

Drug replacement purchase order

Services enrolled in the program need to complete this form in January and July to request replacement medication funded by Communicable Diseases Branch.

Service to receive replacement medication	
Order number/unique identifier (comprised of your service code, year and month e.g. ABCD2207)	
Date purchase order is made (DD/MM/YYYY)	
Name of buyer	(A buyer is a person who is authorised to give a purchase order for stock of S4 medicine under the <i>Medicines and Poisons (Medicines) Regulation 2021</i>)
Details of buyer's authorisation to give a purchase order (e.g. medical practitioner, nurse practitioner, pharmacist).	Position: Qualifications/Discipline:
Contact details of buyer	Phone: Email:
Address of buyer	Address:
Select one option for the delivery of the stock <input type="checkbox"/> street address of buyer (as above); or <input type="checkbox"/> an authorised place at which the buyer is authorised to possess the stock; or <input type="checkbox"/> if the stock is to be delivered to a hospital—the name of the hospital.	Details of the option selected for Central Pharmacy dispatch (if not address above)
Is your health service able to appropriately store and administer the medication in accordance with the Medicines and Poisons (Medicines) Regulation 2021 , relevant extended practice authority, and sexual health clinical management and treatment guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

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Medication to be replaced for chlamydia, gonorrhoea and trichomoniasis treatment in the eligible client groups at this service in the previous six months (Aboriginal and Torres Strait Islander patients, their sexual partners, and/or patients at high-risk of not accessing treatment).

Schedule	Poisons standard descriptor	Form	Strength	Amount
S4	Azithromycin	2 tablet pack	500mg each tablet	
S4	Ceftriaxone	Intramuscular injection	500mg	
S4	Metronidazole	21 tablet pack	400mg each tablet	
S4	Doxycycline	7 tablet pack	100mg each tablet	

Signature of buyer:

SIGN HERE

See <https://sti.guidelines.org.au/> for further information on STI management and treatment.

Please complete this drug replacement purchase order and forward it to BBVCDU@health.qld.gov.au in January and July.

Drug replacement purchase orders received in January and July are collated by Communicable Diseases Branch and medication dispatched by Central Pharmacy every six months around April/May and September/October.

If you have any questions about the program or would like to request a refresh of data to increase the maximum medication quantities, your service can receive every six months please contact a member of Communicable Diseases Branch on 07-3328 9739 or BBVCDU@health.qld.gov.au.

If you have any questions about how to appropriately store the medication, relevant extended practice authority, and being an authorised person under the *Medicines and Poisons (Medicines) Regulation 2021* please contact the Healthcare Approvals and Regulation Unit on 07-3708 5264 or HARU@health.qld.gov.au.