

TREATMENT 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 the form **signed** and **dated**.
Explanatory notes and summary of requirements are overleaf.

Human
Services



Section 1: (to be completed in all cases).

Please print legibly in block letters.

PATIENT DETAILS

SURNAME (FAMILY NAME)	
FIRST NAME	
ADDRESS	
SUBURB/TOWN	
POSTCODE	
DATE OF BIRTH	DPU NUMBER
SEX	
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
day	month
year	

PRESCRIBER DETAILS

SURNAME (FAMILY NAME)	
FIRST NAME	QUALIFICATIONS
ADDRESS	
SUBURB/TOWN	
POSTCODE	
TELEPHONE	FAX

CLINICAL DETAILS

CLINICAL DIAGNOSIS (OR DIAGNOSES)
HOSPITAL WHERE PATIENT IS UNDERGOING TREATMENT (if applicable)

Section 2: Application for a permit under section 34.

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

Period for which drug(s)* has(have) been used:.....
Period for which permit is requested:.....
Details of other treatment (if applicable):.....
I have/have not previously (delete whichever inapplicable) applied for a permit to administer, prescribe or supply a Schedule 8 drug* for this patient.
If yes, please indicate name of drug(s)* and approximate date of application:.....

OR

Section 3: Notice under Section 35 (2A) (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 described overleaf in the relevant approval number:

1. Pain caused by cancer or its complications (opioid analgesics only) ☐ OR
2. Attention deficit hyperactivity disorder and I am a paediatrician or psychiatrist ☐

SCHEDULE 8 DRUGS* WHICH MAY BE NECESSARY

morphine ☐ oxycodone ☐ methadone ☐ dexamphetamine ☐ methylphenidate ☐
other opioid(s) (specify) ☐

Signature:..... Date:.....

EXPLANATORY NOTES

All medical practitioners prescribing drugs of addiction for longer than eight weeks are required to either hold a permit or give notice of this drug use, except in the case of a drug dependent person (see (ii) below).

Giving notice. Under the circumstances listed in the table below, a medical practitioner may, by completing only **Sections 1 and 3** on the front of this form, give notice of treatment without the need to obtain a permit. This provides information to enable monitoring of drug use and coordination of treatment, and avoids the need to obtain and renew permits in these circumstances.

Permit to prescribe drugs of addiction. Under all other circumstances, including if the patient is drug dependent, a medical practitioner is required to seek a permit by completing only **Sections 1 and 2**.

SUMMARY OF REQUIREMENTS

- (i) The *Drugs, Poisons and Controlled Substances Act 1981* requires a medical practitioner to hold a permit from the Department of Human Services when it is necessary to prescribe a Schedule 8 drug for the medical treatment of a patient for longer than eight weeks.
- (ii) The *Act* makes it an offence for a medical practitioner to prescribe, administer or supply a Schedule 8 drug to a person who he/she has reason to believe is drug dependent, unless he/she holds a permit issued by the Department.
- (iii) The *Drugs, Poisons and Controlled Substances Regulations 1995* require a medical practitioner to hold a permit BEFORE prescribing amphetamines, dextromoramide, methadone or methylphenidate UNLESS the medical practitioner is treating
 - an inpatient in a hospital;
 - a patient at an oncology or pain clinic at a hospital;
 - a patient under the care of a palliative care service; or
 - the medical practitioner is a psychiatrist or paediatrician treating a person for attention deficit disorder.
- (iv) This form should not be used to apply for a permit to treat an opiate dependent person with methadone syrup. Use form DP2 B or DP2 BF.
- (v) To avoid delays in processing, please ensure that ALL details are completed and the form is signed and dated.

Giving notice of treatment.

Under certain conditions and circumstances a medical 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 (li) above). Medical practitioners other than paediatricians and psychiatrists are still required to obtain a permit to treat attention deficit hyperactivity disorder.*

The Chief General Manager specifies the following circumstances and medical conditions for the purposes of section 35 (2A) of the *Drugs, Poisons and Controlled Substances Act 1981*:

Medical conditions	Applicable circumstances
1. Pain caused by cancer or complications arising from cancer, where "cancer" means a malignant growth of human tissue which if unchecked is likely to spread to adjacent tissue or beyond its place of origin and which has the propensity to recur, and, without limiting the generality of the foregoing, includes carcinoma, sarcoma, any mixed tumour, leukemia, any type of lymphoma, melanoma and non-invasive, in situ carcinoma.	(a) Diagnosis of pain caused by cancer, or complications arising from cancer, is made by a registered medical practitioner; and (b) the Schedule 8 poison administered, supplied or prescribed is an opioid analgesic.
2. Childhood attention deficit hyperactivity disorder	(a) The Schedule 8 poison administered, supplied or prescribed is dexamphetamine or methylphenidate; and (b) the person to be administered, supplied or prescribed the Schedule 8 poison is less than 18 years old; and (c) the registered medical practitioner is a paediatrician or psychiatrist who has been recognised for the purposes of the <i>Health Insurance Act 1973</i> of the Commonwealth, as a consulting physician, or as a specialist, under section 3E or section 61 of that Act by a determination of the responsible Minister that has effect in regard to the specialty known as paediatrics or psychiatry; 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 to the patient being treated.

FURTHER INFORMATION

Drugs and Poisons Unit
Department of Human Services
Phone: 1300 364 545
Fax: 1300 360 830

ALL CORRESPONDENCE TO:

Manager Drugs and Poisons Unit
Department of Human Services
PO Box 1670N
MELBOURNE 3001

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