

Application for a permit to treat a patient with Schedule 8 drugs

Drugs, Poisons and Controlled Substances Act 1981

Section 1 should be completed in all cases as well as EITHER Section 2 or Section 3, and then the form signed and dated. Refer to explanatory notes and summary of requirements if necessary.

(Please print **legibly** in block letters and provide all information)



SECTION 1: (to be completed in all cases)

APPLICANT DETAILS

SURNAME (FAMILY NAME)

FIRST NAME

PRACTICE ADDRESS

SUBURB/TOWN

POSTCODE

QUALIFICATIONS

TELEPHONE

FAX

EMAIL ADDRESS

PATIENT DETAILS

SURNAME (FAMILY NAME)

FIRST NAME

ADDRESS

SUBURB/TOWN

POSTCODE

DATE OF BIRTH (DAY/MONTH/YEAR)

SEX MALE

DPR NUMBER (IF KNOWN)

FEMALE

CLINICAL DETAILS

CLINICAL DIAGNOSIS (OR DIAGNOSES)

SECTION 2: Application for a permit under section 34

| Name of Schedule 8 drug(s) | Dose form of drug(s) | Expected maximum daily dose |
|----------------------------|----------------------|-----------------------------|
| | | |
| | | |
| | | |

Details of other treatment (if applicable):

SECTION 3: Notice under section 34D - Permit not required *(to be completed ONLY in relation to SPECIFIED conditions and circumstances: see explanatory note about giving Notice of Treatment overleaf)*

I hereby give notice that the condition and circumstances are as set out overleaf in the relevant approval number:

- Pain caused by cancer, or complications arising from cancer (opioid analgesics only)
 Schedule 8 drugs which may be necessary: buprenorphine fentanyl hydromorphone
 methadone morphine oxycodone other opioids: _____
 OR
- Attention deficit hyperactivity disorder and I am a paediatrician or psychiatrist treating a patient under 18 years of age with dexamphetamine, lisdexamfetamine or methylphenidate

Please note: Evidence-based practice guidelines recommend that specialist advice should be sought for patients requiring opioid doses exceeding oral morphine 100mg daily, oxycodone 60mg daily or equivalent, for the treatment of chronic non-cancer pain, or when prescribing opioids to a patient with a history of drug dependency or aberrant drug-related behaviours. Opioids should only be prescribed as part of a comprehensive pain management plan. **When applying for a permit to treat a patient with an opioid, applicants may be requested by the Secretary to provide the Secretary with evidence of a pain management plan or specialist review.**

The morbidity and mortality risks associated with long term opioid therapy should be discussed with the patient; in particular the increased mortality risks correlated with the prolonged use of opioids at doses exceeding 100mg daily in morphine equivalents.

Signature: _____ **Date:** _____

DRUGS AND POISONS REGULATION

tel: 1300 364 545 fax: 1300 360 830 email: dpcs@dhhs.vic.gov.au



EXPLANATORY NOTES

Victorian legislation makes it a requirement for medical practitioners and nurse practitioners to hold a permit to prescribe Schedule 8 poisons under certain circumstances. The following table summarises the requirements of the legislation. The Department of Health and Human Services has also developed a policy that governs the issue of Schedule 8 permits. This policy is available from the Drugs and Poisons Regulation website at www.health.vic.gov.au/dpcs.

SUMMARY OF LEGISLATED REQUIREMENTS

PERMIT TO PRESCRIBE A SCHEDULE 8 POISON – complete Sections 1 & 2 only

(i) **Treatment for a continuous period of greater than 8 weeks**

The *Drugs, Poisons and Controlled Substances Act 1981* (the Act) requires a medical or nurse practitioner to hold a permit from the Department of Health and Human Services when it is necessary to prescribe a Schedule 8 drug for the medical treatment of a patient for longer than 8 weeks. The 8 week period is the time the patient has been treated with the Schedule 8 poison by any practitioner, not just the treatment provided by the current applicant.

(ii) **Treatment of a drug dependent person**

The Act requires a medical or nurse practitioner to hold a permit **BEFORE** prescribing any Schedule 8 poison to a drug dependent person, except in certain limited circumstances described below.

(iii) **Permits required before prescribing certain drugs**

The Drugs, Poisons and Controlled Substances Regulations 2017 require a medical or nurse practitioner to hold a permit **BEFORE** prescribing amphetamines, methylphenidate, methadone, nabiximols, sodium oxybate, Schedule 8 cannabis or Schedule 8 tetrahydrocannabinol **UNLESS** the medical practitioner is treating:

- an out-patient at an oncology or pain clinic at a hospital with methadone;
- an out-patient under the care of a palliative care service with methadone; or
- the medical practitioner is a psychiatrist or paediatrician treating a person for attention deficit disorder with dexamphetamine, lisdexamfetamine or methylphenidate.

While these circumstances exempt the practitioner from obtaining a permit before prescribing, in all cases a permit is required where the treatment continues for more than 8 weeks.

(iv) **General exemptions**

Medical or nurse practitioners are not required to hold a permit where the patient:

- is an in-patient in a hospital;
- is in an aged care service;
- is a prisoner being treated in prison or for a period not exceeding 7 days after release from prison;

A practitioner working in a multiple practitioner clinic may prescribe without holding a permit if:

- the treatment is provided at the multiple practitioner clinic, and
- another practitioner at that clinic already holds a permit to treat the patient with the same drug, and
- the treatment is in accordance with that permit.

Important note: These general exemptions also apply to the treatment of drug dependent persons, but the practitioner is still required to make a notification of drug dependence if he or she intends to treat with a drug of dependence.

(v) **Treatment of opioid dependence with methadone or buprenorphine**

This form should not be used to apply for a permit to treat an opioid dependent person with opioid substitution therapy. Use the form *Application for a permit to treat an opioid dependent person with methadone or buprenorphine*.

(vi) **Avoid delays in processing**

Applications cannot be processed until all the information required by legislation is provided. Please ensure that ALL details are completed and the form is signed and dated.

GIVING NOTICE OF TREATMENT – complete Sections 1 & 3 only

Under certain circumstances a medical or nurse practitioner may simply give notice of treatment with the indicated Schedule 8 drugs without the need to obtain a permit. These conditions and circumstances are listed in the table below. *Permits are still required prior to treatment of patients believed to be drug dependent (see (ii) above), except in certain exempt circumstances (see (iv) above).*

The Secretary specifies the following circumstances and medical conditions for the purposes of section 34D of the *Drugs, Poisons and Controlled Substances Act 1981*

| Medical conditions | Applicable circumstances |
|--|--|
| 1. Pain caused by cancer or complications arising from cancer. | (a) the Schedule 8 poison administered, supplied or prescribed is an opioid analgesic; and (b) the diagnosis of pain caused by cancer or complications arising from cancer is made by a registered medical practitioner. |
| 2. Attention deficit hyperactivity disorder. | (a) the Schedule 8 poison administered, supplied or prescribed is a psychostimulant drug approved by the Therapeutic Goods Administration for the treatment of attention deficit hyperactivity disorder; and (b) the person to be administered, supplied or prescribed the Schedule 8 poison is less than 18 years old; and (c) the diagnosis of attention deficit hyperactivity disorder is made by a medical practitioner registered with the Australian Health Practitioner Regulation Agency as a specialist general paediatrician or specialist psychiatrist; and (d) the registered medical practitioner, referred to in paragraph (c), conducts a review, at least annually, of the therapeutic need for the Schedule 8 poison to be administered, supplied or prescribed. |

IMPORTANT NOTICE ABOUT PRIVACY

It is a requirement of the *Drugs, Poisons and Controlled Substances Act 1981* (the Act) that the information set out in this form is provided to the Department of Health and Human Services to meet statutory notification requirements, and for the issuing of permits as required under the Act. The collection, use and disclosure of the information provided will be in accordance with the law, including the provisions of the *Health Records Act 2001*. The information collected may be disclosed to health practitioners practising in the following health professions: medical, nursing and midwifery and pharmacy, when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs. For example, it may be necessary to disclose this information when another health practitioner applies for a permit or is considering prescribing a drug of dependence. The application may not be processed if all information requested on the form is not completed.

Further information about privacy or about Victorian Drugs and Poisons legislation may be obtained by calling Drugs and Poisons Regulation (DPR) on 1300 364 545 or visiting the DPR website at www.health.vic.gov.au/dpcs.