Medicines and Poisons Act 2019

Factsheet – current as at June 2023

Prescribing amfetamines and methylphenidate (psychostimulants)

Background and purpose

This fact sheet 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 (collectively referred to in this fact sheet 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 (using the approved form) and provide sufficient justification in the form of evidence and supporting information to enable the chief executive or delegate to make an informed decision when determining whether or not to grant the application for a prescribing approval.

Importantly, under section 72 of the MPA, a substance authority, including a prescribing approval, cannot be transferred (i.e. a person other than the approval holder, cannot act under the substance authority).

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* for psychostimulant prescribing?

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

- A **medical practitioner**[1] prescribing amfetamines or methylphenidate for the treatment of a 'relevant condition' i.e.:
    - narcolepsy, of a patient of any age; or
    - brain damage, or attention deficit disorder, of a child[2] patient who is at least 4 years of age (aged 4–17 years inclusive).

- A **paediatrician**[3] prescribing amfetamines or methylphenidate for the treatment of a 'relevant child condition' i.e. brain damage, or attention deficit disorder, of a child patient (aged up to and including 17 years).

- A **psychiatrist**[4] prescribing amfetamines or methylphenidate for the following treatment:
    - within the 'maximum dosage' for the treatment of a 'relevant adult condition' i.e. attention deficit disorder of an adult patient (aged 18 years or older);
    - brain damage, or attention deficit disorder (i.e. a 'relevant child condition'), of a child patient (aged up to and including 17 years).

Schedule, Part 2, Division 16 of the MPMR defines, '***maximum dosage***', of a medicine relevant to treatment by a psychiatrist to mean:

> *(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 **medical practitioner** when continuing treatment with restricted medicines (including psychostimulants) at particular institutions. Under Schedule 6, Part 1,

[1] See Schedule 6, Part 1, Division 5 of the MPMR for the definition of 'medical practitioner'.

[2] 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.

[3] See Schedule 6, Part 2, Division 15 of the MPMR for the class of person who is a 'paediatrician' and the authority for this treatment.

[4] See Schedule 6, Part 2, Division 16 of the MPMR for the class of person who is a 'psychiatrist' and the authority for this treatment.

Division 3 of the MPMR, the definition of 'continuing institutional treatment', by a medical practitioner of a patient, means—

(a) the practitioner is treating the patient in a hospital, prison, watch-house or detention centre; and

(b) the patient was being treated with the medicine prior to the admission.

Schedule 6, Part 1, Division 3, additionally provides that the medicine is prescribed, under the supervision of a registrar or specialist medical practitioner authorised to prescribe the medicine, for—

(a) administration by a health practitioner; and

(b) the continuing institutional treatment of a patient.

- A **nurse practitioner** when continuing treatment with restricted medicines (including psychostimulants) at particular institutions. Under Schedule 7, Part 1 of the MPMR, the definition of 'continuing institutional treatment', by a nurse practitioner of a patient, means—

  (a) the practitioner is treating the patient in a hospital, prison, watch-house or detention centre; and

  (b) the patient was being treated with a medicine prior to admission to the hospital, prison, watch-house or detention centre; and

  (c) the treatment with the medicine is under the supervision of a registrar or specialist medical practitioner authorised to deal with the medicine.

Schedule 7, Part 1 of the MPMR additionally provides a nurse practitioner may prescribe any restricted medicine other than hydroxychloroquine provided the medicine is prescribed for administration for the continuing institutional treatment of a patient.

- A **registrar**[5] may prescribe a relevant restricted medicine (i.e. a restricted medicine relating to the specialty area of practice in which the registrar is working).

When is a prescribing approval required for psychostimulant prescribing?

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

Other useful information to assist with applying for a prescribing approval

Adult attention deficit disorder

In applying for a prescribing approval to prescribe amfetamines or methylphenidate for adult attention deficit disorder, a prescriber is required to have the ongoing support of a psychiatrist. The prescriber must name the supporting psychiatrist in their application and

[5] Schedule 6, Part 2 of the MPMR defines 'registrar' as follows:

A medical practitioner (a registrar) employed as a registrar in a hospital working under the supervision of a medical practitioner who is a specialist in the specialty area of practice in which the registrar is working.

the date when the patient was last reviewed by them. In practical terms, the prescriber is applying to continue the treatment which has been initiated and endorsed by the supporting psychiatrist.

Children who are transitioning to adulthood

For children (a person under 18 years of age) transitioning into adulthood, their specialist care could be transitioned from a paediatrician to a psychiatrist. In situations where a paediatrician is not involved in a child's care, when the child reaches 18 years of age, the patient should be referred by the prescriber to a psychiatrist to confirm the patient's diagnosis and treatment and determine if prescribing of psychostimulants should continue.

Prescribing outside the maximum dosage

As mentioned above, Schedule, Part 2, Division 16 of the MPMR defines, 'maximum dosage', of a medicine relevant to treatment by a psychiatrist to mean:

(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 seeking to prescribe beyond the maximum dosage 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.

There is no maximum dosage specified for paediatricians under the MPMR.

Additional content of a written prescription

Section 86 of the MPMR specifies the content required on a written prescription for dispensing or giving a treatment dose of a medicine.

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 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 'monitored medicines' (see Schedule 2, Part 4 of the MPMR), and are subject to obligations under the MPA and MPMR regarding the 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 (listed in Schedule 18 Part 1 of the MPMR, which includes medical practitioners and nurse practitioners) to check QScript before prescribing, dispensing or giving a treatment dose of, a monitored medicine for a patient.

Prescribers are strongly encouraged to look up a patient's medicine history in QScript ***before*** applying for a new prescribing approval. If there is evidence of another prescriber prescribing for the patient, it is recommended the applicant contact the most recent prescriber to establish if there is already an existing prescribing approval in place. To do this, the applicant should:

1. Click the 'Patient Profile' button at the top-right of the patient's QScript profile.
2. Scroll down to the 'Approvals and QOTP Episodes' accordion and expand it.

In the grid that displays, review the information (if any) to see if there are any current approvals in place for the patient. If so, the applicant can click on the approval to view more information.

Access to QScript is currently only available to 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 [section 93 of the MPMR] and dispensers [section 126 of the MPMR] must also comply with the *Monitored Medicines Standard* 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* provides further guidance about complying with the Monitored Medicines Standard.

Associated guidance information

- Further information about prescribing approvals may be found here: www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines/prescribing-approvals
- 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

  https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/supporting-documents
- Factsheet – writing lawful prescriptions

  https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/supporting-documents
- Factsheet – interstate prescribers

  https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/supporting-documents
- QScript information

  www.health.qld.gov.au/qscript
- Queensland Health Departmental Standard – Monitored medicines

  https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/legislation-standards

Further information

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