Application for a prescribing approval for approved opioids (QOTP - Shared Care) - Medicines and Poisons Act 2019

MPA-75,78,&82:IPTA Version 3:06/2026

Information about this application form

This application form is to be used to apply for a **prescribing approval** under the *Medicines and Poisons Act 2019* (**MPA**).

'Prescribing approvals' are defined in section 67 of the MPA 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.

This form is to be used to apply for:

- an initial application for a prescribing approval (section 75 of the MPA);
- an amendment of a prescribing approval (section 78 of the MPA); or
- a renewal of a prescribing approval (section 82 of the MPA)

for the treatment of a person with approved opioids under a shared care arrangement under the Queensland Opioid Treatment Program (QOTP).

Your application WILL NOT be considered, or may be returned to you for completion, unless:

1. ALL parts of this application form are completed accurately;
2. ALL the relevant attachments are included; and
3. the Declaration is signed.

Scope of a prescribing approval

Prescribing approvals treat a particular patient with approved opioids under the QOTP are limited to registered medical pracititioners and nurse practitioners.

The holder of a substance authority, including a person acting under a substance authority, is authorised to carry out a regulated activity with a regulated substance in the authorised way (section 31 of the MPA). A prescribing approval is a type of substance authority that may be granted under the MPA, that authorises a person to carry out the regulated activities stated in the approval, with the medicines stated and in the stated circumstances.

Requirements and conditions

Requirements and standard conditions for prescribing approvals

Unless stated otherwise in the approval, the requirements and standard conditions described in sections 70 and 91 of the MPA and prescribed in the following chapters of the Medicines and Poisons (Medicines) Regulation 2021 (MPMR), apply to the prescribing approval:

- chapter 3 'Standard conditions for substance authorities', part 4 'Prescribing approval for approved opioids';

- chapter 4, 'General requirements for dealings', part 6 'Prescribing medicines'; and
- chapter 8 'Offences'

The approval holder must notify the chief executive of Queensland Health (chief executive) or delegate in the approved form, as soon as practicable but no later than 5 business days, if the approval holder's circumstances change in a way that substantially affects (section 42 of the MPMR):

a. a dealing the approval holder is authorised to carry out under the approval; or

b. the ability of the approval holder to comply with the conditions of the approval.

A prescriber holding a prescribing approval for approved opioids under the QOTP must comply with sections 30 and 31 of the MPMR by:

- Giving notice to the chief executive (or delegate) when starting treatment of a person in the approved form as soon as practicable, and no later than the end of the next business day;
- Giving notice to the chief executive (or delegate) when stopping treatment of a person in the approved form as soon as practicable, and no later than 3 business day after treatment stops.

Applying for a initial prescribing approval

In determining the application for a prescribing approval, the matters in section 76 of the MPA may be taken into consideration.

Queensland Health assesses all information provided with an application including:

- background, skills and qualifications of persons who will be responsible for overseeing activities to be carried out or will have access to medicines;
- which regulated substances are to be included in the substance authority.

Applying for amendment of a prescribing approval

In determining the application for amendment the factors in section 79 of the MPA may be taken into consideration. Queensland Health assesses all information provided with an application to amend a prescribing approval including:

- the conditions of the substance authority; and
- any changes to the matters considered by the chief executive (or delegate) when the substance authority was granted.

Applying for renewal of a prescribing approval

In determining the application for renewal, the factors in section 82 of the MPA may be taken into consideration. Queensland Health assesses all information provided with an application to renew a prescribing approval including:

- the conditions of the substance authority; and
- any changes to the matters considered by the chief executive (or delegate) when the substance authority was granted.

If the chief executive (or delegate) decides to grant the renewal of the prescribing approval, the chief executive (or delegate) may also decide to take either of the following actions if the chief executive is satisfied the action is reasonably necessary:

- impose additional conditions on the substance authority (section 70(1)(b) of the MPA);
- change a condition of the substance authority, including a standard condition (section 70(2) of the MPA).

All applications are assessed individually, and there is no guarantee that a prescribing approval, or an amendment or renewal of a prescribing approval will be granted to any applicant.

Under chapter 3, division 4 of the MPA, applications are decided within 90 days of the application (final consideration day – section 86 of the MPA), or the latest day the chief executive (or delegate) receives information from the applicant (section 89 of the MPA), unless a later date is agreed (section 88 of the MPA). Applications not decided by this time are taken to have been refused (section 89(4) of the MPA).

To apply, submit via email the **attached** application form, accompanied by all supporting documents to:

The Chief Executive, Queensland Health
c/o Medicines Approvals and Regulation Unit (MARU)
QOTP@health.qld.gov.au

Queensland Government

Queensland Health

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APPLICATION FOR A PRESCRIBING APPROVAL
Approved opioids – QOTP - shared care approval

Collection notice: please read carefully

The Department of Health is collecting your information in accordance with Chapter 3, Part 3 — (Applications for substance authorities) of the *Medicines and Poisons Act 2019* in order to assess the application for prescribing approval. Personal information collected by the Department of Health is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you may be disclosed to a Hospital and Health Service, Public Health Unit for the purpose of assessing the application for prescribing approval or to carry out compliance activity. Your personal information will not be disclosed to other third parties without consent, unless the disclosure is authorised or required by or under law. For any questions regarding this collection notice, please contact Medicines Approvals and Regulation Unit (MARU) via email: MARU@health.qld.gov.au For information about how the Department of Health protects your personal information, how to access or correct your own personal information, or how to make a complaint about a breach of the privacy principles and learn how we deal with such a complaint, please refer to: The Department of Health's Privacy Policy.

Application type

Initial application for approval to treat a patient with approved opioids (methadone or buprenorphine) under the Queensland Opioid Treatment Program (Shared Care Approval)	☐
Application to **amend** an approval to treat patients with approved opioids under the QOTP (Shared Care Approval) Approval number	☐
Application to **renew** an approval to treat patients with approved opioids under the QOTP (Shared Care Approval) Approval number	☐

Section 1 — Applicant details (s76 MPA)

Provide details of the medical practitioner or nurse practitioner seeking the approval

Title Select	Surname		Given names		
AHPRA registration No					
Street address		Town/ Suburb		P/C	
Postal address		Town/ Suburb		P/C	
Work phone		Mobile		Email	

Do you have any restrictions on your registration (e.g. conditions or undertakings) that would prevent you from prescribing the medicines you are applying for approval for?	☐ Yes	☐ No

If yes, provide further details of the restrictions on your registration

Section 2 — Patient details

Provide details of the patient this application for approval relates to

Title Select	Surname		Given names		
Gender	Male ☐	Female ☐	Other ☐	Date of birth	
Street address		Town/ Suburb		P/C	

Section 3 — Approved opioid(s) proposed to be prescribed under this approval (s68 MPA)

☐ Buprenorphine sublingual tablets	☐ Long-acting injection **(SEE QUESTION BELOW)**
☐ Buprenorphine/naloxone sublingual film	☐ Methadone syrup/liquid

If you intend to prescribe a long-acting injection, have you watched the required training video? https://insight.qld.edu.au/training/how-to-administer-long-acting-injectable-buprenorphine/detail	☐ Yes	☐ No

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Section 4 — Shared care – Alcohol and Other Drugs Service (AODS) QOTP prescriber

☐	I have an agreement from the following QOTP approved prescriber of a Hospital and Health Service Mental Health (Alcohol and Other Drugs) Service to treat the above-named patient under the QOTP with the approved opioid(s) specified in Section 3.

Title Select		Surname		Given names	
Clinic name					
Work phone		Email			
Street address		Town/ Suburb		P/C	

Section 5 — Duration of the prescribing approval (s69 MPA)

Please specify the desired term or end date for the prescribing approval. Applicants should note that typically prescribing approvals will not be issued for more than two (2) years

Please specify the term of approval sought:

☐ 2 years ☐ Another term or end date, please specify

Section 6 — Additional information and attachments

Section 7 — Consent and declaration

By making this application:

☐ I consent to Queensland Health collecting, using and disclosing my personal information for the purpose of determining this application and any matters relevant to this prescribing approval

☐ I consent to Queensland Health making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or of the Commonwealth, regarding any matters relevant to this application (which may include a criminal history check). If relevant information cannot be obtained from other entities, Queensland Health will determine the application on the information available.

☐ I declare that, to the best of my knowledge, all information provided in and with this application form is true and correct in every detail.

☐ I understand that if anything has been stated in this application form, or in an attachment provided with this application, that is false or misleading, any substance authority granted may be suspended or cancelled

Full name of applicant	Designation (position) of applicant
Signature of applicant	Date (DD/MM/YYYY)

Clear form

Please email the completed form to:
QOTP@health.qld.gov.au