



ALL DETAILS MUST BE COMPLETED AND ALL DETAILS MUST BE LEGIBLE OR CONSIDERATION OF THIS APPLICATION MAY BE DELAYED

PHONE: 02 5124 9208 FAX to: 02 5124 9309

Please tick if application is URGENT

PRESCRIBER DETAILS	PATIENT DETAILS
Name	Name
Practice and address	Address
Registered Specialty	Date of Birth
Phone: Fax:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

SPECIFIC CONDITION OF PATIENT AND SPECIALIST SUPPORT (if required):

Is this patient Drug Dependent\*?  Yes  No

APPROVAL IS REQUESTED TO PRESCRIBE BY CATEGORY

- Category 1 (Chronic non-cancer pain)
- Category 2 (Active malignancy or life limiting)  2A  2B  2C  2D
- Category 3 (Opioid dependence)  3A  3B
- Category 4 (Benzodiazepines)  4A  4B
- Category 5 (Psychostimulants)  5A  5B  5C  5D  5E  5F  5G  5H

OR

(Complete CATEGORY or DRUG section only)

APPROVAL IS REQUESTED TO PRESCRIBE BY DRUG

Controlled Medicine: \_\_\_\_\_  
 Form and Strength: \_\_\_\_\_  
 Prescribed (maximum) daily dose: \_\_\_\_\_  
 Quantity: \_\_\_\_\_ Repeats: \_\_\_\_\_  
**For Opioid Maintenance Treatment Only:**  
 Commencing today: \_\_/\_\_/\_\_\_\_  
 Continuation for 12 months  
 Temporary transfer (Please attach further information such as evidence of usual dose).  
 Dates: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_  
 Number of takeaways per week: \_\_\_\_\_

PRESCRIBER DECLARATION (please tick):

- I understand that the issue of an approval does not indicate Chief Health Officer support or endorsement of a proposed treatment.
- I declare that I am prescribing in accordance with the Controlled Medicines Prescribing Standards and that failure to do so may render me liable for enforcement action under the Medicines Poisons and Therapeutic Goods Act 2008 (MPTG Act).
- I declare I have discussed with the patient and they are aware that their personal information included on this form may be shared with relevant health practitioners and/or other State or Territory Government officials in order to protect public health and safety, including monitoring and evaluating the supply of the requested medicine(s) to themselves, and to ensure compliance with the MPTG Act. The patient has been informed further information about the extent and purpose for which their information may be used or disclosed may be obtained via the ACT Health website.

Signature of prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Approved DAPIS Reference Number: \_\_\_\_\_  Refused

(For medicinal cannabis products not included on the ARTG, this approval is conditional on Therapeutic Goods Administration approval).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approval Term: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

## EXPLANATORY NOTES

Prescribers must obtain Chief Health Officer approval prior to prescribing a controlled medicine when a patient is drug-dependent\* or has been on any controlled medicine within the last two months or treatment is for longer than two months. Applications will be assessed in accordance with the Controlled Medicines Prescribing Standards (Prescribing Standards). Completed applications contain sensitive information and are treated as 'Medical in-Confidence'.

\* **A drug-dependent person** is defined in the Medicines, Poisons and Therapeutic Goods Regulation 2008 to be:

**A person who, as a result of the administration of a medicine or substance, demonstrates impaired control or drug seeking behaviour that suggests impaired control; and who, as a result of the cessation of the administration of the medicine or substance, is likely to experience symptoms of mental or physical distress or disorder.**

It is acknowledged that the determination of a drug dependent person can be subjective; however it is a clinical decision of the treating practitioner.

Further information about prescribing controlled medicines in the ACT may be found at [www.health.act.gov.au/pss](http://www.health.act.gov.au/pss).

### Summary of controlled medicines approval by category - To be read in conjunction with the Prescribing Standards

**Category 1** - Controlled opioid medicines to treat a person with **chronic (non-cancer) pain**.

Dose  $\leq$  100mg oral morphine equivalent daily (MEqD) applies. See table below.

**Category 2** - Controlled opioid medicines to treat a person with pain due to **active malignancy or life limiting disease state** or considered on a case by case basis or where the prognosis might reasonably be expected to be **12 months or less**

**2A** For general practitioners a dose of  $\leq$  160mg MEqD applies.

**2B** For general practitioners a dose of  $\leq$  300mg MEqD applies with appropriate specialist support required.

**2C** For pain or addiction or palliative care specialist or oncologist or other specialist as considered appropriate or Credentialed General Practitioner or palliative care nurse practitioner.

**2D** For pain or addiction or palliative care specialist or oncologist or other specialist as considered appropriate or Credentialed General Practitioner or palliative care nurse practitioner or prescriber endorsed to treat drug dependency or drug and alcohol nurse practitioner to treat drug-dependent patients, in accordance with a collaborative approach between treating teams, as described in the Controlled Medicines Prescribing Standards.

**Category 3** - Controlled opioids medicines to treat a person with **drug-dependency**

**3A** Dose of  $\leq$  120mg oral methadone applies.

**3B** Dose of  $\leq$  32mg oral buprenorphine applies.

**Category 4 - Controlled benzodiazepine medicines** to treat a person with a licensed indication or severe insomnia.

**4A** Specialist use of alprazolam to treat a person with panic disorder or short-term symptomatic anxiety ( $\leq$  10mg daily).

**4B** Specialist use of flunitrazepam to treat a person with severe insomnia  $\leq$  2mg at night.

**Category 5 – Psychostimulants for non-drug dependent persons**

**5A** For general practitioners a dose threshold applies for 4 – 19 year old ADHD patients with appropriate specialist support.

**5B** For general practitioners a dose threshold applies for ADHD patients 19 years or older with appropriate specialist support.

**5C** For specialists a dose threshold applies for 4 – 19 year old ADHD patients.

**5D** For specialists a dose threshold applies for ADHD patients 19 years or older.

**5E** For general practitioners a dose threshold applies to treat patients aged 18 years or over for Binge Eating Disorder (BED) with appropriate specialist support.

**5F** For specialists a dose threshold applies to treat patients aged 18 years or over for BED.

**5G** For general practitioners a dose threshold applies to treat patients aged 6 years or over for narcolepsy with appropriate specialist support.

**5H** For specialists a dose threshold applies to treat patients aged 6 years or over for narcolepsy.

#### Oral morphine equivalent dose (MEqD)

Drug	Formulations	Conversion ratio*	MEqD 100mg (daily)	MEqD 160mg (daily)	MEqD 300mg (daily)
Morphine	oral (mg/day)	1:1	100mg daily	160mg daily	300mg daily
Morphine	parenteral (mg/day)	1:3	33mg daily	53mg daily	100mg daily
Hydromorphone	oral (mg/day)	1:5	20mg daily	32mg daily	60mg daily
Hydromorphone	Parenteral (mg/day)	1:15	6mg daily	10mg daily	20mg daily
Buprenorphine	transdermal (microg/hr)	1:2	50mcg/hr	80mcg/hr	150mcg/hr
Fentanyl	transdermal (microg/hr)	1:3	33mcg/hr	53mcg/hr	100mcg/hr
Oxycodone	Oral/rectal (mg/day)	1:1.5	66mg daily	107mg daily	200mg daily
Tapentadol	oral (mg/day)	1:0.3	333mg daily	533mg daily	1000mg daily

Source: adapted from Faculty of Pain Medicine ANZCA

### COMPLETED FORMS TO BE SUBMITTED TO THE CHIEF HEALTH OFFICER

**Further Contact Information:** Phone: 02 5124 9208 Fax: 02 5124 9309 Post: Locked Bag 5005, Weston Creek ACT 2611  
(Please ensure all posted applications are marked confidential)

Please consider applying electronically using a Smartform.

Please refer to [www.health.act.gov.au/pss](http://www.health.act.gov.au/pss) for further information.