Medicines and Poisons Act 2019

Extended Practice Authority
'Indigenous health workers'

Queensland Government

Version control

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Extended Practice Authority - 'Indigenous health workers'

This extended practice authority (EPA) has been made by the Director General, Queensland Health, as the chief executive under section 232 of the *Medicines and Poisons Act 2019* (Qld). It states the scope of the regulated activities with the regulated substances which an Indigenous health worker is authorised to carry out for the purposes described in the table under Schedule 3, Part 2, Division 2 the Medicines and Poisons (Medicines) Regulation 2021 (Qld).

A term used in this EPA that is defined in the Medicin*es and Poisons Act 2019* or the Medicines and Poisons (Medicines) Regulation 2021, has the meaning stated in the *Medicines and Poisons Act 2019* or Medicines and Poisons (Medicines) Regulation 2021.

1. Application

This EPA applies to an Indigenous health worker practising in a hospital and health service in an isolated practice area.

Indigenous health worker means a person who:

a. holds a Diploma of Health Science Aboriginal and Torres Strait Islander (A&TSI) Primary Health Care (Generalist) ASF 5 from a college of technical and further education or a certified equivalent qualification; and

b. has successfully completed the North Queensland Rural Health Training Unit Isolated Practice Course, or an equivalent course of training approved by the chief executive, for the accreditation of registered nurses for practice in an isolated practice area.

2. General Conditions

The following general conditions apply to all Indigenous health workers.

1. When acting under this EPA, the Indigenous health worker must ensure they have access to current guidelines, manuals or protocols adopted or established by their employer, including:
    i. their approved practice plan; and
    ii. the current *Australian Immunisation Handbook*, for medicines for immunisation listed in Appendix 2 under the tables titled - Medicines for immunisation and Restricted immunisation programs; and
    iii. the health management protocol for medicines listed in this EPA.
2. The Indigenous health worker must act in accordance with a current health management protocol that applies to the dealings of the Indigenous health worker with medicines and that complies with the requirements specified in Appendix 1.
3. The Indigenous health worker may not give a treatment dose of a monitored medicine, as listed in listed in Schedule 2, Part 4 of the Medicines and Poisons (Medicines) Regulation 2021.
4. Before administering or giving a treatment dose of a medicine, the Indigenous health worker must be familiar with the contra-indication(s) and known side effects of the medicine and advise the patient accordingly.

5. For the requirements for administration of medicines for immunisation, including for patient selection, patient consent, administration, documenting immunisation and follow up care, the Indigenous health worker must act in accordance with:
    i. the current online edition of the *Australian Immunisation Handbook*; or
    ii. the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or
    iii. the product information approved by the Therapeutic Goods Administration (TGA); or
    iv. the current recommendations provided on the Immunisation Schedule Queensland.
6. Before medicines for immunisation are administered, the Indigenous health worker must ensure the equipment and procedures detailed in the current online edition of the *Australian Immunisation Handbook* are in place.
7. When medicines for immunisation are in the possession of the Indigenous health worker, the Indigenous health worker must ensure that the storage and transport of the medicines is in accordance with the *National vaccine storage guidelines: Strive for 5*.
8. An Indigenous health worker who administers a medicine for immunisation must ensure:
    i. the immunisation is recorded on the Australian Immunisation Register as soon as practicable and ideally at the time of immunisation; and
    ii. that any adverse events occurring following immunisation are notified immediately to the prescriber who authorised the administration, and the incident is recorded using the Adverse Event Following Immunisation (AEFI) form published on the Queensland Health website.
9. If Consumer Medicine Information (CMI) is available for a particular medicine, the Indigenous health worker must, where reasonably practicable, offer the information to each person to whom the Indigenous health worker administers or gives a treatment dose of the medicine.

3. Authority for Indigenous health worker

An Indigenous health worker may administer or give a treatment dose of a medicine listed in Appendix 2 or Appendix 3, column 1 of this EPA:

i. if the medicine is NOT marked with an asterisk (*), on the prescription[1] of a medical practitioner, nurse practitioner or physician assistant; and
ii. if the medicine is marked with an asterisk (*); with or without a prescription; and
iii. by or for a route of administration for the medicine stated in Appendix 2 or 3, column 2; and
iv. in accordance with the conditions for the medicine stated in Appendix 2 or 3, column 3 (if any); and
v. in accordance with a current health management protocol that meets the requirements in Appendix 1, for the medicines listed in Appendix 2.

[1] A prescription may be an **oral prescription** given during consultation with a prescriber or a written prescription.

4. Indigenous health worker (sexual health authorisation)

An Indigenous health worker who has completed the North Queensland Workforce Unit – Course in sexual health for Indigenous health workers[2] may only administer or supply a medicine listed in Appendix 4, column 1 of this EPA:

i. if the medicine is NOT marked with an asterisk (*), on the prescription[3] of a medical practitioner, nurse practitioner or physician assistant; and

ii. if the medicine is marked with an asterisk (*); with or without a prescription; and

iii. by or for a route of administration for the medicine stated in Appendix 4, column 2; and

iv. subject to the conditions for the medicine stated in Appendix 4, column 3 (if any); and

v. in accordance with a health management protocol that meets the requirements in Appendix 1.

[2] The North Queensland Workforce Unit - Course in sexual health for indigenous health workers is the certified equivalent qualification for an indigenous health worker (sexual health authorisation).
[3] A prescription may be an **oral prescription** given during consultation with a prescriber or a written prescription.

Appendix 1. Requirements for health management protocols

1. The current *Australian Immunisation Handbook* is the health management protocol for dealings with medicines for immunisation listed in this EPA. Where a medicine for immunisation is not included in the Australian Immunisation Handbook, the current recommendation issued by ATAGI may be used as the health management protocol. In all other circumstances, the requirements below must be met.
2. A health management protocol details the clinical use of medicines that may be administered or given as a treatment dose under this EPA for patients of the Indigenous health worker, approved and dated by:
    i. the health service chief executive of a Hospital and Health Service; or
    ii. the Chief Executive Officer of a non-Queensland Health service.
3. A health management protocol for medicines must have been reviewed and endorsed by an inter-disciplinary health team comprising, at a minimum, a medical practitioner, a registered nurse and a pharmacist, and may include other identified professional personnel (an ***inter-disciplinary team***).
4. A health management protocol for medicines must include:
    a) The procedures for clinical assessment, management, and follow up of patients, including the recommended medicine for the relevant clinical problem.
    b) For each medicine in the health management protocol:
        i. a clinical indication or time when medical referral/consultation must occur for that condition;
        ii. the name, form and strength of the medicine and the condition/situation for which it is intended and any contraindications to the use of the medicine;
        iii. the recommended dose of the medicine, the frequency of administration (including rate where applicable) and the route of administration of the medicine;
        iv. for a medicine to be administered, the maximum dose of a medicine that may be administered or duration of administration without a prescription from an authorised prescriber;
        v. for a medicine to be given as a treatment dose without a prescription, the maximum quantity of a medicine that may be given;
        vi. the type of equipment and management procedures required for management of an emergency associated with the use of the medicine;
    c) When to refer to a higher level of care for intervention or follow-up.
5. A health management protocol for giving a treatment dose of a medicine in Appendix 3 must include the process for clinical assessment, management, and follow up.
6. A clinical guideline developed by another entity's inter-disciplinary team, such as the *Primary Clinical Care Manual (PCCM),* may be approved as a health management protocol for medicines if it is endorsed by an inter-disciplinary team.

7 A health management protocol is **current** for Indigenous health workers to use for medicines listed in this EPA, if used within:

7.1 **two (2) years** of the date the health management protocol was approved by the chief executive of a Hospital and Health Service; or the Chief Executive Officer of a non-Queensland Health service; OR

7.2 **three (3) years** if the current on-line edition of the PCCM is adopted as the health management protocol and approved by the chief executive of a Hospital and Health Service or the Chief Executive Officer of a non-Queensland Health service.

Appendix 2. General medicines

Note 1. Administration or giving a treatment dose of these medicines must **only** occur on the prescription of a medical practitioner, nurse practitioner or physician assistant except for the substances marked with an asterisk (*).

Note 2. For a medicine that is a prepacked liquid, cream, ointment or aerosol that is being given on a prescription—the quantity supplied must be sufficient to provide treatment for the prescribed duration, to the nearest whole manufacturer's pack.

Schedule 8 Medicines: Opioid Analgesics - Acute pain management		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Morphine	Intramuscular Intravenous Subcutaneous	Adult only. **Must not** be given as a treatment dose.
Fentanyl	Intramuscular Intravenous Subcutaneous	
Oxycodone	Oral	

Analgesics and Antipyretics		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Aspirin*	Oral	Adult only. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Ibuprofen*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Ketorolac trometamol	Intramuscular	Adult only. Single dose up to 30 mg.
Methoxyflurane	Inhalation	Adult and child 6 years or older: 3 mL may be repeated after 20 minutes to a maximum of 6 mL Patient must self-administer.

Analgesics and Antipyretics		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Nitrous oxide 50% / oxygen 50%	Inhalation	Patient must self-administer.
Paracetamol*	Oral Rectal	For rectal route, may administer a single dose then must contact medical practitioner or nurse practitioner. When giving a treatment dose, may only give the smallest available manufacturer's pack.

Antibiotics and other Anti-infective agents (Oral)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Amoxicillin	Oral	
Amoxicillin/clavulanic acid	Oral	
Azithromycin	Oral	
Cefaclor	Oral	Child only.
Cefuroxime	Oral	Adult only.
Cefalexin	Oral	
Ciprofloxacin	Oral	
Clindamycin	Oral	
Dicloxacillin	Oral	
Doxycycline	Oral	
Erythromycin	Oral	
Famciclovir	Oral	
Flucloxacillin	Oral	
Metronidazole	Oral	

Antibiotics and other Anti-infective agents (Oral)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Nitrofurantoin	Oral	
Phenoxymethylpenicillin	Oral	
Roxithromycin	Oral	
Tinidazole	Oral	
Trimethoprim	Oral	
Trimethoprim/ sulfamethoxazole	Oral	
Valaciclovir	Oral	

Antibiotics (Parenteral)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Amoxicillin	Intramuscular Intravenous	
Ampicillin	Intramuscular Intravenous	
Benzathine penicillin *e.g. Bicillin L-A*	Intramuscular	
Benzylpenicillin	Intramuscular Intravenous	
Cefotaxime	Intramuscular Intravenous Intraosseous	Maximum 2 g.
Ceftriaxone	Intramuscular Intravenous Intraosseous	Intramuscular to be given reconstituted with 1% Lidocaine (lignocaine) injection. Maximum 2 g.

Antibiotics (Parenteral)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Cefazolin	Intravenous Intraosseous	
Flucloxacillin	Intramuscular Intravenous Intraosseous	
Gentamicin	Intramuscular Intravenous Intraosseous	
Lincomycin	Intramuscular Intravenous	
Metronidazole	Intravenous	
Procaine benzylpenicillin (procaine penicillin)	Intramuscular	
Teicoplanin	Intramuscular	
Vancomycin	Intravenous Intraosseous	

Antibiotic Adjuncts		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Dexamethasone	Intramuscular Intraosseous Intravenous	
Probenecid	Oral	

Antibiotics and other Anti-infectives (Topical)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Chloramphenicol (eye drops/eye ointment)	Topical to eye	
Ciprofloxacin (ear drops)	Otic	Must provide directions to the patient to self- administer the medicine for a maximum of 9 days. For use in patients over one month old.
Clindamycin 2%	Intravaginal	Must provide directions to the patient to self- administer the medicine for a maximum of 7 days.
Clotrimazole*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Clotrimazole	Intravaginal	Must provide directions to the patient to self- administer the medicine for a maximum of 7 days.
Dexamethasone 0.5 mg / framycetin sulfate 5 mg / gramicidin 0.05 mg/mL (ear drops)	Otic	
Flumetasone pivalate 0.02%/ clioquinol 1% (ear drops)	Otic	
Ketoconazole shampoo*	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Miconazole*	Topical	For tinea, cutaneous candidiasis and oral thrush only. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Miconazole	Intravaginal	Administer one dose and supply one full course.
Mupirocin (cream)	Topical	Administer one dose and supply one full course.

Antibiotics and other Anti-infectives (Topical)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Nystatin* (oral drops for topical use)	Topical	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Podophyllotoxin	Topical	When giving a treatment dose, may give a maximum of 6 weeks supply.
Silver sulfadiazine 1% (cream)	Topical	
Triamcinolone compound (ointment)	Otic	
Triamcinolone + neomycin + nystatin + gramicidin (ear drops)	Otic	
Terbinafine*	Topical	For tinea and ringworm only. When giving a treatment dose, may only give the smallest available manufacturer's pack.

Anticoagulants and Antifibrinolytic		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Enoxaparin	Subcutaneous	

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Antidotes, Adrenaline and other Reversal Agents (Agents to treat adverse effects)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Adrenaline (epinephrine)*	Intramuscular	Administer up to two doses then must contact a medical practitioner or nurse practitioner.
Benzatropine	Intramuscular Oral	
Flumazenil	Intravenous	
Glucagon*	Intramuscular Subcutaneous	Administer one dose then must contact a medical practitioner or nurse practitioner.
Hydrocortisone	Intramuscular Intravenous	
Naloxone*	Intramuscular Intranasal Intravenous Subcutaneous	If neonatal resuscitation, must contact medical practitioner or nurse practitioner.
Tranexamic acid	Intravenous	

Antiemetics		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Metoclopramide	Intravenous Intramuscular Oral	Adult Only. Single dose only. Maximum 10mg.
Ondansetron	Intravenous Oral	Children only. Maximum 4 mg intravenous, 8 mg oral.
Prochlorperazine	Oral	Adult Only.

Antihistamines		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Loratadine*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Cetirizine*	Oral	Adults and children over 12 years. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Promethazine*	Oral	Administer one dose then contact a medical practitioner or nurse practitioner.
Promethazine	Intramuscular Intravenous	Maximum 50 mg as first dose.

Antiparasitic and Anthelminthic Agents		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Albendazole	Oral	
Ivermectin	Oral	For an ARTG[4] approved indication only. When giving a treatment dose, may only give the smallest available manufacturer's pack.
Mebendazole*	Oral	When giving a treatment dose, may only give the smallest available manufacturer's pack.
Pyrantel*	Oral	
Thiabendazole	Oral	

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[4] Australian Register of Therapeutic Goods

Antivenoms		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Snake polyvalent anti-venom	Intravenous	
Box jellyfish anti-venom*	Intravenous Intramuscular	Administer one ampoule (20,000 units) then contact a medical practitioner or nurse practitioner.
Funnel web spider anti-venom	Intravenous	

Cardiovascular and Renal Medicines (Acute)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Aspirin*	Oral	
Furosemide (frusemide)	Intramuscular Intravenous Oral	Must contact a medical practitioner or nurse practitioner for acute presentations.
Glyceryl trinitrate (patches)	Transdermal	Must contact a medical practitioner or nurse practitioner for acute presentations.
Glyceryl trinitrate*	Sublingual	Administer for chest pain, acute hypertensive crisis or acute pulmonary oedema
Nifedipine	Oral	

Local anaesthetic		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Lidocaine (lignocaine) 1%	Local infiltration or mixed with ceftriaxone or benzathine penicillin intramuscular injection	
Lidocaine (lignocaine) gel 2%	Topical	Maximum duration 3 days.

Local anaesthetic		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Lidocaine (lignocaine) with adrenaline (epinephrine)	Subcutaneous Topical	Subcutaneous - Adults and children older than 12 years only.
Lidocaine (lignocaine) lotion 2.5%*	Topical	For toothache.
Lidocaine (lignocaine) with phenylephrine	Intranasal	
Lidocaine (lignocaine) with prilocaine*	Topical	
Lidocaine (lignocaine) + tetracaine (amethocaine) + adrenaline (epinephrine)*	Topical	
Oxybuprocaine eye drop 0.4% (minim)	Topical to eye	Single dose minim - never to be given to take home.

Respiratory Medicines (Acute)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Adrenaline (epinephrine) (nebulised solution)	Inhalation	
Budesonide (nebulised solution)	Inhalation	
Budesonide (intranasal spray)	Intranasal	Administer and supply for mild to moderate allergic rhinitis
Dexamethasone	Oral	
Hydrocortisone sodium succinate	Intravenous	Maximum stat dose in accordance with the *Australian Asthma Handbook*.
Ipratropium bromide* (nebulised or metered dose inhaler)	Inhalation	Administer one dose then contact medical practitioner or nurse practitioner.

Respiratory Medicines (Acute)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Methylprednisolone sodium succinate	Intravenous	Maximum stat dose in accordance with the *Australian Asthma Handbook*.
Prednisolone	Oral	
Salbutamol* (nebulised)	Inhalation	Administer one dose then contact medical practitioner or nurse practitioner.
Salbutamol* (metered dose inhaler)	Inhalation	Administer one dose then contact medical practitioner or nurse practitioner.

Rheumatological medicines		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Colchicine	Oral	

Sedatives		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Diazepam	Intravenous Oral Rectal	Adults: 10 mg.
Haloperidol	Intravenous Intramuscular Oral	5 mg stat with second 5 mg dose if required to maximum of 10 mg.
Lorazepam	Oral	Adult Only: 1 mg stat.
Midazolam	Intramuscular Intranasal Buccal	

Sedatives		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Olanzapine	Intramuscular Oral	Adult Only.

Vitamin and Mineral Supplements		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Folic acid	Oral	
Ferrous fumarate	Oral	
Ferrous sulfate	Oral	

Schedule 8 Medicines: Opioid Analgesics for Obstetric Use		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Morphine	Intramuscular Intravenous Subcutaneous	Adult only. To a maximum of 10 mg.

Other Agents for Obstetric Use		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Amoxicillin	Intravenous Intraosseous	
Ampicillin	Intravenous Intraosseous	
Benzylpenicillin	Intravenous Intramuscular	

Other Agents for Obstetric Use		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Betamethasone	Intramuscular	
Ceftriaxone	Intravenous Intraosseous	
Ergometrine	Intramuscular	250 micrograms per dose up to a maximum of 500 micrograms.
Erythromycin	Oral	
Indometacin	Rectal	
Lincomycin	Intravenous Intramuscular	
Metoclopramide	Intramuscular	
Misoprostol	Rectal Sublingual Buccal	Maximum 1000 micrograms.
Nifedipine	Oral	
Nitrous oxide and oxygen	Inhalation	
Oxytocin	Intramuscular Intravenous	

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Oral Contraceptives *Can only be supplied if **less than 12 months** since the last medical consultation and there is a current prescription*		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Ethinylestradiol 35 microgram / cyproterone acetate 2 mg	Oral	Maximum supply at any one time not to exceed 4 months
Ethinylestradiol 30 microgram / desogestrel 150 microgram	Oral	
Ethinylestradiol 30 microgram / dienogest 2 mg	Oral	
Ethinylestradiol 20 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / gestodene 75 microgram	Oral	
Ethinylestradiol 20 microgram / levonorgestrel 100 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 50 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 125 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 150 microgram	Oral	
Ethinylestradiol 40 microgram / levonorgestrel 75 microgram	Oral	

Oral Contraceptives		
*Can only be supplied if **less than 12 months** since the last medical consultation and there is a current prescription*		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Ethinylestradiol 35 microgram/ norethisterone 500 microgram	Oral	Maximum supply at any one time not to exceed 4 months
Ethinylestradiol 35 microgram/ norethisterone 1 mg	Oral	
Levonorgestrel 30 microgram	Oral	
Norethisterone 350 microgram	Oral	

Injectable Hormonal Contraception		
*Can only be administered if **less than 12 months** since last medical practitioner or nurse practitioner assessment and there is a current prescription. At and after 12 months, further clinical assessment by a medical practitioner or nurse practitioner is required*		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Medroxyprogesterone acetate	Intramuscular	To be administered once every 12 weeks (+ or – 14 days).

Post-coital Contraception (Emergency Contraception)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Levonorgestrel 1.5 mg	Oral	

Appendix 2 continues next page – Medicines for immunisation.

Medicines for immunisation		
Regulated substance/antigen	**Approved route of administration**	**Restrictions/Conditions**
Diphtheria	Dose and route of administration as stated in the current online edition of the Australian Immunisation Handbook, or as stated in the product information approved by the TGA, or as per current recommendations issued by ATAGI, or as per current recommendations provided on the Immunisation Schedule Queensland.	• In accordance with the current National Immunisation Program (NIP) Schedule; or as approved by the National Health and Medical Research Council (NHMRC) for future inclusion in the NIP; or • under an immunisation program carried out by a Hospital and Health Service, Queensland Health or a local government; or • under an immunisation program that is authorised under a general approval given to provide an immunisation program under the Medicines and Poisons Act 2019; or • for use in a case/outbreak situation, or other specific situations, as directed by a Public Health Medical Officer.
COVID-19		
Haemophilus influenzae type b		
Hepatitis A		
Hepatitis B		
Human Papillomavirus		
Influenza		
Measles		
Meningococcal (ACWY)		
Meningococcal B		
Meningococcal C		
Mumps		
Nirsevimab		
Pertussis		
Pneumococcal		
Poliovirus		
Respiratory syncytial virus (RSV)		
Rotavirus		
Rubella		
Tetanus		
Tetanus immunoglobulin		
Varicella		
Zoster (herpes zoster)		

Restricted Immunisation Programs		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Japanese Encephalitis – inactivated JE vaccine or live attenuated JE vaccine	Dose and route of administration as stated in the current online edition of the Australian Immunisation Handbook, or as stated in the product information approved by the TGA, or as per current recommendations issued by ATAGI, or as per current recommendations provided on the Immunisation Schedule Queensland.	Under an immunisation program approved by the chief executive of the Torres and Cape Hospital and Health Service (TCHHS); or the Public Health Medical Officer of the TCHHS. In accordance with local procedures for the Japanese Encephalitis Vaccine Program for the Outer Torres Strait Islands of Moa, Badu, Mabuiag, Boigu, Dauan, Saibai, Yam, Warraber, Coconut, Yorke, Stephen, Darnley and Murray Islands.

Appendix 3. Chronic Disease Medicines

Note. Medicines in this appendix may only be given as a treatment dose if **less than 6 months** since last medical consultation.

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Regulated substance	**Approved route of administration**
Aluminium hydroxide	Oral
Amiloride	Oral
Amiodarone	Oral
Amlodipine	Oral
Aspirin	Oral
Atenolol	Oral
Atorvastatin	Oral
Benzathine penicillin *e.g. Bicillin L-A*	Intramuscular
Bisoprolol	Oral
Bumetanide	Oral
Calcitriol	Oral
Calcium carbonate	Oral
Candesartan	Oral
Captopril	Oral
Carvedilol	Oral
Chlortalidone	Oral
Cinacalcet	Oral
Clonidine	Oral
Clopidogrel	Oral
Colecalciferol	Oral

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Regulated substance	**Approved route of administration**
Darbepoetin alfa	Subcutaneous
Digoxin	Oral
Diltiazem	Oral
Enalapril	Oral
Eplerenone	Oral
Epoetin alfa	Subcutaneous
Epoetin beta	Subcutaneous
Eprosartan	Oral
Erythromycin	Oral
Etacrynic acid	Oral
Ezetimibe	Oral
Fenofibrate	Oral
Flecainide	Oral
Felodipine	Oral
Fosinopril	Oral
Furosemide (frusemide)	Oral
Gemfibrozil	Oral
Glyceryl trinitrate	Sublingual
Hydralazine	Oral
Hydrochlorothiazide	Oral
Hydrochlorothiazide / triamterene	Oral
Indapamide	Oral
Irbesartan	Oral

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Regulated substance	**Approved route of administration**
Isosorbide dinitrate	Oral
Isosorbide mononitrate	Oral
Ivabradine	Oral
Labetalol	Oral
Lanthanum	Oral
Lercanidipine	Oral
Lisinopril	Oral
Losartan	Oral
Magnesium aspartate	Oral
Methyldopa	Oral
Methoxy polyethylene glycol-epoetin beta	Subcutaneous
Metoprolol	Oral
Minoxidil	Oral
Moxonidine	Oral
Nebivolol	Oral
Nicorandil	Oral
Nifedipine	Oral
Nimodipine	Oral
Olmesartan	Oral
Oxprenolol	Oral
Perhexiline	Oral
Perindopril	Oral
Phenoxymethylpenicillin	Oral

Cardiovascular, Heart and Chronic Kidney Disease Medicines	
Regulated substance	**Approved route of administration**
Pindolol	Oral
Pravastatin	Oral
Prazosin	Oral
Propranolol	Oral
Quinapril	Oral
Ramipril	Oral
Rivaroxaban	Oral
Rosuvastatvin	Oral
Sevelamer	Oral
Simvastatin	Oral
Sotalol	Oral
Spironolactone	Oral
Sucroferric oxyhydroxide	Oral
Telmisartan	Oral
Terazosin	Oral
Ticagrelor	Oral
Trandolapril	Oral
Valsartan	Oral
Verapamil	Oral

Diabetes Medicines	
Regulated substance	**Approved route of administration**
Acarbose	Oral
Alogliptin	Oral
Canagliflozin	Oral
Dapagliflozin	Oral
Empagliflozin	Oral
Exenatide	Subcutaneous
Glibenclamide	Oral
Gliclazide or Gliclazide MR	Oral
Glimepiride	Oral
Glipizide	Oral
Linagliptin	Oral
Liraglutide	Subcutaneous
Metformin or Metformin ER	Oral
Pioglitazone	Oral
Rosiglitazone	Oral
Saxagliptin	Oral
Sitagliptin	Oral
Vildagliptin	Oral

Insulins	
Regulated substance	**Approved route of administration**
Insulin aspart and Insulin aspart protamine	Subcutaneous
Insulin detemir	Subcutaneous
Insulin glargine	Subcutaneous
Insulin glulisine	Subcutaneous
Insulin isophane	Subcutaneous
Insulin lispro	Subcutaneous
Insulin lispro and Insulin lispro protamine	Subcutaneous
Insulin neutral	Subcutaneous
Insulin neutral and Insulin isophane	Subcutaneous

Respiratory Medicines (Chronic)	
Regulated substance	**Approved route of administration**
Aclidinium	Inhalation
Beclometasone	Inhalation
Budesonide	Inhalation
Budesonide / formoterol (eformoterol)	Inhalation
Ciclesonide	Inhalation
Cromoglycate	Inhalation
Formoterol (eformoterol)	Inhalation
Fluticasone / salmeterol	Inhalation
Fluticasone	Inhalation
Fluticasone / vilanterol	Inhalation
Glycopyrronium	Inhalation
Indacaterol	Inhalation

Respiratory Medicines (Chronic)	
Regulated substance	**Approved route of administration**
Indacaterol / glycopyrronium	Inhalation
Ipratropium bromide (nebulised)	Inhalation
Montelukast	Oral
Nedocromil	Inhalation
Prednisolone	Oral
Salbutamol	Inhalation
Salmeterol	Inhalation
Terbutaline	Inhalation
Theophylline	Oral
Tiotropium bromide	Inhalation
Umeclidinium	Inhalation

Appendix 4. Sexual health authorisation medicines

Antibiotics / Antivirals / Antifungals / Anti-infectives		
Scheduled Substances	**Approved route of administration**	**Restrictions/Conditions**
Azithromycin	Oral	
Benzathine penicillin *e.g. Bicillin LA*	Intramuscular	Administer one dose.
Ceftriaxone	Intramuscular	Administer reconstituted with lidocaine (lignocaine) 1% injection.
Ciprofloxacin	Oral	Single dose only.
Clindamycin	Intravaginal	
Clotrimazole	Intravaginal	
Clotrimazole	Topical	
Doxycycline	Oral	
Famciclovir	Oral	
Miconazole	Vaginal/Topical/Oral	
Metronidazole	Oral	
Valaciclovir	Oral	

Antidotes, Adrenaline and other Reversal Agents (Agents to treat adverse effects)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Adrenaline (epinephrine)*	Intramuscular	Administer up to two doses then contact a medical practitioner or nurse practitioner.

Dermatologic Preparations		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Podophyllotoxin	Topical	A maximum of 6 weeks supply.

Local anaesthetic		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Lidocaine (lignocaine) 1%	Local infiltration or mixed with Ceftriaxone or benzathine penicillin intramuscular injection	

Oral Contraceptives *Hormonal contraception is not initiated by an Indigenous health worker. Can only be supplied if less than 12 months since the last medical consultation and there is a current prescription*		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Ethinylestradiol 35 microgram / cyproterone acetate 2 mg	Oral	Maximum supply at any one time not to exceed 4 months
Ethinylestradiol 30 microgram / desogestrel 150 microgram	Oral	
Ethinylestradiol 30 microgram / dienogest 2 mg	Oral	
Ethinylestradiol 20 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / drospirenone 3 mg	Oral	
Ethinylestradiol 30 microgram / gestodene 75 microgram	Oral	
Ethinylestradiol 20 microgram / levonorgestrel 100 microgram	Oral	
Ethinylestradiol 30 microgram / levonorgestrel 50 microgram	Oral	

Oral Contraceptives *Hormonal contraception is not initiated by an Indigenous health worker. Can only be supplied if less than 12 months since the last medical consultation and there is a current prescription*		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Ethinylestradiol 30 microgram / levonorgestrel 125 microgram	Oral	Maximum supply at any one time not to exceed 4 months
Ethinylestradiol 30 microgram / levonorgestrel 150 microgram	Oral	
Ethinylestradiol 40 microgram / levonorgestrel 75 microgram	Oral	
Ethinylestradiol 35 microgram/ norethisterone 500 microgram	Oral	
Ethinylestradiol 35 microgram/ norethisterone 1mg	Oral	
Levonorgestrel 30 microgram	Oral	
Norethisterone 350 microgram	Oral	

Injectable Hormonal Contraception *Can only be administered if **less than 12 months** since last medical practitioner or nurse practitioner assessment and there is a current prescription. At and after 12 months, further clinical assessment by a medical practitioner or nurse practitioner is required*		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Medroxyprogesterone acetate	Intramuscular	To be administered once every 12 weeks (+ or – 14 days).

Post-coital Contraception (Emergency Contraception)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Levonorgestrel 1.5mg	Oral	