Queensland Health

Medicines and Poisons Act 2019

Factsheet – current as at July 2024

Key legislative requirements – Dental practitioners

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] (schedule 2 (S2), 3 (S3), 4 (S4) and 8 (S8)) of the Poisons Standard[2]) for therapeutic use in Queensland.

Legislative instruments including Departmental Standards can be found on the Queensland Health website - Legislation, departmental standards and extended practice authorities.

The Poisons Standard, which contains the schedules for medicines and poisons and packaging and labelling requirements can be found at www.tga.gov.au/poisons_standard.

Authority to deal with medicines

The MPMR has 13 Schedules that contain the authorisations for people to carry out certain activities (or 'dealings') with medicines. Those people who have an authorisation to deal with a medicine in a Schedule are termed *approved persons*.

The authorisation for **dentists, dental hygienists, dental therapists** and **oral health therapists** to deal with a medicine is contained in **Schedule 4** of the MPMR.

Prescribing medicines

Dentists may prescribe medicines for the dental treatment of patients under their care where the dentist has assessed the medicines to be reasonably necessary for the therapeutic treatment of the patient.

The requirements for prescribing medicines are contained in the MPMR Chapter 4, Part 6.

> A quick reference guide on the requirements for writing prescriptions can be found in Writing lawful prescriptions.

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

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

Some important requirements applying to dentists are listed below. This does not include all changes, so dentists should also read the MPMR Chapter 4 and Schedule 4.

- Before prescribing a **monitored medicine** for a patient (see definition above), dentists must check QScript for the patient's record (unless an exemption under Schedule 18, Part 1A of the MPMR applies) must also prescribe the medicine in accordance with the Monitored Medicines Standard. Further information about Qscript can be found at About QScript | Queensland Health.
- All prescriptions for monitored medicines must include the **date of birth** of the patient.
- A dentist may prescribe Schedule 2, 3 or 4 medicines within their scope of practice, other than a restricted medicine. A dentist who is a specialist registrant in oral medicine may prescribe the restricted medicine hydroxychloroquine. The prescription must indicate that the dentist has specialist registration.
- The S8 medicines that a dentist may prescribe and administer have been updated to reflect current therapeutic guidelines for the treatment of dental pain. A dentist may prescribe **up to 3 days' supply** (with no repeats) of the following S8 medicines, in their immediate release formulation: codeine, hydromorphone, morphine and oxycodone.
- A prescription for an S8 medicine must include the quantity to be supplied in words and numbers, however, a paper prescription for an S8 medicine that has been generated on a computer no longer needs to have the particulars handwritten on the prescription other than a hand-written signature.
- A paper prescription that has been generated on a computer may not be amended once it has been printed. If an error is identified after a prescription has been printed, the error must be corrected in the prescribing software and a new prescription generated.
- Prescribers may **not** self-prescribe a high-risk medicine. High risk medicines include all S8 medicines, benzodiazepines, S4 codeine-containing medicines, gabapentin, pregabalin, quetiapine, tramadol, zolpidem and zopiclone. These medicines are also monitored medicines whose dispensing is recorded in the monitored medicines database, QScript.

Administering medicines

Dentists

Dentists may administer any S2, S3 or S4 medicine necessary for the practice of dentistry and within their scope of practice, and any of the following S8 medicines, in their immediate release formulation: codeine, hydromorphone, morphine and oxycodone. The administration of papaveretum, pentazocine and pethidine is not permitted.

A dentist who is endorsed for conscious sedation may also administer fentanyl or pethidine.

Other dental practitioners

Dental hygienists, dental therapists and oral health therapists may **buy, possess and administer** the following medicines to the extent necessary to practice their profession.

Medicine	Dental hygienist	Dental therapist	Oral health therapist
adrenaline (epinephrine) in an autoinjector	yes	yes	yes
local anaesthetics in preparations for topical human therapeutic use (other than eye drops)	yes	yes	yes
fluorides in preparations for topical human therapeutic use	yes	yes	yes
silver salts	yes	yes	yes
local anaesthetics, whether alone or in combin -ation with adrenaline (epinephrine) or felypressin	yes	yes	yes
ether	no	yes	yes
ferric sulphate	no	yes	yes
phenol	no	yes	yes
antibiotics and corticosteroids in combination for topical endodontic use;	no	yes	yes
mercury for human therapeutic use	no	yes	yes

Buying medicines

Other dental practitioners are authorised to buy the medicines they may use. To buy medicines a purchase order must be provided to the supplier (a licensed wholesaler). See MPMR Chapter 4, Part 3 for more requirements for purchasing medicines. When a dentist places a purchase order for S8 medicines, the dentist must acknowledge the receipt of the S8 stock to the supplier (see MPMR section 53).

Supplying medicines

A dentist may give a treatment dose (supply to a patient) of an S2, S3 or S4 medicine, other than a restricted medicine. There is no restriction on the number of doses of a medicine that may be supplied. A dentist who supplies an S4 medicine to a patient must **attach a label to the medicine** and **make a record of the supply**. The requirements for labelling medicines that are supplied to patients (given as a treatment dose) are contained in section 134 of the MPMR. Section 136 contains the information that must be in the record of supply.

Only dentists may give a treatment dose (supply) of medicines to their patients. This includes supply of Schedule 3 high concentration sodium fluoride toothpaste.

Dentists may repackage a medicine into another container, if required to supply a quantity that is less than the manufacturers standard pack, however S2 and S3 medicines are to be supplied to patients in the manufacturers packaging which contains the information about how to safely administer and store the medicine.

Before giving a treatment dose of a monitored medicine for a patient, dentists must check QScript for the patient's record (unless an exemption under Schedule 18, Part 1A of the MPMR applies).

Storage and record-keeping

Medicines must be stored to maintain their integrity and limit the opportunity for diversion or unintended poisoning. The requirements for storing medicines are contained in Chapter 8 Part 2 of the MPMR and in the *Departmental Standard: Secure Storage of S8 Medicines.*

Disposal of medicine waste

The MPMR Chapter 4, Part 11 contains the requirements for disposing of medicines, including S8 medicines and other diversion-risk medicines. To prevent environmental contamination, medicines must not be disposed of as general waste. They may not be poured down a sink, flushed down a toilet, or sent to landfill. Medicine waste should be sent to an approved waste management contractor for destruction by high temperature incineration.

If the medicine waste is from an S8 medicine, it must first be destroyed (rendered unusable and unidentifiable) before being sent for disposal. Ambulance officers, dentists, medical practitioners, pharmacists, nurses, midwives, podiatrists, and veterinary surgeons can destroy S8 medicine waste if destruction is witnessed by another person who is also authorised to destroy S8 medicines. The S8 medicine waste can then be sent for disposal.

The specific requirements for destroying S8 medicines are detailed in the information sheet – Disposal and destruction of diversion-risk medicine waste.

Reporting matters to the chief executive[3]

There are reporting obligations for health practitioners under the MPA and MPMR. The notification requirements are contained in Chapter 8 of the MPMR and include the requirement to notify lost or stolen S8 medicines, and for a pharmacist to notify non-receipt of a paper copy of a prescription that was sent to a pharmacy by digital communication (fax/email).

There are specific forms that must be used when notifying Queensland Health. These can be found on the Qld Health website – Reporting medicines matters.

For further information

Contact Medicines Approvals and Regulation Unit

MARU@health.qld.gov.au

[3] The Director General is the chief executive of Queensland Health (section 10, *Public Services Act 2008).*