

Queensland Health

Queensland Opioid Treatment Program

A guide to key legislative requirements under
the Medicines and Poisons Act 2019



Queensland
Government

Queensland Opioid Treatment Program - A guide to key legislative requirements under the Medicines and Poisons Act 2019

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1 Introduction

1.1 Purpose

The purpose of this guide is to assist Queensland prescribers and dispensers in understanding key legislative requirements under the [Medicines and Poisons Act 2019](#) (Qld) (MPA) and subordinate [Medicines and Poisons \(Medicines\) Regulation 2021](#) (Qld) (MPMR) related to the Queensland Opioid Treatment Program (QOTP).

Printed copies of this guide are uncontrolled and may not be current. To access the most up-to-date version, please visit:
https://www.health.qld.gov.au/_data/assets/pdf_file/0032/1276763/guide-qotp-legislative-require-mpa.pdf

1.2 Scope

This guide describes the key MPA and MPMR requirements relevant to the delivery of QOTP services **in community/outpatient settings**.

Examples of QOTP services in community/outpatient settings include:

- A general practitioner (who holds a QOTP prescribing approval) writing a prescription for an opioid dependence treatment (ODT) medication to be dispensed at a community pharmacy.
- A nurse practitioner in an Alcohol and Other Drug (AOD) service (who holds a QOTP prescribing approval) instructing a community pharmacist to dispense an ODT medication for a patient and administer the dispensed medicine to the patient daily.
- A pharmacist dispensing an ODT medication to a patient (selling the medicine to the patient on prescription)¹ and administering it and/or providing the patient with self-administered doses of the dispensed medicine, as prescribed.

The scope of this guide *does not* include descriptions of:

¹ Definition of 'dispense' in [section 25\(2\)](#) of the MPA.

- **Pharmaceutical Benefits Scheme (PBS) rules, processes or requirements** regarding the provision of opioid dependence treatment—for guidance on this, please visit www.pbs.gov.au/browse/section100
- **QOTP clinical guidelines**—for guidance on QOTP clinical matters, please view the [Queensland Opioid Dependence Treatment Guidelines 2023](#)
- **QOTP training pathways**—for guidance on this, please visit <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/monitored-medicines/queensland-opioid-treatment-program>
- **MPA and MPMR requirements related to prescribing ODT medications to be administered to a patient²** (e.g. a hospital prescriber writing a prescription in a medical chart for daily administration of an ODT medication to an inpatient, or a prescriber in an AOD service orally instructing a registered nurse to administer an ODT medication to a patient in the clinic)—guidance on this can be found in:
 - the [Writing Lawful Prescriptions](#) fact sheet
 - [Schedule 6, Part 1, Division 3](#) and [Schedule 7, Part 1](#) of the MPMR – which describes the circumstances in which medical practitioners and nurse practitioners can prescribe restricted medicines (including ODT medications) for administration to a patient without requiring a prescribing approval for the continuing institutional treatment of a patient.

The guide is not a comprehensive description of all legislative requirements. It is the responsibility of all health practitioners to ensure they familiarise themselves and comply with applicable legislation and professional practice standards as required.

1.3 Using this guide

The following terminology is used in this document:

- **Must / must not** - These terms indicate mandatory requirements.
- **Should / should not** - These terms indicate recommendations.
- **May / may not** - These terms indicate optional actions.

Different terms can be used to describe persons who receive and access healthcare, including 'patient', 'consumer' and 'client'. In this document, the term 'patient' is used.

Although most QOTP dispensing is undertaken by pharmacists, the term 'dispenser' (rather than 'pharmacist') is generally used in this document. This is because the dispensing

² 'Administer' a medicine to a patient means introduce a dose of the medicine into the body of a person or give a dose of the medicine to a person to be taken immediately (adapted from [section 26](#) of the MPA) e.g. handing a dose of tablets to a person for the person to swallow immediately.

requirements discussed in this guide apply to *any person* authorised to dispense ODT medications, which may include persons other than pharmacists e.g. medical practitioners.

2 Background

2.1 The QOTP

The QOTP is a program administered in Queensland for the treatment of persons dependent on opioids.³ The QOTP functions within a harm minimisation framework with the broad goal of reducing health, social and economic harms to individuals and the community arising from unsanctioned opioid use, through the delivery of ODT—a combination of medication and psychosocial interventions and support.

Patients receiving ODT have a diagnosed opioid use disorder and are prescribed particular medicines to manage withdrawal, control or eliminate cravings and attenuate or block the euphoric effect of further opioid use.

The QOTP is delivered to patients via:

- **public sector prescribers**—providing treatment from public AOD services and Queensland correctional facilities
- **private prescribers**—prescribers (commonly general practitioners or psychiatrists) working in the private and non-government organisation sectors
- **shared care prescribers**—general practitioners who have established a shared care arrangement with an AOD service to deliver QOTP services to a particular patient (established on a case-by-case basis and subject to the general practitioner obtaining a QOTP prescribing approval authorising the arrangement)
- **pharmacists**—in community and hospital pharmacies.

2.2 The MPA and MPMR

The QOTP operates under provisions of the MPA and MPMR. In addition to other matters, this legislative framework:

- specifies:
 - the requirements for written, oral and digital copies of paper QOTP prescriptions for lawful dispensing in Queensland⁴
 - the health practitioners who have as-of-right authority to dispense ODT medications⁵

³ 'Opioid treatment program' is defined in [Schedule 22](#) of the MPMR.

⁴ [Chapter 4, Part 6](#) of the MPMR – Divisions 1, 2 and 3.

⁵ [Schedule 6](#) and [Schedule 9](#) of the MPMR.

- the circumstances in which another person (agent or carer) is authorised to administer or supply dispensed ODT medications to a person⁶
- requires:
 - Queensland prescribers seeking to prescribe ODT medications **for dispensing** to hold a QOTP prescribing approval given under the MPA⁷ (this requirement applies irrespective of any as-of-right authority a prescriber may have to prescribe ODT medications **for administration** to a patient per [Schedule 6, Part 1, Division 3](#) and [Schedule 7, Part 1](#) of the MPMR)
 - ‘relevant practitioners’⁸ to check QScript before prescribing, dispensing or giving a treatment dose of an ODT medication for a patient⁹
 - prescribers and dispensers to comply with the [Monitored Medicines Standard](#) (MMS) when prescribing an ODT medication for dispensing or for giving a treatment dose for a patient, or when dispensing a ODT medication for a patient¹⁰
 - all dispensers to make dispensing records of dispensed ODT medications¹¹
 - dispensers (other than those practising in public sector hospitals) to upload dispensing records of ODT medications to [QScript, Queensland’s real-time prescription monitoring system](#)¹².

2.3 ODT medications

ODT medications (referred to as ‘approved opioids’ in the MPMR) are Schedule 8 medicines approved for treating patients under an opioid treatment program¹³.

ODT medications are listed under the PBS [Section 100 Highly Specialised Drugs Program \(Community Access\)](#), and include a range of:

- sublingual buprenorphine-mono tablets
- sublingual buprenorphine-naloxone films

⁶ [Section 51](#) of the MPA.

⁷ Interstate prescribers are not required to hold a prescribing approval given under the MPA in order to prescribe ODT medications for dispensing in Queensland, although their prescription must contain the information detailed in [sections 86–88](#) of the MPMR, to the extent the information is required under the sections for the medicine. Dispensers in Queensland may then dispense the medicine under [section 120](#) of the MPMR.

⁸ ‘Relevant practitioners’ are specified in [Schedule 18, Part 1](#) of the MPMR as dentists, medical practitioners, nurse practitioners, endorsed midwives, pharmacists and intern pharmacists, and endorsed podiatrists and podiatric surgeons. In practice, the only relevant practitioners typically authorised to prescribe ODT medications are medical practitioners and nurse practitioners.

⁹ [Section 41](#) of the MPA.

¹⁰ [Section 93](#) and [section 126](#) of the MPMR.

¹¹ [Section 124](#) of the MPMR.

¹² [Section 226](#) of the MPA and [Chapter 7, Part 3](#) of the MPMR.

¹³ [Schedule 22](#) of the MPMR, definition of ‘approved opioid’.

- methadone oral syrups and liquids
- long-acting injectable buprenorphine (LAI BPN) products.

In the MPMR, ODT medications are simultaneously categorised as:

- restricted medicines ([Schedule 2, Part 1](#))
- high-risk medicines ([Schedule 2, Part 2](#))
- diversion-risk medicines ([Schedule 2, Part 3](#))
- monitored medicines ([Schedule 2, Part 4](#)).

3 Prescribing ODT medications for dispensing

3.1 QOTP prescribing approvals

A Queensland prescriber can only prescribe ODT medications **for dispensing** if they hold a current QOTP prescribing approval, given under the MPA, authorising them to prescribe the medicine(s).¹⁴

Application forms for QOTP prescribing approvals can be found at:

www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/monitored-medicines/queensland-opioid-treatment-program

3.2 QOTP admission and discharge forms

Under [Chapter 3, Part 4](#) of the MPMR, the holder of a QOTP prescribing approval must ensure:

- a completed **QOTP admission form** is sent to Queensland Health as soon as practicable, but no later than the end of the next business day, after they start treating a patient under the QOTP
- a completed **QOTP discharge form** is sent to Queensland Health as soon as practicable, but no later than three business days, after they stop treating a patient under the QOTP.

Private prescribers can obtain admission and discharge forms by contacting Queensland Health at QOTP@health.qld.gov.au

Public sector prescribers can access and complete admission and discharge forms within the relevant Consumer Integrated Mental Health and Addiction ([CIMHA](#)) application module.

3.3 QOTP prescriptions for dispensing

3.3.1 Written prescriptions

A *prescription* means a direction, orally or in writing, to administer, dispense or give a treatment dose of the medicine for the treatment of a person (or animal).¹⁵

¹⁴ Note that [Schedule 6, Part 1, Division 3](#) and [Schedule 7, Part 1](#) of the MPMR describe circumstances in which medical practitioners and nurse practitioners can prescribe restricted medicines (including ODT medications) **for administration** to a patient without requiring a prescribing approval for the continuing institutional treatment of a patient.

¹⁵ Schedule 1 of the MPA, definition of 'prescription'.

A *written prescription* means a prescription in writing, whether in the form of an electronic prescription, medication chart prescription or paper prescription.¹⁶ Written QOTP prescriptions for dispensing include:

- computer-generated paper QOTP prescriptions
- handwritten QOTP prescriptions
- electronic QOTP prescriptions (prescriptions made by prescribers using an electronic prescription management system).¹⁷

For a written QOTP prescription to be lawfully dispensed in Queensland, it must include the information mentioned in [sections 86 to 88](#) of the MPMR (to the extent the information is required for the medicine)¹⁸. For further guidance on this, please view the [Appendix](#) of this guide and the [Writing Lawful Prescriptions](#) fact sheet.

Additional information will be required to be included on a QOTP prescription for dispensing to make it PBS-claimable. For information on PBS rules and requirements, please visit https://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_2_Explanatory_Notes

3.3.2 Digital copies of paper prescriptions

A QOTP prescriber may send a digital copy of a paper QOTP prescription to a dispenser (e.g. via fax or secure email) in advance of sending the original paper prescription.

If this occurs, the prescriber must take all reasonable steps to ensure the following details are written on the paper prescription **before the digital copy is sent**¹⁹:

- the way the digital copy is being sent (e.g. faxed/emailed)
- the place to which the digital copy is being sent (e.g. name of pharmacy)
- the date on which the digital copy is being sent.

Dispensers can dispense medicines on a digital copy of a paper QOTP prescription as an 'owing prescription' prior to receiving the original paper prescription. Note, however, that the original paper prescription is the actual prescription (i.e. the legal instrument)—not the digital copy.

¹⁶ [Schedule 22](#) of the MPMR, definition of 'written prescription'.

¹⁷ [Section 83](#) of the MPMR.

¹⁸ [Section 113](#) of the MPMR.

¹⁹ [Section 84](#) of the MPMR.

After sending a digital copy of a paper QOTP prescription to a dispenser, the prescriber must send the original paper prescription to the dispenser as soon as practicable, but **no later than the end of the next business day** after the digital copy was sent.²⁰

3.3.3 Oral prescriptions

A dispenser can dispense ODT medications on an oral prescription from a prescriber, noting that:²¹

- A prescriber must not give an oral prescription for the medicine except to a person whom the prescriber reasonably believes is authorised to dispense or give a treatment dose of the medicine.
- If a dispenser dispenses the medicine on the oral prescription, the prescriber must give the dispenser a written prescription that confirms the oral prescription as soon as practicable, but **no later than the end of the next business day**, after the oral prescription was given.

3.4 Checking QScript

Under [section 41](#) of the MPA, medical practitioners and nurse practitioners (and any other 'relevant practitioners'²² who may be authorised to prescribe ODT medications) are required to check QScript for patient records before prescribing an ODT medication—or any other monitored medicine—for a patient.

This requirement applies for each individual QOTP prescription issued, for both written and oral prescriptions.

View the [Checking QScript](#) guide for more information on these requirements.

3.5 Complying with the MMS

In accordance with [section 93](#) of the MPMR, prescribers must comply with the MMS when:

- prescribing a monitored medicine for dispensing for a person
- prescribing a monitored medicine for giving a treatment dose for a person.

²⁰ [Section 84\(4\)](#) of the MPMR.

²¹ [Section 92](#) of the MPMR.

²² 'Relevant practitioners' are specified in [Schedule 18, Part 1](#) of the MPMR. In practice, the only relevant practitioners typically authorised to prescribe ODT medications are medical practitioners and nurse practitioners.

The requirement to check QScript and the obligation to comply with the MMS are separate requirements in the legislation.

To view the MMS, please visit:

https://www.health.qld.gov.au/_data/assets/pdf_file/0029/1108937/ds-monitored-medicines.pdf

The [Monitored Medicines Standard Companion Document](#) provides further guidance about complying with the MMS.

4 Dispensing, and administering and supplying dispensed, ODT medications

Dispense, a medicine, means sell the medicine to a person on prescription.²³ Under the MPA framework, only pharmacists and medical practitioners have as-of-right authority²⁴ to dispense medicines in Queensland.²⁵

- For a written QOTP prescription to be lawfully dispensed in Queensland, it must include the information mentioned in [sections 86 to 88](#) of the MPMR (to the extent the information is required for the medicine)²⁶. For further guidance on this, please view the [Appendix](#) of this guide and the [Writing Lawful Prescriptions](#) fact sheet.
- Additional information will be required to be included on a QOTP prescription for dispensing if it is to be PBS-claimable. These requirements are common to all PBS prescriptions. For information on PBS rules and requirements, please visit https://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_2_Explanatory_Notes and <https://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section-1-3-Explanatory-Notes>

[Section 51](#) of the MPA describes the circumstances in which a person is authorised to administer or supply dispensed ODT medications to a person.

²³ [Section 25\(2\)](#) of the MPA.

²⁴ Other types of health practitioner *may* be authorised to dispense medicines in certain circumstances, if they are granted a prescribing approval under the MPA authorising this activity.

²⁵ [Schedule 9, Part 1](#) and [Schedule 6](#) of the MPMR.

²⁶ [Section 113](#) of the MPMR.

If in any doubt about the legitimacy of a prescription, contact the prescriber to confirm details prior to dispensing any medicine. In these circumstances, it is recommended you independently source the prescriber's contact details, rather than relying on information on the prescription.

4.1 QOTP dispensing records

4.1.1 Making QOTP dispensing records

[Section 124](#) of the MPMR requires dispensers to make and keep a record of certain information as soon as practicable after dispensing a medicine; this is called a '**dispensing record**'. In practical terms, a dispensing record is the record of dispensing made by a dispenser in their dispensing software. The dispensing record is separate to the record required to be made in a medicine register when dispensing Schedule 8 medicines.²⁷

The requirement to make dispensing records applies irrespective of whether the dispenser has dispensed the ODT medication on a written prescription, a digital copy of a paper prescription or an oral prescription (see section 3.3 of this guide for more information about these types of prescriptions).

For detailed guidance on how to record the information required to be included in a dispensing record per [section 124](#) of the MPMR, please view the [Appendix](#) of this guide.

For each individual QOTP prescription received, the dispenser should dispense the medicine and make the associated dispensing record in their dispensing software **prior to administering/supplying the first dose on the prescription** to the patient. Although the total quantity of medicine to be dispensed on the prescription should be recorded in the dispensing record, this does not mean the total quantity of the medicine needs to be physically dispensed (e.g. removed from stock, prepared, labelled etc.) at this time.

²⁷ Dispensers are required to complete QOTP administration/supply records and maintain true and accurate records of each Schedule 8 medicine transaction in their medicine register (referred to in previous legislation as a 'controlled drugs register'). This information is **not** a 'dispensing record' and should **not** be uploaded to QScript. See [Chapter 8, Part 2, Division 3](#) of the MPMR for information about medicine registers.

Dispensers should make only one dispensing record for each ODT medication dispensed on a prescription i.e.

- *dispense the medication(s) / make the dispensing record prior to administering/supplying the first dose on the prescription*
- *do not make subsequent dispensing records when administering/supplying subsequent doses of the dispensed medication.*

Each time a new QOTP prescription is received, the same process should be followed.

4.1.2 Uploading QOTP dispensing records to QScript

In accordance with [section 226](#) of the MPA and [Chapter 7, Part 3](#) of the MPMR, all health practitioners dispensing monitored medicines (other than those practising in public sector hospitals) must make their monitored medicine dispensing records in dispensing software connected to a Prescription Exchange Service to ensure these records are uploaded into QScript in real-time. This requirement applies to all ODT medications, as all ODT medications are monitored medicines.

If you are a dispenser and you are unsure whether your clinical software is currently integrated or capable of integration with a Prescription Exchange Service, talk to your clinical software vendor in the first instance.

4.2 Checking QScript

Under [section 41](#) of the MPA, pharmacists and medical practitioners (and any other ‘relevant practitioners’²⁸ who may be authorised to dispense medicines) are required to check QScript for patient records before dispensing a monitored medicine (including any ODT medication) for a patient.

In practice, this means **prior to administering/supplying the first dose of an ODT medication on a QOTP prescription**, a dispenser who is a relevant practitioner must first check QScript, dispense the medicine and make the associated dispensing record in their dispensing software.

²⁸ ‘Relevant practitioners’ are specified in [Schedule 18, Part 1](#) of the MPMR. In practice, the only relevant practitioners with as-of-right authority to dispense ODT medications are pharmacists and medical practitioners.

For each QOTP prescription, the mandatory requirement to check QScript only applies prior to the medicine being **dispensed**.

After checking QScript and dispensing a medicine on a QOTP prescription, dispensers may wish to check QScript before administering/supplying subsequent daily doses of the dispensed medicine, to inform their therapeutic treatment of the patient, but there is no requirement under the MPA to do so.

The above approach also applies to any additional monitored medicines a dispenser may be providing to a patient (e.g. a benzodiazepine).

View the [Checking QScript](#) guide for more information on these requirements.

4.3 Complying with the MMS

In accordance with [section 126](#) of the MPMR, dispensers must comply with the MMS when dispensing a monitored medicine for a person.

The requirement to check QScript and the obligation to comply with the MMS are separate requirements in the legislation.

To view the MMS, please visit:

https://www.health.qld.gov.au/_data/assets/pdf_file/0029/1108937/ds-monitored-medicines.pdf

The [Monitored Medicines Standard Companion Document](#) provides further guidance about complying with the MMS.

4.4 Example dispensing workflow

Figure 1, overleaf, depicts an example ODT medication dispensing workflow, describing when the dispenser (in this case, a pharmacist) would be required to make a dispensing record, check QScript and comply with the MMS.

EXAMPLE WORKFLOW

KEY LEGISLATIVE REQUIREMENTS

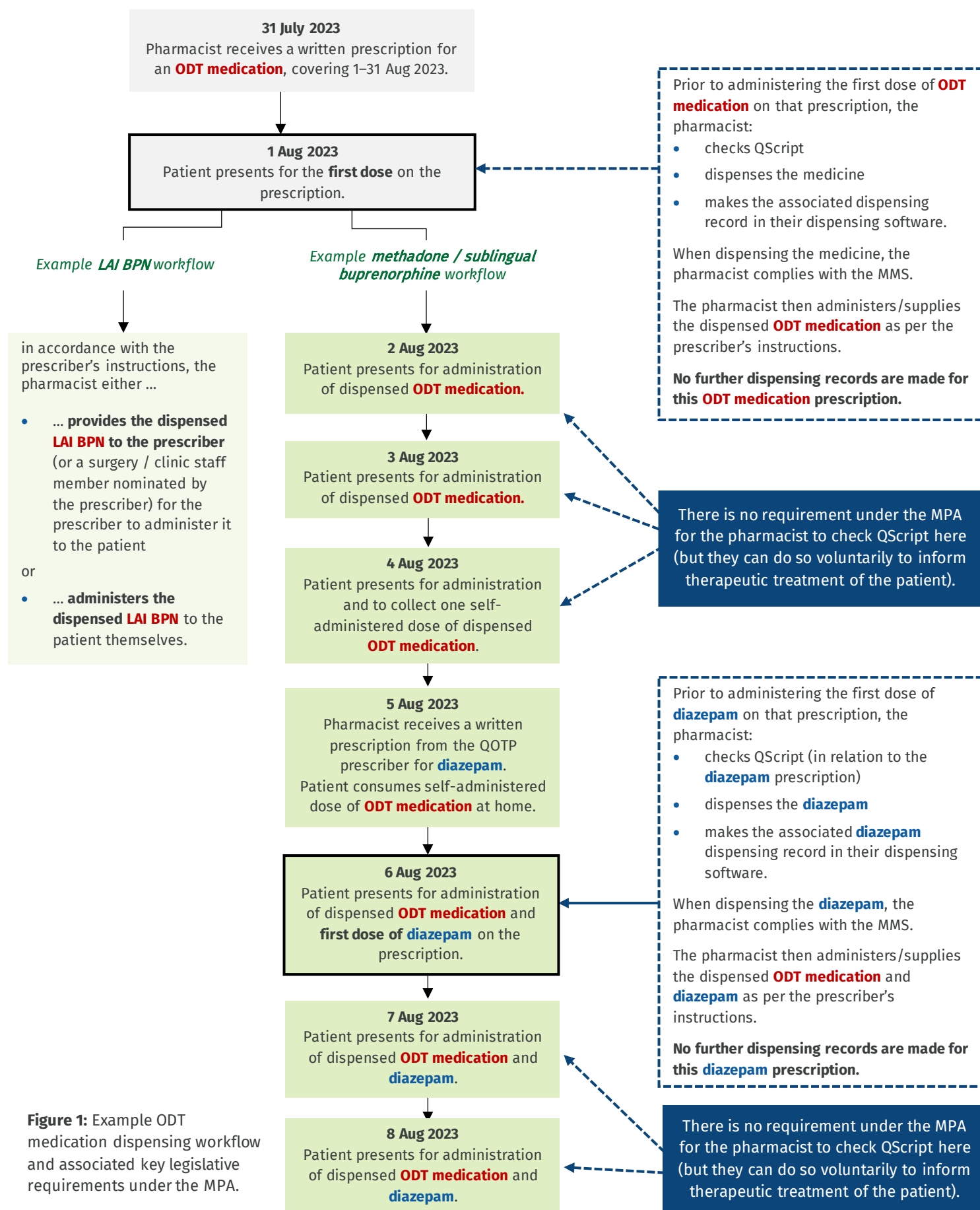


Figure 1: Example ODT medication dispensing workflow and associated key legislative requirements under the MPA.

4.5 Dispensing frequently asked questions

4.5.1 Do I need to obtain approval from Queensland Health to participate in the QOTP as a dispenser?

No. In Queensland, should your pharmacy wish to participate as an ODT dispensing site, no Queensland approval is required. You may place an order for stock with your wholesaler.

However, to enable Queensland public sector prescribers to send QOTP prescriptions to your pharmacy, please send the following information to CIMHA@health.qld.gov.au so your pharmacy can be added to the CIMHA system:

- pharmacy name
- pharmacy address
- pharmacy phone number
- pharmacy fax number
- pharmacy email (optional).

4.5.2 Should I create a new drug line in my dispensing software for ODT medications?

No. You should select the current drug lines so the dispensing record will accurately transfer this information to QScript. Creating and using custom drug lines may result in the dispensing record not correctly uploading to QScript, and may adversely impact the generation of QScript alerts and notifications.

Pharmacists using electronic medicine registers should consider how the QOTP dispensing workflow is managed by their software vendor.

4.5.3 What drug line do I select when the daily dose is a combination of drug strengths?

If a patient is prescribed multiple strengths of a ODT medication, the dispenser should make multiple dispensing records and the total daily dose should be recorded within the directions.

For example, if a patient is prescribed Suboxone® (buprenorphine-naloxone) 10mg daily, the dispenser should dispense both:

- **Suboxone® 2 mg** (including the directions describing the total daily dose prescribed e.g. *Dose 10mg daily under the tongue (8mg+2mg) TA on Saturday, Sunday 01/06/2021—30/06/2021*)
- **Suboxone® 8 mg** (including the directions describing the total daily dose prescribed e.g. *Dose 10mg daily under the tongue (8mg+2mg) TA on Saturday, Sunday 01/06/2021—30/06/2021*).

4.5.4 How do I record titrating doses?

When a patient is prescribed a titrating dose, dispensers should enter in the directions for the initial dose, followed by the words *TITRATING DOSE*, and include all other instructions from the prescriber (administration arrangements, supply period).

4.5.5 How do I record a combination dose of Suboxone® and Subutex®?

Dispensers should be receiving separate QOTP prescriptions for combination administration /supply arrangements of Suboxone® (buprenorphine-naloxone) and Subutex® (buprenorphine-mono).

Each individual prescription must be recorded as separate dispensing records.

For example – a patient prescribed Suboxone® 2mg daily + Subutex® 1.2mg daily

Select → Suboxone® film 2mg/0.5mg

Directions → Dose 2mg daily +
Subutex 1.2 mg daily TA on Saturday,
Sunday 1/06/2021–30/06/2021

Select → Subutex® tablet 0.4 mg

Directions → Dose 1.2mg daily +
Suboxone 2mg daily TA on Saturday,
Sunday 1/06/2021–30/06/2021

4.5.6 Do I need to create a dispensing record for missed doses?

No. Dispensers should not create dispensing records to record administrative information, as these records will upload to QScript, adversely affecting QScript data quality and useability.

4.5.7 Do I still have to record daily administration?

Yes—but not as individual dispensing records in your dispensing software.

Dispensers are required to complete QOTP daily administration records and maintain true and accurate records of each Schedule 8 medicine transaction in their medicine register²⁹ (referred to in previous legislation as a ‘controlled drugs register’).

²⁹ See [Chapter 8, Part 2, Division 3](#) of the MPMR for information about medicine registers.

Do not record daily administration events as separate dispensing records in dispensing software, as these records will upload to QScript as individual dispense events, adversely affecting QScript data quality and useability.

4.5.8 I've received a QOTP prescription which has missing/unclear information—can I amend the prescription?

Under [section 117](#) of the MPMR, a dispenser may amend a QOTP prescription before dispensing the medicine by adding additional information to the prescription to clarify the prescriber's direction.

Examples of such amendments may include:

Adding a patient's date of birth to the prescription (if absent).

Amending the patient's administration/supply arrangements (on the instruction of the prescriber).

Amending the dosing instructions to clarify that the prescriber has instructed the dispenser to administer the dispensed LAI BPN to the patient.

If a dispenser proposes to amend a prescription in this manner³⁰:

- **before amending the prescription**—the dispenser must obtain consent to the amendment from the patient and must have agreement to the amendment from the prescriber
- **when amending the prescription**—the dispenser must:
 - amend the prescription in the way agreed with the prescriber
 - sign and date the amendment in a way that does not obscure the original prescription
 - make a record of the details of the amendment and the agreement with the prescriber as part of the dispensing record³¹ for the medicine.

³⁰ [Section 117](#) of the MPMR.

³¹ [Section 124](#) of the MPMR.

5 Other information

5.1 Interstate ODT prescriptions

Prescribers in other states/territories who are prescribing to patients under their jurisdictional OTP can have their ODT prescriptions lawfully dispensed in Queensland if both:

- the prescriber is authorised (in their jurisdiction) to write the prescription; and
- the prescription includes the information mentioned in [sections 86 to 88](#) of the MPMR (to the extent the information is required for the medicine).

Please note that MPA prescribing approvals cannot be granted to interstate prescribers. As such, interstate prescribers are not required (or able) to include a Queensland prescribing approval number on ODT prescriptions in order for the medicine to be dispensed in Queensland ([section 87\(5\)\(a\)](#) of the MPMR). However, because ODT medications are 'restricted medicines', interstate ODT prescriptions must include details of the prescriber's authorisation to prescribe the medicine ([section 86\(1\)\(m\)\(i\)](#) of the MPMR), such as:


- a relevant approval number under the relevant legislation from their 'home' state (i.e. the state or territory they are prescribing in)
- their relevant qualifications to prescribe the restricted medicine
- another lawful authorisation.

The [Interstate prescriptions for dispensing in Queensland](#) fact sheet provides further information.

5.2 QOTP information in QScript

5.2.1 QOTP episodes

Information from QOTP admission and discharge forms is recorded in QScript to enable QScript users to view details of a patient's current and previous QOTP episodes. Information about a patient's QOTP episode history can be accessed by any QScript user by viewing the patient's QScript profile and:



1. clicking on  at the top-right of the screen
2. scrolling down the page to expand the **Approvals and QOTP Episodes** section
3. viewing the information in the grid.

Clicking on a QOTP episode in the grid will display further details about it.

More information about navigating this screen can be found on the [View a Patient Profile](#) help page.

Additionally, QOTP prescribers can view details of all current and historical QOTP episodes in their name (dating back to 1 January 2015) by clicking on the **Approvals and QOTP Episodes**

icon at the top of the screen. This will display a grid of their monitored medicine approvals and QOTP episodes.

- In the **Date Range** field click the  icon and select **All History** to ensure all results display.
- On the **Type** column header, click the  icon and tick the **Episode** checkbox to filter the results so only QOTP episodes are displayed.

For a quick demonstration on viewing QOTP episode information in QScript, please watch the [QScript approvals, QOTP episodes and correspondence](#) video.

5.2.2 QOTP medication history

QScript contains *dispensing records* for patients dispensed ODT medications in Queensland (unless the dispensing occurred in a public sector hospital pharmacy). QScript may also contain ODT medication *prescribing records* (if the prescriber's clinical software is integrated with a Prescription Exchange Service).

QOTP medication history in QScript provides only an *indication* of the amount of medicine a patient has been dispensed. To confirm dispensing details (including date of last dose), contact the dispenser directly.

When viewing a patient's QOTP medication history in QScript, it is important to note the following:

- **If a patient is registered on the QOTP with a prescriber from an AOD service**—any QOTP prescriber at that clinic may prescribe ODT medications for the patient. This means the prescriber(s) writing the QOTP prescriptions for the patient may not necessarily be the same prescriber who the QOTP episode is registered against.
- **If a patient is receiving QOTP treatment under 'shared care' arrangements between an AOD service and another prescriber**—their QScript profile will indicate they are registered on QOTP with an AOD service prescriber, but their medication history may show QOTP prescribing by the shared care prescriber.
- **If a QOTP patient's QScript profile does not show any dispensing records for ODT medications**—this should not be interpreted as the patient not receiving ODT medications.

For example, the patient may be stabilising their dose in an AOD service (i.e. having their ODT medications *administered* to them as opposed to *dispensed*) or having the ODT medications dispensed interstate or in a public sector hospital pharmacy (in which case the dispensing records are unlikely to be captured in QScript).

If in doubt, check with the QOTP prescriber.

5.2.3 QOTP alerts

There are two QOTP-related alerts that may trigger in QScript.

- **High-risk clinical scenario A: Patient currently registered on the Queensland Opioid Treatment Program**

This alert will trigger if a prescriber or dispenser using QScript-integrated clinical software prescribes or dispenses a monitored medicine to a patient who has an open QOTP episode in QScript.

- **High-risk clinical scenario B: Patient previously registered on the Queensland Opioid Treatment Program**

This alert will trigger if a prescriber or dispenser using QScript-integrated clinical software prescribes or dispenses a monitored medicine to a patient who has one or more previous QOTP episodes in QScript (but no open episode)—noting that QScript only holds information about QOTP episodes extending back to 1 January 2015.

QOTP alerts in QScript will only trigger if the patient is identified as currently or previously registered on the OTP **in Queensland**.

QScript does not record if a patient is or has been admitted to/discharged from an OTP in another state/territory, and will not trigger an alert on the basis of a patient being currently or previously registered on an interstate OTP. Note, however, that if a patient registered on an interstate OTP has been dispensed OTP medicines in Queensland, these dispensing records may be visible in QScript.

6 Supporting resources

- [QOTP resources](#) including:
 - [Queensland Opioid Dependence Treatment Guidelines 2023](#)
 - [Pharmacist Administration of Long-Acting Injectable Buprenorphine](#) fact sheet
 - QOTP prescribing approval application forms
 - information about QOTP training pathways
- Legislative instruments:
 - [Medicines and Poisons Act 2019](#)
 - [Medicines and Poisons \(Medicines\) Regulation 2021](#)
 - [Monitored Medicines Standard](#)
- Fact sheets and supporting documents:
 - [Writing lawful prescriptions](#) fact sheet
 - [Interstate prescriptions for dispensing in Queensland](#) fact sheet
 - [Pharmaceutical professions and QScript](#) fact sheet
 - [Checking QScript](#) guide
 - [Monitored Medicines Standard Companion Document](#)
 - other MPA/MPMR-related [fact sheets and supporting documents](#)
- QScript:
 - [Information about and links to QScript](#)
 - [QScript troubleshooting guide](#) and [QScript Help](#) (including technical support contacts).

7 Glossary

Term	Meaning
administer	As defined in section 26 of the MPA.
AOD service	Alcohol and Other Drug service
CIMHA	Consumer Integrated Mental Health and Addiction application
dispense	As defined in section 25(2) of the MPA.
LAI BPN	long-acting injectable buprenorphine
MMS	Monitored Medicines Standard
MPA	Medicines and Poisons Act 2019 (Qld)
MPMR	Medicines and Poisons (Medicines) Regulation 2021 (Qld)
ODT	opioid dependence treatment
OTP	opioid treatment program
PBS	Pharmaceutical Benefits Scheme
prescribe / prescription	As defined in Schedule 1 of the MPA.
QOTP	Queensland Opioid Treatment Program
self-administered dose	A dose of a dispensed ODT medication intended for the patient to administer to themselves. Colloquially referred to as a 'take away dose' or 'TAD'.
self-administration	When a patient administers a dose of a dispensed ODT medication to themselves.
supervised administration	When a dispensed ODT medication is administered to a patient by an authorised person.

Appendix

Information required³² and recommended to be included on written prescriptions for dispensing an ODT medication and ODT medication dispensing records.

Additional information may be required to be included on a QOTP prescription or dispensing record to make it PBS-claimable. For information on PBS rules and requirements, please visit https://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_2_Explanatory_Notes and <https://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section-1-3-Explanatory-Notes>

Information	Information inclusion requirements		Comments
	Written prescription for dispensing (prescriber requirements)	Dispensing record (dispenser requirements)	
Prescription details			
Date of the prescription.	Required <i>s86(1)(e) MPMR</i>	Required <i>s124(1)(i) MPMR</i>	For dispensing records, note this is the date the prescriber made the prescription— <i>not the dispense date</i> .
A unique identifier allowing the prescription to be matched to a record kept by the prescriber.	Required for computer-generated paper prescriptions only. <i>s85(3)(a) MPMR</i>	—	The prescriber must include this unique identifier on computer-generated paper prescriptions only. This identifier is different to the unique identifier given to the prescription by the dispenser which is required to be included in a dispensing record (see second-last row of this table).
Patient details			
Name.	Required <i>s86(1)(f)(i) MPMR</i>	Required <i>s124(1)(d)(i) MPMR</i>	Ideally, this should be the name recorded with Medicare (i.e. the name returned by the Healthcare Identifiers Service).
Address.	Required <i>s86(1)(f)(i) MPMR</i>	Required <i>s124(1)(d)(i) MPMR</i>	

³² Per [sections 85–88](#) and [section 124](#) of the MPMR.

Information	Information inclusion requirements		Comments
	Written prescription for dispensing (prescriber requirements)	Dispensing record (dispenser requirements)	
Date of birth.	Required <i>s86(1)(f)(ii) MPMR</i>	Required <i>s124(1)(d)(ii) MPMR</i>	DOB is required for a monitored medicine.
Gender.	Recommended	Recommended	This information is not required under the MPA/MPMR but is highly recommended for inclusion to facilitate accurate patient matching in QScript.
Where applicable: <ul style="list-style-type: none"> validated Individual Healthcare Identifier (IHI) Medicare and/or Department of Veteran's Affairs (DVA) details. 	Recommended	Recommended	This information is not required under the MPA/MPMR but is highly recommended for inclusion to facilitate accurate patient matching in QScript.
Prescriber details			
Name.	Required (see <i>Comments</i> column) <i>s86(1)(a) MPMR</i>	Required <i>s124(1)(h) MPMR</i>	Prescriptions must include the prescriber's name or a 'unique identifier' for the prescriber. Dispensing records must include the prescriber's name (irrespective of whether the prescriber has included their name or their 'unique identifier' on the prescription).
Practice address (place where the prescriber usually practices).	Required <i>s86(1)(b) MPMR</i>	Recommended	
Phone number (or pager number, if applicable).	Required <i>s86(1)(c) MPMR</i>	—	
Qualifications.	Required <i>s86(1)(d) MPMR</i>	—	
QOTP prescribing approval number.	Required <i>s87(5)(a) MPMR</i>	—	Note that ODT prescriptions written by interstate prescribers do not require a Queensland prescribing approval number, however they must include details of how the prescriber is authorised to prescribe the medicine e.g. relevant qualifications or a relevant approval number under relevant legislation from the state/territory they are prescribing in.

Information	Information inclusion requirements		Comments
	Written prescription for dispensing (prescriber requirements)	Dispensing record (dispenser requirements)	
Prescriber's signature.	Required <i>s88 MPMR</i>	—	Handwritten and computer-generated paper QOTP prescriptions must be signed in ink. Electronic QOTP prescriptions include a signature in electronic form.
Medicine and dispensing details			
Name, form, strength and dose of the medicine.	Required <i>s86(1)(h) and (i) MPMR</i>	Required <i>s124(1)(f) and (g) MPMR</i>	Methadone prescriptions: must indicate whether methadone liquid or syrup is required and must include both 'mg' and 'mL'. Sublingual buprenorphine prescriptions: must indicate buprenorphine-mono sublingual tablets or buprenorphine-naloxone sublingual film, and only need to include buprenorphine dose in 'mg'. LAI BPN prescriptions: must indicate the type of LAI BPN to be supplied.
Information about the number of repeat prescriptions (if any) i.e. <ul style="list-style-type: none"> for prescriptions—the number of repeats prescribed (if any) for dispensing records—if the medicine was dispensed on a repeat, the number of the repeat dispensed. 	Required <i>s86(1)(j) MPMR</i>	Required <i>s124(1)(l) MPMR</i>	
Quantity (amount) of ODT medication: <ul style="list-style-type: none"> to be dispensed (for prescriptions) which was dispensed (for dispensing records). 	Required <i>s86(1)(j) MPMR</i> <i>s87(2)(a) MPMR</i>	Required <i>s124(1)(g) MPMR</i>	For paper prescriptions, prescribers must describe the quantity to be dispensed in both words and numbers (but this does not need to be handwritten).

Information	Information inclusion requirements		Comments
	Written prescription for dispensing (prescriber requirements)	Dispensing record (dispenser requirements)	
<p>Instructions about using the medicine, including:</p> <ul style="list-style-type: none"> • how the dose(s) are to be dispensed or given • the start and end dates for when the dose(s) are to be dispensed or given (supply period) • the minimum number of days, of at least 1 day, before the medicine may be further dispensed or given on any repeats. 	<p>Required s86(1)(k) and (l) MPMR s87(2)(b) MPMR s87(5)(c) and (d) MPMR</p>	<p>Required s124(1)(k) MPMR</p>	<p>Instructions must be clear and concise, and must include (as applicable):</p> <ul style="list-style-type: none"> • the days supervised administration and self-administration is required/allowed • instructions in relation to any 'floating' self-administered doses (including the maximum number per week and/or maximum number of consecutive days) • instructions for any double or triple dosing <p>If LAI BPN has been prescribed, the prescription must include clear instructions for the dispenser to dispense the medicine and:</p> <ul style="list-style-type: none"> • administer the dispensed LAI BPN to the patient; or • provide the dispensed LAI BPN to the prescriber (or nominated surgery/clinic staff member) for administration to the patient.³³ <p>QOTP prescriptions are valid for dispensing for up to 6 months after the prescribe date³⁴. There may also be rules under the PBS regarding the number of days' supply that can be authorised on a prescription for it to be PBS-claimable.</p>
<p>Name of pharmacy where ODT medication:</p> <ul style="list-style-type: none"> • is to be dispensed (for prescriptions) • was dispensed (for dispensing records). 	<p>Required s87(5)(b) MPMR</p>	<p>Required s124(1)(b) MPMR</p>	<p>Pharmacy address, phone, fax and email addresses are optional but are recommended to be included, as this may facilitate communication between dispenser and prescriber.</p>
Name of the dispenser.	—	<p>Required s124(1)(a) MPMR</p>	<p>This must be the name of the dispensing pharmacist (not the name of any trainee pharmacist or pharmacy assistant who may have assisted in the dispensing process).</p>
Date medicine was dispensed.	—	<p>Required s124(1)(c) MPMR</p>	

³³ If a private prescriber is purchasing a stock of LAI BPN from a pharmacy, the pharmacist must ensure they comply with all the requirements detailed in the MPMR about purchase of stock.

³⁴ [Section 121](#) of the MPMR.

Information	Information inclusion requirements		Comments
	Written prescription for dispensing (prescriber requirements)	Dispensing record (dispenser requirements)	
Unique identifier given to the prescription by the dispenser.	—	Required <i>s124(1)(j) MPMR</i>	
If the prescription was amended by the dispenser in accordance with section 117 of the MPMR—details of the amendment and the agreement with the prescriber.	—	Required <i>s124(1)(m) MPMR</i>	