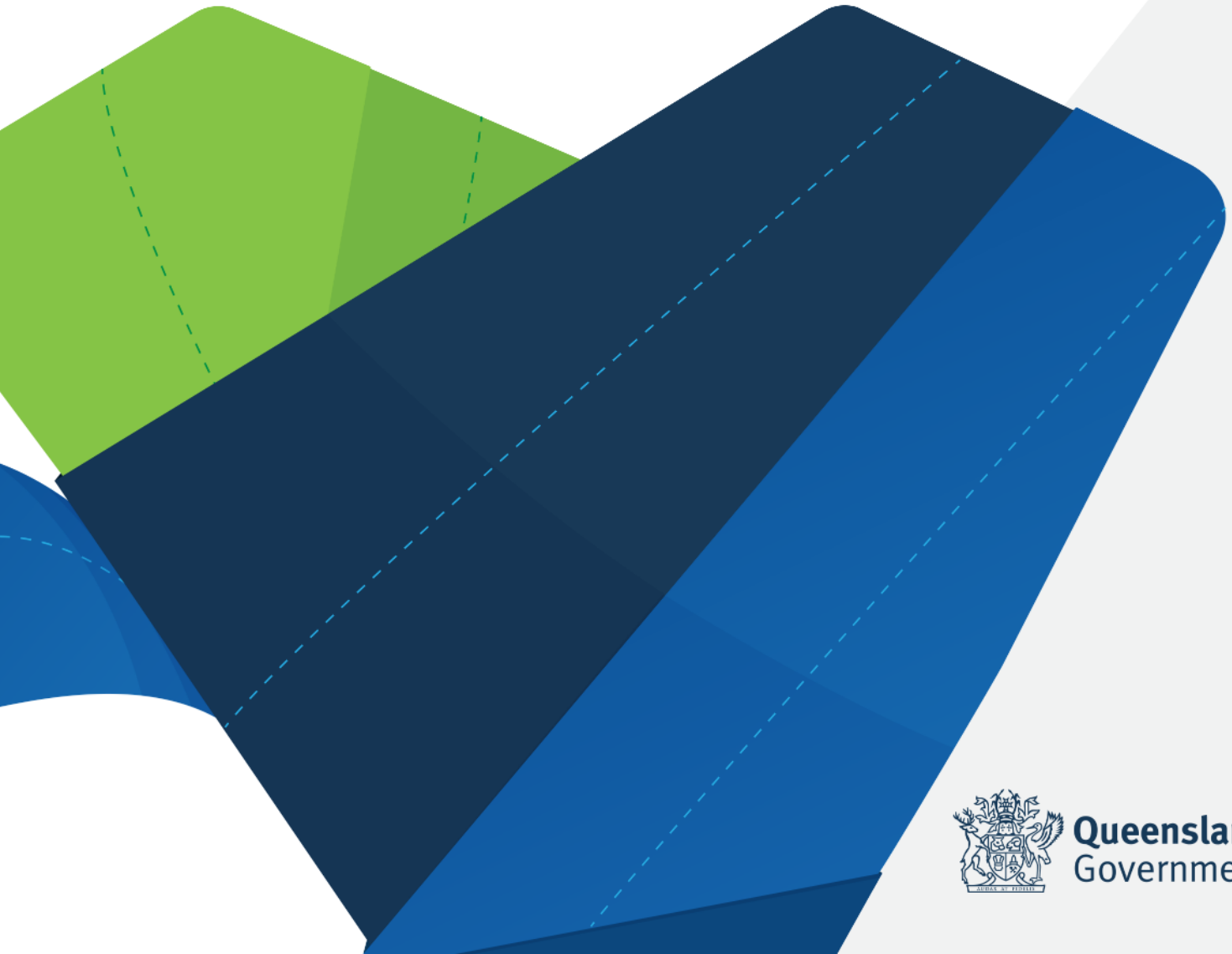
Queensland Health

Medicines and Poisons (Medicines) Amendment Regulation 2025

Consultation Paper
December 2024



Queensland Government

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Purpose

The purpose of this consultation paper is to seek stakeholder feedback on proposed changes to the *Medicines and Poisons (Medicines) Regulation 2021* (Medicines Regulation).

Queensland Health acknowledges and thanks those stakeholders who have previously provided feedback on the proposed amendments. This feedback has been taken into consideration during the further development of the proposed amendments.

The consultation paper is for **consultation purposes only** and does not represent Queensland Government policy.

Your views are valuable and may be referred to in material provided to Government in considering this proposal. If legislative amendments are progressed, your feedback may be referred to in public documents, for example, as part of the Explanatory Notes.

Please provide any feedback on the proposed amendments by email to legislationconsultation@health.qld.gov.au by **5pm, Tuesday 17 December 2024**.

If you have any questions or require further information about possible changes, please email your queries to the email address above before the closing date and an officer from Queensland Health will contact you.

Background

The Medicines Regulation regulates medicines and complements the *Medicines and Poisons Act 2019* (Act) by:

- ensuring regulated substances are used safely and effectively and to reduce public harm;
- setting out the 'authorised way' for a person to perform regulated activities with certain medicines; and
- providing flexible requirements for authorised activities, such as storage and disposal, that are commensurate with the approved person's qualifications and activities and the public health and safety risk of the medicines.

Section 30 of the Act specifies the persons who are authorised to carry out regulated activities with a regulated substance, such as a medicine, poison or prohibited substance:

- an *approved person* who is a member of a 'class of persons', such as a doctor, nurse practitioner or another health practitioner;
- a *person acting under an emergency order*, issued to deal with an event such as a declared public health emergency or disaster;
- a *holder of a substance authority*, such as a manufacturing or wholesale licence; or
- a *person acting under a substance authority*, such as a person acting under a general approval.

The 'classes of persons' and the associated authorisations for each class are specified within schedules 3 to 15 of the Medicines Regulation.

The Medicines Regulation regularly requires updating to keep up with changes to Queensland Health policies and practices, and the evolving needs of health care in Queensland.

The proposed changes to the Medicines Regulation aim to address practical and operational issues that have been identified by stakeholders and operational areas within Queensland Health. The changes will ensure the Medicines Regulation remains fit for purpose and reflects the current needs of health consumers in Queensland.

Overview of the Medicines and Poisons (Medicines) Amendment Regulation 2025

Proposed amendments

The proposed Medicines and Poisons (Medicines) Amendment Regulation 2025 (Amendment Regulation) will amend the Medicines Regulation to:

- exempt the transfer of immunisation medicines among registered Vaccine Service Providers from generic wholesaling and licensing requirements;
- authorise registered nurses to deal with scheduled medicines (possess, repackage, or give a treatment dose), for persons-in-custody of a custodial facility;
- authorise pharmacists to prescribe medicines collaboratively with a medical practitioner or nurse practitioner under a Partnered Pharmacist Medication Prescribing model;
- give effect to new versions of extended practice authorities to:
  - allow registered nurses to administer or give a treatment dose of certain first responder medicines when undertaking hospital based ambulance activities;
  - allow first contact emergency physiotherapy practitioners to prescribe and administer medicines in urgent care facilities, in addition to hospital emergency departments;
  - reflect the revised list of medicines in the updated Primary Clinical Care Manual; and
  - make other minor administrative amendments.

Details about the proposed amendments are provided below.

Additional amendment

Queensland Health is consulting separately on the following proposed amendment, to be included in the Amendment Regulation. This amendment will authorise medical practitioners and nurse practitioners to prescribe psychostimulants to treat attention deficit hyperactivity disorder when a relevant specialist has confirmed a diagnosis of attention deficit hyperactivity disorder.

To access further information or to provide feedback on the additional proposal, please see the Queensland Health stakeholder consultation page here. Consultation closes on 17 December 2024.

Description of proposed amendments

Low-risk exemption for the transfer of immunisation medicines

It is proposed to amend the Medicines Regulation to establish a low-risk exemption for the transfer of immunisation medicines among registered Vaccine Service Providers (VSPs). The exemption would allow VSPs to transfer these medicines without complying with the usual wholesaling and licensing requirements under the Act. This will support timely and efficient use of immunisation medicines and reduce administrative burden on VSPs and Queensland Health.

VSPs are solely responsible for the delivery of the federal National Immunisation Program and state-funded immunisation programs in Queensland. There are over 2,700 Queensland Health Immunisation Program registered VSPs in Queensland of varying types including entities such as General Practitioner clinics, pharmacies, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, Hospital and Health Services (HHSs), some Local Government Authorities and other private providers.

Under schedule 13, part 7 of the Medicines Regulation, a health department employee is authorised to supply stock of an immunisation medicine if the stock is supplied to a registered VSP. While this authorisation enables VSPs to receive immunisation medicines from the Department of Health, it does not enable further transfer between VSPs.

Consequently, if a VSP needs to transfer an immunisation medicine to another VSP — for example, to redistribute vaccines to communities where they are needed — wholesaling requirements apply.[1] These include the requirement to possess a wholesaling licence and to ensure a compliant purchase order is received to supply the immunisation medicine stock. VSPs are also required to provide invoices to the buyer, ensure record-keeping of relevant documentation and meet other obligations under the Medicines Regulation.

Subjecting VSPs to the wholesaling and licensing requirements does not represent a pragmatic and efficient approach to the transfer of immunisation medicines between VSPs. The purpose of the wholesaling and licensing requirements is to ensure the safe, regulated distribution and handling of regulated substances. However, registered VSPs are already subject to regulatory controls that achieve the same purpose.

[1] An exception is where both VSPs are also pharmacists. The Medicines Regulation, schedule 9, part 1 authorises the supply of immunisation medicines (which are all schedule 4 medicines) among pharmacists in certain circumstances, such as to urgently fill a shortage of stock held by the other pharmacist or as part of an arrangement with the pharmacist to prevent the stock from expiring.

Should these requirements be enforced, they will likely:

- risk disruption to immunisation services, which may impact timeliness of immunisation and potentially increase the risk of transmission of immunisation preventable diseases;
- increase wastage of Government funded immunisation medicines; and
- place significant regulatory and administrative burden on Queensland's constrained primary care sector with a process that is of little practical value in the absence of a financial transaction.

The proposed exemption for the transfer of immunisation medicines between VSPs can be made under section 7 of the Act, which enables a regulation to exempt low-risk activities from the Act's regulatory controls. An exemption can only be made if the Minister is satisfied the activity being undertaken with the regulated substance could reasonably be expected to pose no or a negligible health risk to any person.

Queensland Health considers an exemption for the transfer of immunisation medicines poses little or no health risk as:

- the exemption would only apply to registered VSPs, who are required to have robust storage and transfer processes and emergency management plans in place;
- the exemption would only apply to the transfer of immunisation medicines from one registered VSP to another registered VSP; and
- the transfer of immunisation medicines would remain monitored by Queensland Health. To allow Queensland Health to monitor the stock levels of immunisation medicines, VSPs will be required to notify the department after they have transferred an immunisation medicine to another registered VSP.

The proposed amendment will promote judicious use of immunisation medicines and better access to immunisation services for the Queensland public.

Custodial Nurses

It is proposed to amend the Medicines Regulation to authorise registered nurses to deal with scheduled medicines (possess, repackage, or give a treatment dose), for persons-in-custody at any custodial facility. This will reduce administrative burden and ensure there is consistency for registered nurses dealing with scheduled medicines across the different types of custodial facilities.

All registered nurses, regardless of work location, have certain authorisations to deal with schedule 2 (S2), schedule 3 (S3), schedule 4 (S4) and schedule 8 (S8) medicines under schedule 7, part 3, division 2 of the Medicines Regulation. The scope of dealings for registered nurses under this division allows for medicines to be administered to prison patients when they are located within a prison.

Prison nurses (that is, nurses who work in prisons only) have an additional authority to possess, repackage and give a treatment dose of S2, S3 or S4 medicines prescribed for a prison patient, to take when they are not physically at the prison, such as when they are attending court hearings, being transferred to another prison or being released under schedule 7, part 3, division 5 of the Medicines Regulation.

While the Medicines Regulation authorises prison nurses to possess, repackage and give a treatment dose in the above circumstances, authorisations for registered nurses working in other custodial facilities (that is, corrective service facilities, youth detention centres and watch-houses) are not provisioned. As such, registered nurses who work in non-prison custodial facilities are not authorised to possess, repackage and give a treatment dose of medicines for persons-in-custody.

Providing standardised authorisations for registered nurse dealings with scheduled medicines in custodial facilities will:

- support transparency and consistency in the authorised scope of registered nurses and the medicines they may deal with when working in custodial facilities across the state; and
- enable HHSs to deliver safe, flexible and efficient offender health services to persons-in-custody.

To achieve this, amendments to the Medicines Regulation are proposed to authorise registered nurses who work at a custodial facility to:

Dealing	**Medicine**	**Scope of dealing**
Give a treatment dose	an S2, S3 or S4 medicine	the medicine is given: (a) for a person-in-custody on a prescription from an authorised prescriber; and (b) in an amount that is no more than 7 days' supply.
Give a treatment dose	an S8 medicine that is an amfetamine or methylphenidate	the medicine is given: (a) for a person-in-custody of a youth detention centre; (b) in an amount that is no more than 7 days' supply; and (c) on the prescription of a prescriber authorised to prescribe psychostimulants.
Give a treatment dose	An S8 medicine, other than an amfetamine or methylphenidate or an approved opioid (opioid treatment program – schedule 22 of the Medicines Regulation)	the medicine is given: (a) for a person-in-custody of a youth detention centre or watchhouse; (b) in an amount that is **no more than one treatment dose for 1 days' supply**; and

Dealing	Medicine	Scope of dealing
		(c) on the prescription of an authorised prescriber.
Repackage	any medicine	the medicine is repackaged: (a) for giving a treatment dose for a person-in-custody on a prescription; and (b) if repackaged in a dose administration aid—under the dose administration aid repackaging guidelines.
Possess	an S4 or S8 medicine	the medicine is possessed for a purpose mentioned in this column.

Partnered Pharmacist Medication Prescribing

It is proposed to amend the Medicines Regulation to enable the implementation of a Partnered Pharmacist Medication Prescribing (PPMP) model of care for pharmacists employed by a HHS or at a private health facility. This will allow pharmacists to prescribe medicines in collaboration with a medical practitioner or nurse practitioner, optimising the efficiency and safety of pharmacist charting services.

Pharmacists employed by a HHS or at a private health facility are not authorised to prescribe any medicines under the Medicines Regulation and therefore are not authorised to chart medicines for administration or supply by another person, such as a registered nurse. A medication chart is a form of prescription used to direct the supply and administration of medicines or record medicines used in the treatment of patients.

Under current pharmacist medication charting services in Queensland, each individual medicine order charted by a pharmacist must be co-signed by a medical practitioner to validate it as a legal prescription made by the medical practitioner. This requirement interrupts medical practitioner workflow, reduces efficiency of pharmacist medication charting, and may cause delays or omissions to medicine administration.

The proposed amendment would require the authorised pharmacist and the patient's treating medical practitioner or nurse practitioner to determine and document a Collaborative Medication Plan of the agreed prescribing decision(s), signed by both the authorised pharmacist and the medical practitioner or nurse practitioner. This will allow the authorised pharmacist to prescribe medicines in line with the Collaborative Medication Plan without the need for another authorised prescriber's co-signature on each individual medicine prescription. This includes charting the medicines for administration or supply by an authorised person and directing the supply to patients on discharge or in an outpatient setting.

The proposed amendment would allow an authorised pharmacist who is employed by a HHS or at a private health facility, and has completed additional training and assessment to:

- prescribe non-restricted medicines for continuing or new treatment; and
- prescribe restricted medicines for the continuing institutional treatment of a patient where:
  - the treatment is in a hospital or custodial facility;
  - the patient was being treated with the medicine prior to the admission; and
  - the treatment is under the supervision of a registrar or specialist medical practitioner authorised to deal with the medicine.

Prescribing may occur on the National Inpatient Medication Chart, Pharmaceutical Benefit Schedule (PBS) Hospital Medication Chart, PBS hospital prescription form or in an electronic prescribing system, dependent on the digital status of the institution and the context of prescribing.

The HHS or private health facility will be required to have local PPMP governance arrangements in the form of an approved PPMP protocol that specifies:

- the roles and responsibilities of the authorised prescriber (medical practitioner or nurse practitioner) and the authorised pharmacist; and
- the pharmacist authorisation process.

The PPMP model of care addresses service demands through the sustainable and collaborative optimisation of workforce scope of practice. The likely benefits of the PPMP model include early optimisation of medicines, reduced medication errors, improved patient flow through hospital services, and timely administration of medicines.

Proposed amendments to Extended Practice Authorities

An extended practice authority (EPA) states the places or circumstance in which an approved person may deal with a regulated substance. It may also impose conditions on the dealing with a regulated substance or require an approved person to hold particular qualifications or training to deal with a regulated substance.

Section 232 of the Act enables the Director-General of Queensland Health (or their delegate) to make an EPA. Schedules 3 to 15 of the Medicines Regulation provide 'as-of-right' authorisations for certain classes of person to deal with certain medicines. EPAs provide additional authorisations beyond those stated in the Medicines Regulation.

Outlined below are proposed amendments to several EPAs. In order to give them effect, an amendment to the Medicines Regulation would be required. Schedule 1, part 1 of the Medicines Regulation lists the approved EPAs. When a new version of an EPA is made by the chief executive or their delegate, the Medicines Regulation needs to be amended to reflect the new version so it can take effect.

Hospital Based Ambulances

It is proposed to amend the Registered Nurses EPA to allow registered nurses to administer or give a treatment dose of certain first-responder medicines when undertaking hospital based ambulance (HBA) activities.

Twenty-two rural and remote locations provide pre-hospital emergency first response services through HBAs in lieu of a Queensland Ambulance Service presence. The HBAs are operated by registered nurses or Patient Support Officers instead of paramedics.

Under the Registered Nurses EPA, a registered nurse can be credentialled to administer or give a treatment dose of medicines if the registered nurse is working for a HHS that uses a credentialing process meeting the requirements of the current Health Service Directive (QH-HSD-034). However, the current version of the Registered Nurses EPA does not allow registered nurses to administer or give a treatment dose of a number of first responder medicines to patients (for example, amiodarone).

In lieu of authorisation via the Registered Nurses EPA, standing orders are used by facilities that operate HBAs. A standing order is a document that authorises a medicine to be administered or given as a treatment dose to or for a person at the designated place, provided several conditions are met. A standing order must be reviewed every two years and can only apply to a single medicine.

The current practice of utilising standing orders at local facilities increases the bureaucratic burden on individual facilities and increases patient risk due to the inconsistent use of standing orders for particular medicines across HHSs, particularly if a registered nurse is working between different HBA sites. If the medicines that have a standing order are not extensive, this limits the scope of practice for registered nurses at HBA sites and significantly impacts the quality of care provided to patients.

Registered Nurses already have as-of-right authorisations to administer S2 and S3 medicines under the Medicines Regulation. It is proposed to add the following S4 medicines in the 'regulated substance' column with corresponding routes of administration to appendix 2 - part A of the Registered Nurses EPA to allow registered nurses to work to their full scope of practice to provide timely care and treatment, and to align with HHS and HBA requirements.

Regulated substance	**Approved route of administration**
Amiodarone	Intravenous
Clopidogrel	Oral
Enoxaparin	Subcutaneous injection Intravenous
Ticagrelor	Oral

It is also proposed to amend appendix 2 – part A of the Registered Nurses EPA to insert the following additional routes of administration to medicines currently listed in the 'regulated substance' column:

Regulated substance	Approved route of administration
Ceftriaxone	Intravenous
Dexamethasone	Oral
Lidocaine 1%	Intramuscular
Ondansetron	Intramuscular

The proposed amendments to the Registered Nurses EPA will enable suitably qualified and authorised registered nurses to administer and give a treatment dose of medicines in HBA services and deliver essential healthcare to Queenslanders in regional, rural and remote practice settings during time critical acute events.

First Contact Emergency Physiotherapy Practitioner Prescribing

It is proposed to amend the Physiotherapists EPA to authorise first contact emergency physiotherapy practitioners to prescribe and administer medicines in urgent care facilities, in addition to hospital emergency departments.

First contact emergency physiotherapy practitioner roles are a long-established model of care within HHSs. First contact emergency physiotherapy practitioners are credentialed by their employing HHS to autonomously manage a wide variety of lower acuity, non-complex neuromusculoskeletal injuries, including limb fractures and dislocations, sprains and strains, within a collaborative and multidisciplinary care setting with local clinical and professional governance structures in place.

The Physiotherapists EPA authorises appropriately trained and credentialed physiotherapists to prescribe and administer specified approved medicines in a public sector hospital emergency department, including analgesics, local anaesthetics, antispasmodics, specific medicines for the management of neuropathic pain and specific medicines for the relief of nausea and gastro-oesophageal reflux associated with prescribed analgesics.

A public sector hospital emergency department is defined in the Physiotherapists EPA as a service that meets the descriptors outlined in the Clinical Skills Capability Framework: Emergency Services for a level 4 service or above. This definition excludes urgent care clinics and minor injury and illness facilities at the seven new satellite hospitals, and Queensland Health emergency departments that are Clinical Skills Capability Framework level 3 and below (135 emergency department services out of a total of 155), despite the model of care, workload and patient presentations being the same.

This limitation negatively impacts on the efficiency and efficacy of urgent care and minor injury and illness services that were established to manage lower acuity and non-complex conditions such as musculoskeletal presentations currently managed within the emergency physiotherapy practitioner first contact model of care, to reduce the pressure on public emergency departments.

The proposed amendment will enable first contact emergency physiotherapy practitioners to prescribe and administer the same approved medicines in all public urgent care settings where the physiotherapist is credentialed by the HHS.

The proposed amendment will allow the established model of care to be delivered in all appropriate care settings, providing improved access to comprehensive care for neuromusculoskeletal conditions for the community, delivered closer to where people live, supporting more timely, person-centred care at the right time, in the right place, and by the right person.

Primary Clinical Care Manual

Queensland Health's Office of Rural and Remote Health, in partnership with the Queensland Royal Flying Doctor Service, are due to publish the 12th edition of the Primary Clinical Care Manual (PCCM) in June 2025. It is proposed to update the following EPAs to align with the medicines proposed to be contained in the revised edition of the PCCM. This will enable suitably qualified rural and remote members of the health workforce to deal with medicines as specified in the EPAs for:

- Midwives;
- Registered Nurses;
- Queensland Ambulance Service - Isolated practice area paramedics;
- Aboriginal and Torres Strait Islander Health Practitioners; and
- Indigenous Health Workers.

The PCCM is the principal health management protocol for clinicians working in rural and isolated practice areas. The PCCM is reflective of contemporary evidence which is adapted to the rural and remote context and ensures Queensland residents living in rural and remote areas have safe and timely access to medicines.

The PCCM is reviewed every three years. The process to amend the PCCM is rigorous, starting with critical review of each HMP by clinical experts from across Australia, for example, specialists, professors, and senior medical officers in tertiary hospitals. Each HMP is then considered by the rural and remote experts of the editorial committee. The editorial committee is made up of:

- Medical officers from Queensland Health, Royal Flying Doctor Service, and the Australian Defence Force;
- Senior pharmacists from rural hospitals (Atherton) and isolated practice areas (Weipa);
- Rural and Isolated Practice Area Registered Nurses (Queensland and Victoria) and Nurse educators from the Cunningham Centre who deliver the Rural and Isolated Practice Area Registered Nurse course;
- Midwives;
- Nurse practitioners;
- Australian Defence Force medics;
- Queensland Ambulance Service
- Aboriginal and Torres Strait Islander cultural practice coordinator; and
- Health Consumers Queensland.

The EPAs must be amended prior to the publication of the 12th edition PCCM to ensure the medicines contained in the EPAs align with the PCCM, and to prevent unintentional unlawful dealings with medicines.

Updating the medicines in the EPA is not a change to scope of practice. This is business as usual for the PCCM and is a result of changes to medical evidence. The proposed amendments will allow suitably qualified members of the health workforce, authorised through their respective EPAs, to continue to deal with medicines as recommended under the PCCM. Amendments to the list of medicines are proposed, to include new medicines, reflect additional approved routes of administration and add or remove restrictions/conditions in the following EPAs that authorise certain 'classes of persons' to administer and/or give a treatment dose:

- Midwives EPA

Regulated substance	Approved route of administration	Restrictions/Conditions
Benzathine penicillin		Amend the restriction/condition to Administer only
Ondansetron	Oral Intravenous	New medicine Add the following restriction/condition "Administer and/or give a treatment dose"; and With footnote clause as per Registered Nurses EPA "Use for non-specific nausea and vomiting is off label. Ensure appropriate documentation and evaluation is undertaken as per CATAG guiding principles for the quality use of off label medicines"
Oxytocin		Remove the restriction/condition
Trimethoprim	Oral	New medicine Add the following restriction/condition "Administer and/or give a treatment dose"

- Registered Nurses EPA – appendix 3, column 3 – part B Rural & Isolated Practice Areas

Medicine	Approved route of administration	Restrictions/Conditions
Benzathine penicillin		Remove the restriction/condition
Ciprofloxacin + hydrocortisone	Topical to ear	New medicine Add the following

		restriction/condition "Administer and/or give a treatment dose"
Dexamethasone	Oral	Amend the restriction/condition to "Administer and/or give a treatment dose"
Etonogestrel *e.g. Implanon*	Subdermal implant	New medicine Add the following restriction/condition "Only if the RN has completed a specified training and has been approved by their employer to insert and/or remove long-acting reversible contraceptive (LARC) implants"
Fluconazole		Amend the restriction/condition to "Administer and/or give a treatment dose"
Ivermectin	Oral	New medicine Add the following restriction/condition "Administer and/or give a treatment dose"
Lidocaine 1%	Intramuscular	Amend the restriction/condition to /condition to "Administer only"
Ondansetron		Remove the restriction/condition and replace with the following restriction/condition "Administer and/or give a treatment dose"
Prednisolone		Amend the restriction/condition to "Administer and/or give a treatment dose"
Prochlorperazine	Oral Intramuscular	New medicine Add the following restriction/condition "Administer and/or give a treatment dose"

- Registered Nurses EPA – appendix 3, column 4 – part C Sexual and reproductive health

Medicine	Approved route of administration	Restrictions/Conditions
Lidocaine 1%	Intramuscular	Amend the restriction/condition to/condition to “Administer only”

- Queensland Ambulance Service - Isolated practice area paramedic EPA

Medicine	Approved route of administration	Restrictions/Conditions
Amoxicillin + clavulanic acid	Intravenous Intraosseous	New routes Add the following restriction/condition “Must only occur on the prescription of a medical practitioner or nurse practitioner”
Cefotaxime	Intravenous Intraosseous Intramuscular	New medicine Add the following restriction/condition “Must only occur on the prescription of a medical practitioner or nurse practitioner”
Ciprofloxacin + hydrocortisone	Topical to ear	New medicine Add the following restriction/condition “Must only occur on the prescription of a medical practitioner or nurse practitioner”
Fluconazole	Oral	New medicine Add the following restrictions/conditions “Administer or give a single treatment dose of maximum 150 mg. Must only occur on the prescription of a medical practitioner or nurse practitioner”
Ketorolac	Intramuscular	New medicine Add the following restriction/condition “Must only occur on the prescription of a medical practitioner or nurse practitioner”
Lidocaine + prilocaine	Topical	New medicine

		Add the following restriction/condition "Administer only" Does not require a prescription
Meropenem	Intravenous Intraosseous	New medicine Add the following restriction/condition "Must only occur on the prescription of a medical practitioner or nurse practitioner"
Ondansetron	Oral	New medicine Add the following restriction/condition "Give a treatment dose as necessary on the prescription of a medical practitioner or nurse practitioner"
Prochlorperazine	Oral Intramuscular	New medicine Add the following restriction/condition "Must only occur on the prescription of a medical practitioner or nurse practitioner"
Rh D immunoglobulin	Intramuscular	New medicine Add the following restriction/condition "Must only occur on the prescription of a medical practitioner or nurse practitioner"
Ulipristal	Oral	New medicine Add the following restriction/condition "Must only occur on the prescription of a medical practitioner or nurse practitioner"

- Aboriginal and Torres Strait Islander Health Practitioners AND Indigenous Health Workers EPAs

Medicine	**Approved route of administration**	**Restrictions/Conditions**
Amoxicillin + clavulanic acid	Intravenous Intraosseous	New routes Add the following

		restriction/condition “Must only occur on the prescription of a medical practitioner or nurse practitioner”
Ciprofloxacin + hydrocortisone	Topical to ear	New medicine Add the following restriction/condition “Must only occur on the prescription of a medical practitioner or nurse practitioner”
Fluconazole	Oral	New medicine Add the following restriction/condition “Administer or give a single treatment dose of maximum 150 mg. Must only occur on the prescription of a medical practitioner or nurse practitioner”
Lidocaine 1%		Remove restriction "local infiltration or mixed with ceftriaxone or benzathine penicillin intramuscular injection", replace with "subcutaneous, intramuscular"
Meropenem	Intravenous Intraosseous	New medicine Add the following restriction/condition “Must only occur on the prescription of a medical practitioner or nurse practitioner”
Ondansetron		Remove the restriction/condition
Prochlorperazine	Intramuscular	New route Add the following restriction/condition “Must only occur on the prescription of a medical practitioner or nurse practitioner”
Rh D immunoglobulin	Intramuscular	New medicine Add the following restriction/condition

		"Must only occur on the prescription of a medical practitioner or nurse practitioner"
Ulipristal	Oral	New medicine Add the following restriction/condition "Must only occur on the prescription of a medical practitioner or nurse practitioner"

Other amendments

Additional minor administrative amendments being made to the EPAs include:

- amending the route of administration for mifepristone and misoprostol (MS-2 Step®) to include buccal under the Registered Nurses and Midwives EPAs;
- amending the route for triamcinolone compound (e.g. Kenacomb®) to otic in the Registered Nurses EPA to clarify that the use of both ear ointment and drops is authorised;
- aligning the medicines in appendix 2 with the medicines in appendix 3 of the Registered Nurses EPA; and
- clarifying the locations where immunisation can occur under the Aboriginal and Torres Strait Islander Health Practitioners, Aboriginal and Torres Strait Islander Health Workers and Indigenous Health Workers EPAs to align with the Registered Nurses EPA.