Part 2, Division 16 of the MPMR).
  'Relevant child condition' means:
    - brain damage, or attention deficit disorder, of a child patient (aged up to and including 17 years).

When is a prescribing approval required?

In all circumstances other than those described above, prescribing of amfetamines and methylphenidate, requires a **prescribing approval** under section 67 of the MPA.

Further information about prescribing approvals may be found here:

www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines/prescribing-approvals

By way of example, this means that a medical practitioner (who is not a psychiatrist) cannot prescribe amfetamines or methylphenidate to a patient aged 18 years or older without the

[1] The *Acts Interpretation Act 1954* (Qld) defines 'child' as follows: child, if age rather than descendancy is relevant, means an individual who is under 18.

approval of the chief executive of Queensland Health or delegate (in the form of a prescribing approval) unless the patient has narcolepsy (a relevant condition) – see Schedule 6, Part 1, Division 5 of the MPMR.

Other information

In applying for a prescribing approval, a medical practitioner is required to have the support of a psychiatrist, if the medical practitioner seeks to prescribe amfetamines or methylphenidate for **adult attention deficit disorder**. The medical practitioner must name the supporting psychiatrist in their application and the date when the patient was last reviewed by the psychiatrist. The referral letter from the psychiatrist should be included with the application.

For children transitioning into adulthood, their specialist care should also be transitioned from a paediatrician to an adult psychiatrist.

A psychiatrist seeking to **prescribe beyond the limits** specified in the MPMR will need to make an application for a prescribing approval, and this application should include the rationale for the higher dose requested or the rationale for off-label use of the medicine.

Additional content of a written prescription

Section 87(2)(c) of the MPMR (additional content of written prescription for S8 medicine) requires a prescriber to also state the following information on the prescription:

> "if the S8 medicine is amfetamine, dexamfetamine, lisdexamfetamine or methylphenidate—the words '**specified condition**' or words to indicate the condition being treated."

In addition, as amfetamines and methylphenidate are 'restricted medicines', section 86(1)(m) of the MPMR (content of written prescription) requires a prescriber to include on the prescription:

> if the medicine is a restricted medicine—the details of the prescriber's authorisation to prescribe the restricted medicine.
> Examples—
> • the identifying number of the **prescribing approval** held by the prescriber
> • the **qualifications** of the prescriber.

Using QScript

All Schedule 8 medicines (including amfetamines and methylphenidate) and a range of Schedule 4 medicines are now 'monitored medicines' (see Schedule 2, Part 4 of the MPMR) and subject to the new real-time prescription monitoring system, QScript.

- QScript is Queensland's read-only real-time prescription monitoring system which allows health practitioners to review a patient's monitored medicine prescription history at the point of care.

- QScript contains records of monitored medicines that have been dispensed to a patient in community and private hospital pharmacies in Queensland. It also contains some records of monitored medicines prescribed for patients.

It is a requirement under section 41 of the MPA for all relevant practitioners (including medical practitioners) to check QScript before prescribing, dispensing or giving a treatment dose of a monitored medicine for a patient.

Access to QScript is only available to medical practitioners and other authorised health practitioners who are practising in Queensland.

Queensland Health Departmental Standard - Monitored medicines

In addition to (and separate from) the requirement to check QScript, prescribers and pharmacists must also comply with the *Monitored Medicines Standard* (www.health.qld.gov.au/__data/assets/pdf_file/0029/1108937/ds-monitored-medicines.pdf when:

- prescribing a monitored medicine for dispensing for a patient; or
- prescribing a monitored medicine for giving a treatment dose for a patient; or
- dispensing a monitored medicine for a patient.

The *Monitored Medicines Standard Companion Document* (www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/supporting-documents) provides further guidance about complying with the Monitored Medicines Standard.

Please note, the requirement to check QScript and the obligation to comply with the *Monitored Medicines Standard* are separate requirements in the legislation.

Prescribing from outside Queensland

Under Queensland's legislative framework, prescribing approvals cannot be granted to prescribers based in another State or Territory. Interstate based psychiatrists may wish to consider a shared care arrangement with a Queensland based medical practitioner for patients located in Queensland.

Interstate prescribers writing prescriptions intended for dispensing in Queensland must ensure that they meet the requirements of a lawful prescription under Queensland legislation. Refer to the fact sheet Writing lawful prescriptions for further information.

Associated guidance information

- Application form – prescribing approval (psychostimulants) – initial/amendment/renewal – available at www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines/prescribing-approvals
- Factsheet - medical practitioners www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/supporting-documents
- QScript information www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/real-time-reporting/about-qscript
- Queensland Health Departmental Standard – Monitored medicines www.health.qld.gov.au/__data/assets/pdf_file/0029/1108937/ds-monitored-medicines.pdf
- Factsheet – writing lawful prescriptions www.health.qld.gov.au/__data/assets/pdf_file/0011/1115003/writing-lawful-prescriptions.pdf

Further information

- For further information, contact the Healthcare Approvals and Regulation Unit by email: HARU@health.qld.gov.au