Queensland Health

Writing lawful prescriptions

Factsheet – current as at September 2024

Introduction

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] (Schedules 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 Chapter 4, Part 6 of the MPMR.

This factsheet does not apply to veterinary surgeons who write prescriptions for a group of animals. These details are addressed in the fact sheet - 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 prescriptions4; or
- orally[5].

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

For a prescription for supply in Queensland to be lawful, it must be signed with a **handwritten signature**. The only exception is an *electronic prescription* prepared in a conformant electronic prescription management system.

[1] Section 11, *MPA*.

[2] Refer to - The Poisons Standard (the SUSMP) | Therapeutic Goods Administration (TGA).

[3] Written prescriptions include all medication chart prescriptions – refer to section 80, MPMR.

[4] Refer to section 83, MPMR.

[5] Refer to sections 92 and 100, MPMR.

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

A written prescription authorising the supply of medicines for the treatment of a person or an animal must include certain information as prescribed in sections 86 and 87 of the MPMR. 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.

Prescribers who are based in Australian states or territories outside Queensland who write prescriptions which are intended for dispensing in Queensland must ensure that the prescriptions meet the requirements of a lawful prescription under the MPA and MPMR. The Interstate prescribing factsheet provides more information on interstate prescribing.

Content of written prescriptions for supply

Section 86 of the MPMR provides that 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 prescriptions for S8 medicines

Section 87 of the MPMR details the additional requirements that prescribers must include when writing prescriptions for S8 medicines, these are:

a) if the prescription is a paper prescription, 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; and

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

Paper S8 prescriptions must describe the amount of medicine to be dispensed or given in words and numbers, however, this does not need to be handwritten.
Electronic S8 prescriptions only require the amount of medicine to be dispensed or given in words ***or*** numbers, not both.

A prescription for an S8 medicine may state different forms of a particular type of S8 medicine but must not state more than **one type** of S8 medicine.

For prescriptions for 'approved opioids' (medicines approved for treating patients under an opioid treatment program, such as the Queensland Opioid Treatment Program (**QOTP)**), the prescription must contain the following:

- if the prescriber holds a prescribing approval for prescribing the opioid—the identifying number of the prescribing approval;
- the name of the place where the approved opioid is to be administered;
- instructions for how 1 or more doses of the opioid are to be administered; and
- the start and end dates for when 1 or more doses of the opioid are to be administered.

Medication chart prescription

Section 80 of the MPMR defines a medication chart prescription. Where a prescription to be dispensed or given as a treatment dose is contained in a person's medication chart pursuant to section 86(2) of the MPMR, the prescription need not contain the prescriber's usual place of practice, the prescriber's phone number or pager number and the prescriber's qualifications. As per section 86(3) of the MPMR, a national medication chart prescription under section 41(1) of the National Health (Pharmaceutical Benefits) Regulations 2017 (Cwlth) is taken to comply with the requirements of section 86 of the MPMR.

Signing written prescription for supply

A written prescription must be signed by the prescriber. In the MPMR, 'sign' or 'signature' includes signing in an electronic form for electronic prescriptions only. Computer-generated or handwritten paper prescriptions require a handwritten signature. 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).

Electronic prescriptions

An electronic prescription is a form of written prescription, and therefore must contain all the elements required for written prescriptions in sections 86 and 87 of the MPMR. 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.

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*An electronic prescription is **not** a computer-generated or handwritten 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 Chapter 8, Part 1 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, section 85 (3) of the MPMR provides that 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.

A prescribing approval held by the prescriber (such as a QOTP prescribing approval) may state another way to use a computer to generate a paper prescription.

Amending written prescriptions for supply

Under section 90 of the MPMR, a prescriber may amend an original written prescription for supply in one of the following ways:

- For a **handwritten prescription**, the prescriber must sign and date the amendment in a way that does not obscure the content of the original prescription.
- For a **computer-generated prescription**, the prescription must be amended on the computer and printed again.
- For an **electronic prescription** made in an electronic prescription management system, the prescription must be cancelled and remade.

A prescriber cannot amend an electronic prescription.
Section 90(4) of the MPMR specifically states that if a change is required to an electronic prescription, the prescription must be cancelled and remade in the prescribing system.

A pharmacist is authorised to amend a written prescription (including an electronic prescription) under section 117 of the MPMR. The pharmacist may amend the prescription before dispensing the medicine by **adding additional information** to the prescription to **clarify the prescriber's direction**.

The pharmacist must:

- obtain consent to the amendment from the patient or person obtaining the medicine on their behalf; and
- have agreement to the amendment from the initial prescriber; and
- make the amendment in the way agreed by the prescriber and in a way that does not obscure any information on the prescription; and
- sign and date the amendment.

Pharmacists must determine if the change they intend to make to the prescription meets the requirements of section 117 of the MPMR, or if a new prescription is required. This is dependent on the scenario and the pharmacist must use their professional judgement.

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 refer to the Factsheet – Image based prescriptions.

Written prescriptions for administration

A written prescription for administration must be signed (handwritten or electronically) by the prescriber[6].

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, refer section 80 for definition), the following information stated in section 95 of the MPMR must be included on the 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.

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 QOTP prescribing approval must state the following:

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

[6] *Electronic Transactions Act Qld 2001* will apply to an electronic signature.

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.

Oral prescriptions

Under sections 92 and 100 of the MPMR, a prescriber must not give an oral prescription for a medicine except to a person whom the prescriber reasonably believes is authorised to dispense, give a treatment dose or administer the medicine.

For S8 medicines, the prescriber must provide a written prescription confirming the oral prescription or sign another record made at the time of the administration on the oral prescription. A written prescription must be provided, or the signature made on the record, as soon as practicable, but no later than the end of the next business day, after the oral prescription was given or, for administration, after the medicine was administered.

For S4 medicines, the prescriber must provide a written prescription confirming an oral prescription for supply within 7 days after the oral prescription was given. A written prescription is not required to confirm an oral prescription for administration of S4 medicines.

Use of printed labels on paper prescriptions

Sections 89 and 98 of the MPMR allow legible printed labels to be attached to paper prescriptions to record information required (refer to section 86 or 87 of the MPMR for prescriptions for supply or section 95 or 96 for prescriptions for administration) for a prescription provided the stated requirements are met and the prescriber signs the label.

Date and expiration of written prescriptions

The 'date of the prescription' is the date on which the prescription is written. Forward dating of prescriptions is not permitted under the MPMR. If a prescriber requires a medicine to be dispensed or given as a treatment dose at a date in the future, section 86(1)(l) of the MPMR allows the prescriber to include on the prescription the date they wish the medicine to be dispensed or given as a treatment dose.

Prescriptions for administration, dispensing or giving a treatment dose of a medicine expire if[7]:

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.

Monitored medicines

All prescriptions for a monitored medicine for a patient must include the patient's date of birth. Section 93 of the MPMR requires health practitioners to comply with the Departmental Standard - Monitored Medicines when prescribing a monitored medicine for supply. This Departmental Standard sets the minimum mandatory requirements that prescribers must comply with when prescribing monitored medicines.

[7] Sections 121, 137 and 142, MPMR.

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 (unless an exemption under Schedule 18, Part 1A of the MPMR applies). Detailed information about monitored medicines and QScript can be found at: www.qscript.health.qld.gov.au

Restricted medicines

The prescribing of restricted medicines, including psychostimulants (such as amfetamines and methylphenidate), methadone and buprenorphine for treating opioid dependency, and medicines listed in Appendix D of the Poisons Standard, is limited to certain prescriber types. Queensland Health has also prepared a fact sheet on Prescribing psychostimulants.

The list of restricted medicines can be found in Schedule 2, Part 1 of the MPMR. 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 authorised to prescribe a restricted medicine may apply for a prescribing approval from Queensland Health to do so (see below).

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, Schedule 6, Part 1, Division 3 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 the medicine has been prescribed by a health practitioner with the necessary authority to do so.

See our webpage for more information on prescribing approvals.

High-risk medicines

It is an offence for a prescriber to self-prescribe a high-risk medicine, unless they have a reasonable excuse. High-risk medicines are listed in Schedule 2, Part 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

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 Queensland Health website at: Reporting medicines matters to the chief executive.

For further information

Contact Medicines Approvals and Regulation Unit (MARU): MARU@health.qld.gov.au.