

Application to the Chief Executive for approval to treat a patient with Schedule 8 controlled drugs, Schedule 4 restricted drugs of dependency or specified condition drugs

### Purpose of this form

Please use this form to request an approval:

- to treat a drug dependent person with Schedule 8 controlled drugs or Schedule 4 restricted drugs of dependency
- to treat an adult patient with specified condition drugs (psychostimulants)

pursuant to the Health (Drugs & Poisons) Regulation, 1996. If you wish to discuss the treatment of a patient please call the prescriber enquiry service on 13 S8INFO (13 78 46).

### 1. Application type

Please tick which approval type applies:

**Approval** for treatment of a drug dependent person with a schedule 8 medicine or a restricted schedule 4 medicine

**Approval** for treatment of an adult patient with specified condition drugs (psychostimulants)

### 2. Prescriber details

Name

Prescriber number

Address

Suburb

P/C

Telephone

Fax

Email

Privacy Statement: The Department of Health provides this form pursuant to the [Health \(Drugs and Poisons\) Regulation 1996](#). The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.

The [Information Privacy Act 2009](#) sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our [website](#).

### 3. Patient details

Name

Date of birth

Gender

Male

Female

Indeterminate/intersex/  
unspecified

Address

P/C

State

Diagnosis

Prognosis

### 4. Treatment and history

Please provide any relevant medical history

Proposed or current dosing regimen (list medicines and doses, including Schedule 8 medicines and/or restricted Schedule 4 medicines)

Have you liaised with relevant specialists supporting the proposed treatment regime?

**Yes** - please attach relevant reports that support your treatment plan

**No** - please consider if treatment with a controlled drug is warranted.

What referrals have been made?

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### 5. Therapeutic drug use

Is there evidence or suspicion of doctor shopping?

Yes	No
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Have you (please tick)?

Completed a Medicare check?	Called the 13 S8INFO Prescriber Enquiry service for an S8 history?
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Is there sign of dose increase?

Yes	No
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Is the patient drug dependent?

Yes	No
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\* The definition of drug dependent is available at

[https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0027/443655/ace-dod-definition.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0027/443655/ace-dod-definition.pdf)

Has the patient ever injected prescribed opioids or psychostimulant medication?

Yes	No
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If yes, what did the patient inject?

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Last date the patient injected

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Any other details?

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Office use only

Received:

Action:

### 6. Illicit substance use

Is the patient currently using illicit substances?

Yes	No
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If yes, what substances?

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Has the patient ever been treated for drug dependence?

Yes	No
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If yes, when?

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Is there current evidence of intravenous drug use?

Yes	No
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If yes, last date the patient injected?

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Has a Urine Drug Screen been conducted?

Yes <i>attach the results</i>	No
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Do you hold a current treatment approval?

Yes	No
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**Disclaimer:** I acknowledge that an application for approval to treat a person with controlled drugs, restricted drugs of dependence or specified conditions drugs is a requirement of the Health (Drugs and Poisons) Regulation 1996.

I understand that the granting of an approval does not in any way support or endorse that the treatment I am proposing is clinically supported. I also acknowledge that in making this application I am supporting that this treatment is clinically appropriate and justified by my examination of the patient, and in my opinion as a registered medical practitioner.

**I have read and understand the above statement**

Signed

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Date

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Please ensure you have completed all sections of this form before forwarding to the Monitored Medicines Unit by mail, fax or email.

Chief Executive  
Monitored Medicines Unit  
Locked Bag 21  
FORTITUDE VALLEY BC 4006

Phone: 13 S8INFO (13 78 46)

Fax: (07) 3708 5431

Email: [MMU@health.qld.gov.au](mailto:MMU@health.qld.gov.au)