Medicines and Poisons Act 2019

Extended Practice Authority
'Indigenous Health Workers'

Version control

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Extended Practice Authority 'Indigenous Health Workers'

This extended practice authority has been made by the Director General, Queensland Health under section 232 of the *Medicines and Poisons Act 2019*. It states the scope of the regulated activities with the regulated substances which an Indigenous Health Worker is authorised to carry out for the purposes described in the table under Schedule 3, Part 2 Division 2 the Medicines and Poisons (Medicines) Regulation 2021.

A term used in this EPA that is defined in the *Medicines and Poisons Act 2019* or the Medicines and Poisons (Medicines) Regulation 2021, has the meaning stated in the *Medicines and Poisons Act 2019* or Medicines and Poisons (Medicines) Regulation 2021.

1. Application

This extended practice authority applies to an indigenous health worker practising in a hospital and health service in an isolated practice area.

Indigenous health worker means a person who:

(a) holds a Diploma of Health Science ATSI Primary Health Care (Generalist) ASF 5 from a college of technical and further education or a certified equivalent qualification; and
(b) has successfully completed the North Queensland Rural Health Training Unit Isolated Practice Course, or an equivalent course of training approved by the chief executive, for the accreditation of registered nurses for practice in an isolated practice area.

2. General Conditions

The following general conditions apply to all indigenous health workers.

1. The indigenous health worker must ensure they have access to their applicable health management protocol, *Australian Immunisation Handbook*[1] and current guidelines, manuals or protocols adopted or established by their employer when acting under this EPA.
2. The indigenous health worker must act in accordance with a current health management protocol that applies to the dealings of the indigenous health worker and that complies with the requirements specified in Appendix 1.
3. The indigenous health worker may not give a treatment dose of a monitored medicine.
4. Before administering or giving a treatment dose of a medicine, the indigenous health worker must be familiar with the contra-indication(s) and known side effects of the medicine and advise the patient accordingly.
5. For the administration of vaccines, the indigenous health worker must act in accordance with:

   5.1 the requirements for vaccine administration in the current online edition of the *Australian Immunisation Handbook* including for patient selection,

[1] For current on-line Australian Immunisation Handbook see https://immunisationhandbook.health.gov.au/

patient consent, vaccine administration, documenting vaccination and follow up care; and

5.2 the current online edition of the *Immunisation Schedule Queensland* [2].

6. Before vaccines are administered, the indigenous health worker must ensure the equipment and procedures detailed in the current online edition of the *Australian Immunisation Handbook* are in place.

7. When vaccines are in the possession of the indigenous health worker, the indigenous health worker must ensure that the storage and transport of vaccines is in accordance with the *National vaccine storage guidelines: Strive for 5* [3].

8. An indigenous health worker who administers a vaccine must ensure:
   8.1 the vaccination is recorded on the Australian Immunisation Register as soon as practicable and ideally at the time of vaccination; and
   8.2 any adverse events occurring following immunisation is notified to the prescriber who authorised the administration[4].

9. If Consumer Medicine Information (CMI)[5] is available for a particular medicine, the indigenous health worker must, where reasonably practicable, offer the information to each person to whom the indigenous health worker administers or gives a treatment dose of the medicine.

3. Authority for indigenous health worker

An indigenous health worker may administer or give a treatment dose of a medicine listed in Appendix 2 or Appendix 3, column 1:

a) if the medicine is NOT marked with an asterisk (*), on the prescription of a medical practitioner, nurse practitioner or physician's assistant; and
b) if the medicine is marked with an asterisk (*); with or without a prescription; and
c) by or for a route of administration for the medicine stated in Appendix 2 or 3, column 2; and
d) in accordance with the conditions for the medicine stated in Appendix 2 or 3, column 3 (if any); and
e) in accordance with a current health management protocol that meets the requirements in Appendix 1; and

Note. A prescription may be an oral prescription given during consultation with a prescriber or a written prescription.

4. Indigenous health worker (sexual health authorisation)

An indigenous health worker who has completed the North Queensland Workforce Unit – Course in sexual health for indigenous healthworkers[6] may only administer or supply a medicine listed in Appendix 4, column 1:

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[2] See https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule

[3] For National vaccine storage guidelines: Strive for 5 see https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5

[4] For Adverse Event Following Immunisation (AEFI) form see https://www.health.qld.gov.au/__data/assets/pdf_file/0033/442968/aefi-reporting-form.pdf

[5] Consumer Medicines Information is a leaflet that contains information on the safe and effective use of a prescription medicine, as well as some non-prescription medicines – see https://www.tga.gov.au/consumer-medicines-information-cmi

[6] The North Queensland Workforce Unit - Course in sexual health for indigenous healthworkers is the certified equivalent qualification for an indigenous health worker (sexual health authorisation).

a) if the medicine is NOT marked with an asterisk (*), on the prescription of a medical practitioner, nurse practitioner or physician's assistant; and
b) if the medicine is marked with an asterisk (*); with or without a prescription; and
c) by or for a route of administration for the medicine stated in Appendix 2 or 3, column 2; and
d) by or for a route of administration for the medicine stated in Appendix 4, column 2; and
e) subject to the conditions for the medicine stated in Appendix 4, column 3 (if any); and
f) in accordance with a health management protocol that meets the requirements in Appendix 1.

Note. A prescription may be an oral prescription given during consultation with a prescriber or a written prescription.

Appendix 1. Requirements for health management protocols

1. A health management protocol is a document approved and dated by the chief executive of a Hospital and Health Service or the Chief Executive Officer of a non-Queensland Health which details the clinical use of medicines that may be administered or given as a treatment dose under this EPA for patients of the indigenous health worker.
2. A health management protocol must have been reviewed and endorsed by an inter-disciplinary health team comprising, at a minimum, a medical practitioner, a registered nurse and a pharmacist, and may include other identified professional personnel (an ***inter-disciplinary team***).
3. A health management protocol must include the following:
   a) The procedures for clinical assessment, management, and follow up of patients, including the recommended medicine for the relevant clinical problem.
   b) For each medicine in the health management protocol:
      i. a clinical indication or time when medical referral/consultation must occur for that condition;
      ii. the name, form and strength of the medicine and the condition/situation for which it is intended and any contraindications to the use of the medicine;
      iii. the recommended dose of the medicine, the frequency of administration (including rate where applicable) and the route of administration of the medicine;
      iv. for a medicine to be administered, the maximum dose of a medicine that may be administered or duration of administration without a prescription from an authorised prescriber;
      v. for a medicine to be given as a treatment dose without a prescription, the maximum quantity of a medicine that may be given;
      vi. the type of equipment and management procedures required for management of an emergency associated with the use of the medicine;
      vii. when to refer to a higher level of care for intervention or follow-up.
4. A health management protocol for giving a treatment dose of a medicine in Appendix 3 must include the process for clinical assessment, management, and follow up.
5. A clinical guideline developed by another entity's inter-disciplinary team, such as the *Primary Clinical Care Manual (PCCM)*[7], may be approved as a health management protocol if it is endorsed by an inter-disciplinary team.
6. A health management protocol is ***current*** when it has been approved by the chief executive of a Hospital and Health Service or the Chief Executive Officer of a non-Queensland Health employing organisation within two (2) years of the day an indigenous health worker acts in accordance with the health management protocol unless the current on-line edition of the PCCM has been endorsed and approved as the health management protocol for the service.
7. If the PCCM is adopted as the health management protocol, the health management protocol is ***current*** when it has been approved by the chief executive of a Hospital and Health Service or the Chief Executive Officer of a non-Queensland Health employing organisation within three (3) years of the day an indigenous health worker acts in accordance with the health management protocol.

[7] Primary Care Clinical Manual available at https://www.publications.qld.gov.au/dataset/primary-clinical-care-manual-10th-edition/resource/9ee849ab-ba4a-49d8-a582-dfa30f1d8a96

Appendix 2. Acute care medicines

Note 1. Administration or giving a treatment dose of these medicines must **only** occur on the prescription of a medical practitioner, nurse practitioner or physician's assistant except for the substances marked with an asterisk (*).

Note 2. For a medicine that is a prepacked liquid, cream, ointment or aerosol that is being given on a prescription—the quantity supplied must be sufficient to provide treatment for the prescribed duration, to the nearest whole manufacturer's pack.

Schedule 8 Medicines: Opioid Analgesics - Acute pain management		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Morphine hydrochloride	Intramuscular Subcutaneous	Adult only. May not be given as a treatment dose.
Morphine sulfate pentahydrate	Intramuscular Subcutaneous	
Fentanyl	Intramuscular Intravenous Subcutaneous	
Oxycodone	Oral	

Analgesics and Antipyretics		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Aspirin*	Oral	Adult only. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Ibuprofen*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Ketorolac trometamol	Intramuscular	Adult only. Single dose up to 30 mg.
Methoxyflurane	Inhalation	Adult and child 6 years or older: 3 mL may be repeated after 20 minutes to a maximum of 6 mL Patient must self-administer.
Nitrous oxide 50% / oxygen 50%	Inhalation	Patient must self-administer.

Analgesics and Antipyretics		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Paracetamol*	Oral Rectal	For rectal route, may administer a single dose then must contact medical practitioner or nurse practitioner. When giving a treatment dose, may only give the smallest available manufacturer's pack.

Antibiotics and other Anti-infective agents (Oral)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Amoxicillin	Oral	
Amoxicillin/clavulanic acid	Oral	
Azithromycin	Oral	
Cefaclor	Oral	Child only.
Cefuroxime	Oral	Adult only.
Cefalexin	Oral	
Ciprofloxacin	Oral	
Clindamycin	Oral	
Dicloxacillin	Oral	
Doxycycline	Oral	
Erythromycin	Oral	
Flucloxacillin	Oral	
Ivermectin	Oral	Prescription must be given by a Specialist Infectious Diseases Physician
Metronidazole	Oral	
Nitrofurantoin	Oral	
Phenoxymethylpenicillin	Oral	

Roxithromycin	Oral	
Tinidazole	Oral	
Trimethoprim	Oral	
Trimethoprim/ sulfamethoxazole	Oral	
Valaciclovir	Oral	

Antibiotics (Parenteral)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Amoxicillin	Intramuscular Intravenous	
Ampicillin	Intramuscular Intravenous	
Benzathine penicillin (Bicillin L-A)	Intramuscular	
Benzylpenicillin	Intramuscular Intravenous	
Cefotaxime	Intramuscular Intravenous Intraosseous	Maximum 2 g.
Ceftriaxone	Intramuscular Intravenous Intraosseous	Intramuscular to be given reconstituted with 1% Lidocaine (lignocaine) injection. Maximum 2 g.
Cefazolin	Intravenous Intraosseous	
Flucloxacillin	Intramuscular Intravenous Intraosseous	

Antibiotics (Parenteral)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Gentamicin	Intramuscular Intravenous Intraosseous	
Lincomycin	Intramuscular Intravenous	
Procaine benzylpenicillin (procaine penicillin)	Intramuscular	
Teicoplanin	Intramuscular	
Vancomycin	Intravenous Intraosseous	

Antibiotic Adjuncts		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Dexamethasone	Intravenous	
Probenecid	Oral	

Antibiotics and other Anti-infectives (Topical)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Chloramphenicol (eye drops/eye ointment)	Topical to eye	
Ciprofloxacin (ear drops)	Otic	Must provide directions to the patient to self- administer the medicine for a maximum of 9 days. For use in patients over one month old.
Clindamycin 2%	Intravaginal	Must provide directions to the patient to self- administer the medicine for a maximum of 7 days.

Antibiotics and other Anti-infectives (Topical)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Clotrimazole*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Clotrimazole	Intravaginal	Must provide directions to the patient to self- administer the medicine for a maximum of 7 days.
Dexamethasone 0.5 mg / framycetin sulfate 5 mg / gramicidin 0.05 mg/mL (ear drops)	Otic	
Flumetasone pivalate 0.02%/ clioquinol 1% (ear drops)	Otic	
Ketoconazole shampoo*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Miconazole*	Topical	For tinea, cutaneous candidiasis and oral thrush only. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Miconazole	Intravaginal	Administer one dose and supply one full course.
Mupirocin (cream)	Topical	Administer one dose and supply one full course.
Nystatin* (oral drops for topical use)	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Podophyllotoxin	Topical	When giving a treatment dose, may give a maximum of 6 weeks supply.
Silver sulfadiazine 1% (cream)	Topical	
Triamcinolone compound (ointment)	Otic	

Antibiotics and other Anti-infectives (Topical)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Terbinafine*	Topical	For tinea and ringworm only. When giving a treatment dose, may only give the smallest available manufacturer's pack.

Antidotes, Adrenaline and other Reversal Agents (Agents to treat adverse effects)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Adrenaline (epinephrine)*	Intramuscular	Administer up to two doses then must contact a medical practitioner or nurse practitioner.
Benzatropine	Intramuscular Oral	
Flumazenil	Intravenous	
Glucagon*	Intramuscular Subcutaneous	Administer one dose then must contact a medical practitioner or nurse practitioner.
Hydrocortisone	Intramuscular Intravenous	
Naloxone*	Subcutaneous Intravenous Intramuscular	Administer one dose then must contact a medical practitioner or nurse practitioner. If neonatal resuscitation, must contact medical practitioner or nurse practitioner.

Antiemetics		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Metoclopramide	Intravenous Intramuscular Oral	Adult Only. Single dose only. Maximum 10mg.
Ondansetron	Intravenous Oral	Children only. Maximum 4 mg intravenous, 8 mg oral.
Prochlorperazine	Oral	Adult Only.

Antihistamines		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Loratadine*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Cetirizine*	Oral	Adults and children over 12 years. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Promethazine*	Oral	Administer one dose then contact a medical practitioner or nurse practitioner.
Promethazine	Intramuscular Intravenous	Maximum 50 mg as first dose.

Antiparasitic and Anthelminthic Agents		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Albendazole	Oral	
Mebendazole*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Pyrantel*	Oral	
Thiabendazole	Oral	

Antivenoms		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Snake polyvalent anti-venom	Intravenous	
Box jellyfish anti-venom*	Intravenous Intramuscular	Administer one ampoule (20,000 units) then contact a medical practitioner or nurse practitioner.
Funnel web spider anti-venom	Intravenous	

Cardiovascular and Renal Medicines (Acute)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Aspirin*	Oral	
Furosemide (frusemide)	Intramuscular Intravenous Oral	Must contact a medical practitioner or nurse practitioner for acute presentations.
Glyceryl trinitrate (patches)	Transdermal	Must contact a medical practitioner or nurse practitioner for acute presentations.
Glyceryl trinitrate*	Sublingual	Administer for chest pain, acute hypertensive crisis or acute pulmonary oedema
Nifedipine	Oral	

Local anaesthetic		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Lidocaine (lignocaine) 1%	Local infiltration or mixed with Ceftriaxone intramuscular injection	
Lidocaine (lignocaine) gel 2%	Topical	Maximum duration 3 days.
Lidocaine (lignocaine) with adrenaline (epinephrine)	Subcutaneous Topical	Subcutaneous - Adults and children older than 12 years only.
Lidocaine (lignocaine) lotion 2.5%*	Topical	For toothache.
Lidocaine (lignocaine) with phenylephrine	Intranasal	
Oxybuprocaine eye drop 0.4% (minim)	Topical to eye	Single dose minim - never to be given to take home.

Vitamin and Mineral Supplements		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Folic acid	Oral	
Ferrous fumarate	Oral	
Ferrous sulfate	Oral	

Schedule 8 Medicines: Opioid Analgesics for Obstetric Use		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Morphine hydrochloride	Intramuscular Subcutaneous	Adult only. To a maximum of 10 mg.
Morphine sulfate pentahydrate	Intramuscular Subcutaneous	

Other Agents for Obstetric Use		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Amoxicillin	Intravenous Intraosseous	
Ampicillin	Intravenous Intraosseous	
Benzylpenicillin	Intravenous Intramuscular	
Betamethasone	Intramuscular	
Ceftriaxone	Intravenous Intraosseous	
Ergometrine	Intramuscular	250 micrograms per dose up to a maximum of 500 micrograms.
Erythromycin	Oral	
Indometacin	Rectal	
Lincomycin	Intravenous Intramuscular	
Metoclopramide	Intramuscular	
Misoprostol	Rectal Sublingual Buccal	Maximum 1000 micrograms.
Nifedipine	Oral	
Nitrous oxide and oxygen	Inhalation	
Oxytocin	Intramuscular Intravenous	

Oral Contraceptives ***Can only be supplied if less than 12 months since the last medical consultation and there is a current prescription***		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Ethinylestradiol 35 microgram / cyproterone acetate 2 mg	Oral	Maximum supply at any one time not to exceed 4 months
Ethinylestradiol 30 microgram / desogestrel 150 microgram	Oral	
Ethinylestradiol 30 microgram / dienogest 2 mg	Oral	
Ethinylestradiol 20 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / gestodene 75 microgram	Oral	
Ethinylestradiol 20 microgram / levonorgestrel 100 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 50 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 125 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 150 microgram	Oral	
Ethinylestradiol 40 microgram / levonorgestrel 75 microgram	Oral	
Ethinylestradiol 35 microgram/ norethisterone 500 microgram	Oral	
Ethinylestradiol 35 microgram/ norethisterone 1 mg	Oral	
Levonorgestrel 30 microgram	Oral	
Norethisterone 350 microgram	Oral	

Injectable Hormonal Contraception ***Can only be administered if less than 12 months since last medical practitioner or nurse practitioner assessment and there is a current prescription. At and after 12 months, further clinical assessment by a medical practitioner or nurse practitioner is required***		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Medroxyprogesterone acetate	Intramuscular	To be administered once every 12 weeks (+ or – 14 days).

Post-coital Contraception (Emergency Contraception)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Levonorgestrel 1.5 mg	Oral	

Respiratory Medicines (Acute)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Adrenaline (epinephrine) (nebulised solution)	Inhalation	
Budesonide (nebulised solution)	Inhalation	
Budesonide (intranasal spray)	Intranasal	Administer and supply for mild to moderate allergic rhinitis
Dexamethasone	Oral	
Hydrocortisone sodium succinate	Intravenous	Maximum stat dose in accordance with the *Australian Asthma Handbook*[8].
Ipratropium bromide* (nebulised or metered dose inhaler)	Inhalation	Administer one dose then contact medical practitioner or nurse practitioner.
Methylprednisolone sodium succinate	Intravenous	Maximum stat dose in accordance with the *Australian Asthma Handbook*.
Prednisolone	Oral	

[8] Available at https://www.asthmahandbook.org.au/

Respiratory Medicines (Acute)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Salbutamol* (nebulised)	Inhalation	Administer one dose then contact medical practitioner or nurse practitioner.
Salbutamol* (metered dose inhaler)	Inhalation	Administer one dose then contact medical practitioner or nurse practitioner.

Sedatives		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Diazepam	Intravenous Oral Rectal	Adults: 10 mg.
Haloperidol	Intravenous Intramuscular Oral	5 mg stat with second 5 mg dose if required to maximum of 10 mg.
Lorazepam	Oral	Adult Only: 1 mg stat.
Midazolam	Intramuscular Intranasal Buccal	
Olanzapine	Intramuscular Oral	Adult Only.

Immunisation: Antigens and Immunoglobulins		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Diphtheria	Dose and route of administration of vaccines is as specified in the current *Australian Immunisation Handbook* or recommended / approved by the NHMRC. If not listed, dose and route of administration is to be as per the approved product information.	• In accordance with the current National Immunisation Program (NIP) Schedule; or as approved by the National Health and Medical Research Council (NHMRC) for future inclusion in the NIP; or • under an immunisation program carried out by a Hospital and Health Service, Queensland Health or a local government; or • under an immunisation program that was certified under the (repealed) *Health (Drugs and Poisons) Regulation 1996* and until the date stated in the program to be the end of the certification; or • under an immunisation program that is authorised under a general approval given to provide an immunisation program under the *Medicines and Poisons Act 2019*; or • for use in a case/outbreak situation, or other specific situations, as directed by a Public Health Medical Officer.
Tetanus		
Pertussis		
Haemophilus influenzae type b		
Hepatitis A		
Hepatitis B		
Human Papillomavirus		
Poliomyelitis		
Influenza		
Measles		
Mumps		
Rubella		
Meningococcal B		
Meningococcal C		
Meningococcal (ACWY)		
Pneumococcal		
Rotavirus		
Varicella		
Tetanus immunoglobulin		
Zoster (herpes zoster)		

Restricted Immunisation Programs		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Japanese Encephalitis – inactivated JE vaccine or live attenuated JE vaccine	Dose and route of administration of vaccines is as specified in the current *Australian Immunisation Handbook* or recommended / approved by the NHMRC or as approved by the Therapeutic Goods Administration under section 19A of the *Therapeutic Goods Act 1989*.	Under an immunisation program approved by the chief executive of the Torres and Cape Hospital and Health Service (TCHHS) or the Public Health Medical Officer of the TCHHS and in accordance with local procedures for the Japanese Encephalitis Vaccine Program for the Outer Torres Strait Islands of Moa, Badu, Mabuiag, Boigu, Dauan, Saibai, Yam, Warraber, Coconut, Yorke, Stephen, Darnley and Murray Islands.

Appendix 3. Chronic Disease Medicines

Note. Medicines in this appendix may only be given as a treatment dose if less than 6 months since last medical consultation.

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Scheduled substance	**Approved route of administration**
Aluminium hydroxide	Oral
Amiloride	Oral
Amiodarone	Oral
Amlodipine	Oral
Aspirin	Oral
Atenolol	Oral
Atorvastatin	Oral
Benzathine penicillin (Bicillin L-A)	Intramuscular
Bisoprolol	Oral
Bumetanide	Oral
Calcitriol	Oral
Calcium carbonate	Oral
Candesartan	Oral
Captopril	Oral
Carvedilol	Oral
Chlortalidone	Oral
Cinacalcet	Oral
Clonidine	Oral
Clopidogrel	Oral
Colecalciferol	Oral
Darbepoetin alfa	Subcutaneous
Digoxin	Oral

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Scheduled substance	**Approved route of administration**
Diltiazem	Oral
Enalapril	Oral
Eplerenone	Oral
Epoetin alfa	Subcutaneous
Epoetin beta	Subcutaneous
Eprosartan	Oral
Erythromycin	Oral
Etacrynic acid	Oral
Ezetimibe	Oral
Fenofibrate	Oral
Flecainide	Oral
Felodipine	Oral
Fosinopril	Oral
Furosemide (frusemide)	Oral
Gemfibrozil	Oral
Glyceryl trinitrate	Sublingual
Hydralazine	Oral
Hydrochlorothiazide	Oral
Hydrochlorothiazide / triamterene	Oral
Indapamide	Oral
Irbesartan	Oral
Isosorbide dinitrate	Oral
Isosorbide mononitrate	Oral
Ivabradine	Oral
Labetalol	Oral

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Scheduled substance	**Approved route of administration**
Lanthanum	Oral
Lercanidipine	Oral
Lisinopril	Oral
Losartan	Oral
Magnesium aspartate	Oral
Methyldopa	Oral
Methoxy polyethylene glycol-epoetin beta	Subcutaneous
Metoprolol	Oral
Minoxidil	Oral
Moxonidine	Oral
Nebivolol	Oral
Nicorandil	Oral
Nifedipine	Oral
Nimodipine	Oral
Olmesartan	Oral
Oxprenolol	Oral
Perhexiline	Oral
Perindopril	Oral
Phenoxymethylpenicillin	Oral
Pindolol	Oral
Pravastatin	Oral
Prazosin	Oral
Propranolol	Oral
Quinapril	Oral
Ramipril	Oral

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Scheduled substance	**Approved route of administration**
Rivaroxaban	Oral
Rosuvastatvin	Oral
Sevelamer	Oral
Simvastatin	Oral
Sotalol	Oral
Spironolactone	Oral
Sucroferric oxyhydroxide	Oral
Telmisartan	Oral
Terazosin	Oral
Ticagrelor	Oral
Trandolapril	Oral
Valsartan	Oral
Verapamil	Oral

Diabetes Medicines	
Scheduled substance	**Approved route of administration**
Acarbose	Oral
Alogliptin	Oral
Canagliflozin	Oral
Dapagliflozin	Oral
Empagliflozin	Oral
Exenatide	Subcutaneous
Glibenclamide	Oral
Gliclazide or Gliclazide MR	Oral
Glimepiride	Oral

Diabetes Medicines	
Scheduled substance	**Approved route of administration**
Glipizide	Oral
Linagliptin	Oral
Liraglutide	Subcutaneous
Metformin or Metformin ER	Oral
Pioglitazone	Oral
Rosiglitazone	Oral
Saxagliptin	Oral
Sitagliptin	Oral
Vildagliptin	Oral
Insulins	
Insulin aspart and Insulin aspart protamine	Subcutaneous
Insulin detemir	Subcutaneous
Insulin glargine	Subcutaneous
Insulin glulisine	Subcutaneous
Insulin isophane	Subcutaneous
Insulin lispro	Subcutaneous
Insulin lispro and Insulin lispro protamine	Subcutaneous
Insulin neutral	Subcutaneous
Insulin neutral and Insulin isophane	Subcutaneous

Respiratory Medicines (Chronic)	
Scheduled substance	**Approved route of administration**
Aclidinium	Inhalation
Beclometasone	Inhalation
Budesonide	Inhalation
Budesonide / formoterol (eformoterol)	Inhalation
Ciclesonide	Inhalation
Cromoglycate	Inhalation
Formoterol (eformoterol)	Inhalation
Fluticasone / salmeterol	Inhalation
Fluticasone	Inhalation
Fluticasone / vilanterol	Inhalation
Glycopyrronium	Inhalation
Indacaterol	Inhalation
Indacaterol / glycopyrronium	Inhalation
Ipratropium bromide (nebulised)	Inhalation
Montelukast	Oral
Nedocromil	Inhalation
Prednisolone	Oral
Salbutamol	Inhalation
Salmeterol	Inhalation
Terbutaline	Inhalation
Theophylline	Oral
Tiotropium bromide	Inhalation
Umeclidinium	Inhalation

Appendix 4. Sexual health authorisation medicines

Antibiotics / Antivirals / Antifungals / Anti-infectives		
Scheduled Substances	**Approved route of administration**	**Restrictions/Conditions**
Azithromycin	Oral	
Benzathine Penicillin (Bicillin LA)	Intramuscular	Administer one dose.
Ceftriaxone	Intramuscular	Administer reconstituted with lidocaine (lignocaine) 1% injection.
Ciprofloxacin	Oral	Single dose only.
Clindamycin	Intravaginal	
Clotrimazole	Intravaginal	
Clotrimazole	Topical	
Doxycycline	Oral	
Miconazole	Vaginal/Topical/Oral	
Metronidazole	Oral	
Valaciclovir	Oral	

Antidotes, Adrenaline and other Reversal Agents (Agents to treat adverse effects)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Adrenaline (epinephrine)*	Intramuscular	Administer up to two doses then contact a medical practitioner or nurse practitioner.

Dermatologic Preparations		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Podophyllotoxin	Topical	A maximum of 6 weeks supply.

Local anaesthetic		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Lidocaine (lignocaine) 1%	Local infiltration or mixed with Ceftriaxone intramuscular injection	

Oral Contraceptives ***Hormonal contraception is not initiated by an indigenous health worker. Can only be supplied if less than 12 months since the last medical consultation and there is a current prescription***		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Ethinylestradiol 35 microgram / cyproterone acetate 2 mg	Oral	Maximum supply at any one time not to exceed 4 months
Ethinylestradiol 30 microgram / desogestrel 150 microgram	Oral	
Ethinylestradiol 30 microgram / dienogest 2 mg	Oral	
Ethinylestradiol 20 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / gestodene 75 microgram	Oral	
Ethinylestradiol 20 microgram / levonorgestrel 100 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 50 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 125 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 150 microgram	Oral	
Ethinylestradiol 40 microgram / levonorgestrel 75 microgram	Oral	

Oral Contraceptives ***Hormonal contraception is not initiated by an indigenous health worker. Can only be supplied if less than 12 months since the last medical consultation and there is a current prescription***		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Ethinylestradiol 35 microgram/ norethisterone 500 microgram	Oral	
Ethinylestradiol 35 microgram/ norethisterone 1mg	Oral	
Levonorgestrel 30 microgram	Oral	
Norethisterone 350 microgram	Oral	

Injectable Hormonal Contraception ***Can only be administered if less than 12 months since last medical practitioner or nurse practitioner assessment and there is a current prescription. At and after 12 months, further clinical assessment by a medical practitioner or nurse practitioner is required***		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Medroxyprogesterone acetate	Intramuscular	To be administered once every 12 weeks (+ or – 14 days).

Post-coital Contraception (Emergency Contraception)		
Scheduled substance	**Approved route of administration**	**Restrictions/Conditions**
Levonorgestrel 1.5mg	Oral	