Queensland Health

Medicines and Poisons Act 2019

Factsheet – current as at June 2022

Writing lawful prescriptions

Introduction

From 27 September 2021, the *Medicines and Poisons Act 2019* (MPA) and the Medicines and Poisons (Medicines) Regulation 2021 (MPMR) and associated legislative instruments define the lawful actions in relation to medicines[1] (Schedule 2 (S2), 3 (S3), 4 (S4) and 8 (S8)) of the Poisons Standard[2]) for therapeutic use in Queensland.

This document is intended to assist health practitioners who prescribe medicines to understand the legal requirements for writing prescriptions under the MPA and MPMR. Prescribers should also read Part 6 of Chapter 4 of the MPMR.

This document does not apply to veterinary surgeons who write prescriptions for medicated feed for a group of animals which is addressed in the fact sheet about medicated feed.

Prescriptions

A prescription is a direction to another person to administer, dispense or give a treatment dose of a medicine for the treatment of a person or animal. A prescription may be given:

- in writing[3], which includes paper prescriptions (handwritten or computer generated) and electronic prescriptions[4]; or
- orally.

A prescriber may only give a prescription if they have assessed the medicine to be therapeutically necessary for the treatment of a patient or animal.

Written prescriptions for supply (dispensing or giving a treatment dose)

A written prescription must be signed by the prescriber. In the MPMR, 'sign' or 'signature' includes signing in an electronic form for electronic prescriptions. For an electronic prescription intended to be dispensed, it is digitally signed when a prescriber uses a unique username and password to create and transmit the prescription using conformant prescribing software (software with a current valid conformance identifier on the *Electronic Prescribing – External Conformance Register* (National conformance register) published by the Australian Health Digital Agency)).

Sections 86 and 87 of the MPMR specify the information that must be included in a written prescription authorising the supply of medicines for the treatment of a person or an animal.

[1] Section 11, *Medicines and Poisons Act 2019.*

[2] The Standard for Uniform Scheduling of Medicines and Poisons that details the schedules for medicines and poisons and packaging and labelling requirements - The Poisons Standard (the SUSMP) | Therapeutic Goods Administration (TGA).

[3] Written prescriptions, whether paper or electronic prescriptions, include medication chart prescriptions and national medication chart prescription – refer to section 80, Medicines Regulation.

[4] Refer to section 83, Medicines Regulation.

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All specified information must be included on a prescription for it to be lawful. It is unlawful for a pharmacist to dispense a prescription that does not comply with these requirements.

Content of written prescriptions for supply

A prescription for **medicine** must include the following information:

a) the prescriber's name or a unique identifier for the prescriber

b) the place where the prescriber usually practices

c) the prescriber's phone number or pager number

d) the prescriber's qualifications

e) the date of the prescription

f) if the medicine is for a patient—

   i. the patient's name and address; and

   ii. for a monitored medicine—the patient's date of birth

g) if the medicine is for an animal—

   i. the species of the animal; and

   ii. the name of the animal or another description that identifies the animal; and

   iii. the name and address of the owner or custodian of the animal; and

   iv. a statement that the medicine is for animal treatment only

h) the name of the medicine

i) the form and strength of the medicine

j) how much of the medicine may be dispensed or given including the number of repeats for the medicine, if any

k) instructions about using the medicine

l) the date for dispensing or giving the medicine, if applicable

m) if the medicine is a restricted medicine (see section below about restricted medicines)—

   i. the details of the prescriber's authorisation to prescribe the restricted medicine (e.g. the prescriber's specialist qualifications or a prescribing approval number); or

   ii. for hydroxychloroquine for treating a patient previously prescribed it by another health practitioner—the words 'continuing treatment'.

Additional content for prescription for S8 medicines

A prescription for an S8 medicine must also include:

a) both words and numbers to describe how much of the medicine may be dispensed or given

b) the minimum number of days, of at least 1 day, before the medicine may be further dispensed or given on any repeats on the prescription

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

A prescription for an S8 medicine may only include one type of S8 medicine and must not include any other medicines.

A handwritten or computer-generated prescription for an S8 medicine no longer requires the particulars handwritten on the prescription other than a hand-written signature.

Medication chart prescription

Where a prescription to be dispensed is contained in a person's national medication chart (a medication chart prescription under the National Health (Pharmaceutical Benefits) Regulations 2017 (Cwlth), section 41(1)), the prescription need not contain the prescribers address, qualification or the quantity of medicine to be supplied.

Electronic prescriptions

All health practitioners who are authorised to prescribe medicines under Schedules 3 to 12 of the MPMR may only use a conformant electronic prescription management system to create and transmit electronic prescriptions that authorise the dispensing of a medicine (section 83 of the MPMR). This requirement does not apply to prescriptions that authorise the administration of a medicine.

> An electronic prescription is **not** a computer-generated or hand-written paper prescription sent as a digital image, such as by fax or email, to a dispenser.

For an electronic prescription management system to be compliant, it must be conformant with the requirements specified in Part 1 of Chapter 8 of the MPMR, and the Departmental standard: Requirements for an electronic prescription management system.

Computer-generated paper prescriptions

A computer-generated paper prescription must contain all the elements required for written prescriptions in sections 86 and 87 of the MPMR. In addition, the prescriber must ensure the following things are included in the prescription:

a) a unique identifier that allows the prescription to be matched to a record kept by the prescriber for the patient or animal for which the medicine is prescribed;

b) a space for the prescriber to include a handwritten signature other than a signature printed by the computer;

c) either—

   i. the total number of medicines prescribed; or

   ii. scoring or hatching of any blank space below or above the space for the prescriber's handwritten signature.

However, a prescribing approval held by the prescriber such as a Queensland Opioid Treatment Program (QOTP) prescribing approval may state another way to use a computer to generate a paper prescription.

Amending written prescriptions for supply

A prescriber who writes a handwritten paper prescription may amend the prescription by signing and dating a handwritten amendment in a way that does not obscure the content of the original prescription.

Where the paper prescription was printed from a computer, a new correct prescription must be printed. For electronic prescriptions, amendments must be made in the prescribing system, by cancelling and remaking the prescription.

Image based prescriptions

Prescribers may send a digital image or fax of a paper prescription to a pharmacy. For further details on the specific requirements for these arrangements including the **temporary exemption** while the PBS special arrangements are in place, refer to the *Factsheet – Image based prescriptions*.

Monitored medicines

All prescriptions for a monitored medicine must include the patient's date of birth.

Sections 93 and 126 of the MPMR require health practitioners to comply with the Departmental Standard - Monitored Medicines when proposing to prescribe a monitored medicine for supply. This Departmental Standard sets the minimum mandatory requirements that prescribers and dispensers must comply with when prescribing or dispensing monitored medicines. The object of the standard is to protect and improve patient health and wellbeing and reduce patient harms arising from the use of monitored medicines by encouraging early identification and appropriate management of monitored medicine-related health risks.

To support understanding and assist health practitioners in complying with the Departmental Standard – Monitored Medicines, Queensland Health has prepared a guide, the Monitored Medicines Standard Companion.

Queensland Health has also prepared a fact sheet on Prescribing psychostimulants.

All relevant practitioners (as stated in Schedule 18, Part 1 of the MPMR) are required to check the monitored medicines database (QScript) before prescribing, dispensing or giving a treatment dose of a monitored medicine for a patient.

Detailed information about monitored medicines and Qscript can be found at: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/real-time-reporting

Restricted medicines

The prescribing of restricted medicines (listed in Part 1 of Schedule 2 of the MPMR) is limited to certain prescriber types. Prescribers should check Column 2 of their practitioner schedule in the MPMR for any limitations on the type of medicine they can prescribe. Prescribers who are not automatically authorised to prescribe a restricted medicine may apply for a prescribing approval from Queensland Health to do so.

For patients being treated with a restricted medicine who are admitted to a hospital, prison, watch-house or detention centre, specified prescribers may prescribe the restricted medicine for administration if under the supervision of a registrar or specialist medical practitioner authorised to prescribe the particular restricted medicine. See for example, Division 3, Part 1 of Schedule 6 of the MPMR.

Prescribing approvals

If a prescription is written by a prescriber whose authorisation to prescribe the medicine is because they hold a prescribing approval, then the prescription must contain the **prescribing approval number**. This is important so that, before dispensing the prescription, a pharmacist can be satisfied that that the medicine has been prescribed by a health practitioner with the necessary authority to do so.

High-risk medicines

It is an offence for a prescriber to self-prescribe a high-risk medicine. High-risk medicines are listed in Part 2 of Schedule 2 of the MPMR and include all S8 medicines and some S4 medicines such as benzodiazepines, codeine, zopiclone and zolpidem. It is not lawful for a pharmacist to dispense a prescription for a high-risk medicine where the prescriber is also the patient.

Prescription stationery

Prescription pads, including stationery used for computer-generated prescriptions, may be subject to misappropriation. It is the responsibility of the prescriber to ensure prescription pads and stationery are secure to minimise the likelihood of theft or loss.

The MPMR includes an offence for prescribers who do not take all reasonable steps to keep prescription pads and stationery secure.

Reporting matters to the chief executive[5]

There are specific forms that must be used when reporting matters to Queensland Health. Lost or stolen prescription stationery should be reported using the forms. These can be found on the Qld Health website at: Reporting medicines matters to the chief executive.

Written prescriptions for administration

A written prescription for administration must be signed by the prescriber. In the MPMR, 'sign' or 'signature' includes signing in an electronic form for electronic prescriptions. The *Electronic Transactions Act Qld 2001* will apply to an electronic signature for a prescription for administration unless a prescribing approval states a specific way of signing the prescription.

When preparing a written prescription for administration of a medicine by another person to a patient or an animal (e.g. by writing on a medication chart), the following information stated in section 95 of the MPMR must be included on a prescription for it to be lawful:

a) the prescriber's name or a unique identifier for the prescriber;
b) the date of the prescription;
c) if the medicine is to be administered to a patient—
    i. the patient's name and address; and
    ii. for a monitored medicine—the patient's date of birth;
d) if the medicine is to be administered to an animal—
    i. the species of the animal; and
    ii. the name of the animal or another description that identifies the animal; and
    iii. the name and address of the owner or custodian of the animal;
e) the name of the medicine, e.g. the approved name or brand name of the medicine or a description of the medicine to be compounded;
f) the form and strength of the medicine;
g) how much of the medicine may be administered;
h) instructions about using the medicine

[5] The Director General, as chief executive of Queensland Health (section 10, *Public Services Act 2008)*, is responsible for administering the legislation portfolio set out under the Queensland Government's Administrative Arrangements Order.

In addition to the requirements above, other than a medication chart prescription, a prescription for administration of an approved opioid written by a prescriber who holds a Queensland Opioid Treatment Program prescribing approval must state the following:

a) the identifying number of the prescribing approval, if any;

b) the name of the place where the approved opioid is to be administered;

c) instructions for how 1 or more doses of the opioid are to be administered;

d) the start and end dates for when 1 or more doses of the opioid are to be administered.

Use of printed labels on paper prescriptions

Sections 89 and 98 of the MPMR allow printed labels to be attached to paper prescriptions to record information required for a prescription provided the stated requirements are met and the prescriber initials or signs the label.

Expiration of written prescriptions

Prescriptions for administration, dispensing or giving a treatment dose expire:

a) for an S2, S3 or S4 medicine—the prescription was made more than 1 year before the day the medicine is to be administered or supplied; or

b) for an S8 medicine—the prescription was made more than 6 months before the day the medicine is to be administered or supplied.

For further information

Contact Queensland Health,

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