

# Impact Analysis Statement

## Summary IAS

### Details

Lead department	Queensland Health
Name of the proposal	<i>Medicines and Poisons (Medicines) Amendment Regulation (No. 4) 2025</i>
Submission type	Summary IAS
Title of related legislative or regulatory instrument	<i>Medicines and Poisons (Medicines) Regulation 2021</i>
Date of issue	November 2025

Proposal type	Details
Regulatory proposals where no RIA is required	<p>The <i>Medicines and Poisons (Medicines) Amendment Regulation (No. 4) 2025</i> amends the <i>Medicines and Poisons (Medicines) Regulation 2021</i> (Medicines Regulation) to:</p> <ul style="list-style-type: none"> <li>• Authorise specialist general practitioners (specialist GPs) to deal with psychostimulants for the treatment of adults with attention deficit hyperactivity disorder (ADHD), authorise paediatricians to deal with psychostimulants for the treatment of ADHD in adults aged 18 to 25 years to support continued treatment of young persons transitioning to adulthood, and update outdated language. <ul style="list-style-type: none"> <li>○ The objective of the psychostimulant prescribing amendments is to improve access to psychostimulant medications for the treatment of ADHD in Queensland.</li> <li>○ Under the Medicines Regulation, prescribing authorisations for psychostimulants are limited to: <ul style="list-style-type: none"> <li>▪ Psychiatrists are authorised to prescribe psychostimulants for adults diagnosed with ADHD, provided the dosage does not exceed the maximum daily dosage limits. These limits are 40 mg for dexamfetamine, 70 mg for lisdexamfetamine, and 80 mg for methylphenidate. Psychiatrists may also prescribe psychostimulants for children up to 18 years of age with ADHD or brain injury, without dosage limits.</li> <li>▪ Paediatricians may prescribe psychostimulants for children up to 18 years of age who have been diagnosed with ADHD or a brain injury. There are no maximum dosage limits for these prescriptions.</li> <li>▪ Medical practitioners may prescribe psychostimulants for children aged 4-17 years with ADHD or brain injury without dosage limits. However, they are not authorised to prescribe psychostimulants for adults with ADHD or brain injury unless they obtain a prescribing approval. Medical practitioners may also prescribe psychostimulants for the treatment of narcolepsy</li> </ul> </li> </ul> </li> </ul>

	<p>in a patient of any age. In institutional settings such as hospitals or prisons, they may continue treatment under supervision.</p> <ul style="list-style-type: none"> <li>▪ Nurse practitioners are authorised to prescribe psychostimulants for continuing treatment in institutional settings, such as hospitals or prisons, and must do so under supervision.</li> <li>○ A medical practitioner can apply for a prescribing approval to prescribe a psychostimulant for a patient in circumstances outside their standard authorisation. Applications for prescribing approvals are considered and decided on a case-by-case basis by the chief executive of Queensland Health or their delegate.</li> <li>○ In recent years there has been a rapid growth in applications for psychostimulant prescribing approvals from medical practitioners working in general practice seeking to prescribe psychostimulants for the treatment of ADHD in adults.</li> <li>○ Authorising specialist GPs to deal with psychostimulants for the treatment of adults with ADHD is expected to reduce the demand for appointments with other specialist medical practitioners, primarily psychiatrists, and increase access to treatment for Queenslanders with ADHD. This amendment will enable specialist GPs to initiate, modify and continue psychostimulant treatment for adults with ADHD.</li> <li>○ Expanding paediatricians' prescribing authority to include ADHD patients aged 18 to 25 years will support continuity of care during their transition from adolescence to adulthood. This period is particularly challenging for maintaining access to ADHD treatment.</li> <li>• Allow appropriately qualified and credentialed first contact emergency physiotherapist practitioners (credentialed EPPs) to prescribe and administer additional medicines under the Physiotherapists Extended Practice Authority (Physiotherapists EPA), when treating patients in public sector urgent care settings. <ul style="list-style-type: none"> <li>○ Credentialed EPPs are authorised to prescribe and administer the medicines specified in the Physiotherapists EPA. Currently, the Physiotherapists EPA does not enable credentialed EPPs to fully utilise their professional capabilities, limiting their autonomy and efficiency in public sector urgent care environments.</li> <li>○ This amendment will update the Physiotherapists EPA to enable credentialed EPPs to prescribe and administer additional medicines and amends the current conditions for certain medicines already within the Physiotherapists EPA. These changes will allow credentialed EPPs to practice to their full scope, enhancing patient care and service delivery in emergency and urgent care settings.</li> </ul> </li> <li>• Authorise registered nurses employed by, or for, a Hospital and Health Service to give a treatment dose of a Schedule 2 (S2), Schedule 3 (S3) or Schedule 4 (S4) medicine for preparation of the bowel for a procedure, where the medicine is given on a prescription or a standing order. <ul style="list-style-type: none"> <li>○ Bowel preparation medicines are supplied to, and taken by, patients undergoing specific clinical procedures or diagnostic assessments (for example, a colonoscopy). Patients scheduled for a gastrointestinal procedure at a Hospital and Health Service typically meet with a registered nurse for a pre-procedural consultation, which includes education on the bowel preparation process.</li> <li>○ The Medicines Regulation does not authorise registered nurses to give a treatment dose of bowel preparation medicines either on a prescription or a standing order. This restriction means registered</li> </ul> </li> </ul>
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	<p>nurses cannot provide these medicines directly to patients to take home as part of in-person pre-procedural consultations, requiring patients to obtain them separately from a pharmacy.</p> <ul style="list-style-type: none"> <li>○ Allowing registered nurses to work to scope and give a treatment dose of medicines during the pre-procedural consultation will reduce duplication in patient education, remove unnecessary steps in the pre-procedural gastrointestinal process. improve access to essential medicines and support timely and accurate diagnostic procedures.</li> <li>● Remove hydroxychloroquine from the list of restricted medicines. <ul style="list-style-type: none"> <li>○ Hydroxychloroquine is an S4 medicine under the Commonwealth Poisons Standard. It is primarily used for the treatment of autoimmune conditions such as rheumatoid arthritis and systemic lupus erythematosus, and for the prophylaxis and treatment of malaria.</li> <li>○ The amendments will align the Medicines Regulation with the removal of restrictions by the Commonwealth and will ensure that practitioners in Queensland are able to provide timely, clinically appropriate care for their patients.</li> </ul> </li> <li>● Make other administrative amendments. <ul style="list-style-type: none"> <li>○ A minor amendment is being made to remove reference to the 'Price information code of practice' published by the TGA and replace it with the 'Therapeutic Goods Advertising Code', which is now the relevant document.</li> <li>○ Amendments are being made to replace the definition and all references to adrenaline (epinephrine) autoinjector with adrenaline (epinephrine) device to enable the use of S3 non-injectable adrenaline devices for anaphylaxis management. Enabling the administration of non-injectable adrenaline devices will improve timely administration of adrenaline in instances where there may be apprehension around the use of needles and injections and, in general, provide more options for management of anaphylaxis.</li> </ul> </li> </ul> <p>The proposals are designed to facilitate equitable access to medicines and health services for Queenslanders. The <i>Medicines and Poisons (Medicines) Amendment Regulation (No. 4) 2025</i> is deregulatory and does not increase costs or regulatory burden on business or the community. Queensland Health has identified that no further regulatory impact analysis is required under the <i>Queensland Government Better Regulation Policy</i>.</p>
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**Signed**



Dr David Rosengren  
 Director-General, Queensland Health  
 Date: 21/11/2025



Tim Nicholls MP  
 Minister for Health and Ambulance Services  
 Date: 24/11/25