

Explanatory Guide

Prescribing for the Queensland Community Pharmacy Scope of Practice Pilot

Purpose

This factsheet provides guidance on **prescribing** as part of the Queensland Community Pharmacy Scope of Practice Pilot (the Scope of Practice Pilot).

Legislation relevant to prescribing for the Scope of Practice Pilot includes:

- [The Medicines and Poisons \(Medicines\) Regulation 2021](#) (the Medicines Regulation)
- [Extended Practice Authority – Pharmacists – Community pharmacy scope of practice pilot](#) (the Pilot EPA).

Scope

Participating pharmacists are authorised under the Medicines Regulation to prescribe S4 medicines (that is **not diversion-risk or restricted medicines**) in accordance with the Medicines Regulation and the Pilot EPA.

Prescribing for the Pilot is separated into two categories:

- **Autonomous prescribing** for a specified acute common condition or health and wellbeing service.
- **Structured/protocol prescribing** as part of a service for a chronic disease management program.

General information

- Prescriptions must be compliant with the Medicines Regulation and the Medicines and Poisons Act 2019. Refer to the [Writing Lawful Prescriptions](#) factsheet for further information.
- Prescriptions for medicines prescribed under the Pilot must be generated through the specified pilot clinical information system.
- Participating pharmacists are not authorised to prescribe medicines for 'off-label' use (i.e., using a product for a reason not listed as an indication for use on the Australian Register of Therapeutic Goods).

Participating pharmacists are not authorised to prescribe a restricted or diversion-risk medicine (refer to [Schedule 2](#) of the Medicines Regulation).

Process

Prescribing **must** be as a part of a pilot consultation that includes a clinical assessment of the patient that is documented in the specified clinical information system.

Where pharmacotherapy is required for the management of the patient's condition, a participating pharmacist may prescribe a medicine when it meets the following requirements:

- The medicine is being used to treat a condition, or being administered as part of a service, within the scope of the Pilot, **and**,
- The medicine is mentioned within the specified section of the Therapeutic Guidelines listed in the Pilot EPA for that condition, **and**,
- The use of the medicine is concordant with the corresponding Pilot Clinical Practice Guideline/ Clinical Protocol.

Other considerations for prescribing a medicine as part of a pilot consultation include:

- The pharmacist should prescribe a sufficient quantity of the medicine, including repeats, to cover until the next scheduled clinical review or based on the patient's circumstances (e.g., any barriers that may limit access to a service including planned travel).
- The quantity and repeats prescribed should align with standard quantities issued for medicines (e.g., quantities in a standard manufacturer's pack or as outlined on the PBS).
- Where a patient chooses to have a prescription made as part of a pilot service dispensed at the pharmacy providing the pilot service, it is best practice for another pharmacist to dispense the prescription.

Information for dispensers

- Prescriptions made as part of the Pilot may be dispensed at the pharmacy where the pilot service was delivered, or at another pharmacy, regardless of that pharmacy's participation in the Pilot.
- Prescriptions made as part of the Pilot may not be able to be dispensed outside of Queensland. Patients that are planning to travel interstate should be advised to have an appropriate quantity of medicine dispensed prior to departure or to contact a pharmacy in the destination to check if a pilot prescription will be accepted.

Pilot prescribing examples

Example 1

Below is an example of prescribing a medicine as part of a pilot service for a patient with herpes zoster (shingles).

The Pilot EPA details the following:

Figure 1: Excerpt of the Pilot EPA for Herpes Zoster (Shingles)

Column 1 – Regulated substance	Column 2 – Indication	Column 3 – Therapeutic Guideline section reference	Column 4 - Restrictions
A medicine mentioned in the current online version of the Therapeutic Guidelines within the section specified in Column 3 for the management of the indication listed in Column 2	Herpes zoster (shingles)	<ul style="list-style-type: none"> • Antibiotic: Skin and soft tissue infections: Shingles • Pain and analgesia: Managing specific pain syndromes: Pain associated with shingles (herpes zoster) • Pain and analgesia: Pharmacological management of acute pain 	The medicine is prescribed in accordance with the Queensland Community Pharmacy Scope of Practice Pilot Clinical Practice Guideline titled "Herpes zoster (shingles)"

Figure 2 outlines the pharmacotherapy guidance within the Clinical Practice Guideline corresponding to column 4 of Figure 1.

Figure 2: Pharmacotherapy guidance in the Herpes Zoster (Shingles) Clinical Practice Guideline

<ul style="list-style-type: none"> • pharmacotherapy: <ul style="list-style-type: none"> ○ Antiviral therapy in accordance with Therapeutic Guidelines: Shingles¹⁽⁴⁾. ○ Analgesia for mild nociceptive shingles pain² in accordance with the Therapeutic Guidelines: Acute pain associated with shingles (herpes zoster) and Mild, acute nociceptive pain (oral paracetamol or nonsteroidal anti-inflammatory drugs (NSAIDs))^(9, 15). <p>NB1: Antiviral therapy is indicated for the following groups:</p> <ul style="list-style-type: none"> • immunocompetent adults who present within 72 hours of the onset of the rash • all immunocompromised patients (including those with a HIV infection) regardless of the time lapsed since rash onset • patients with zoster ophthalmicus, regardless of the time lapsed from rash onset^(3, 4). <p>NB2: Patients reporting neuropathic pain or moderate to severe nociceptive pain should be referred to a medical practitioner.</p>
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Table 1 lists medicines that are mentioned in the specified sections of the Therapeutic Guidelines and **are permitted** to be prescribed under the Pilot, for shingles.

Table 1: Example medicines that may be prescribed as part of a Pilot service for shingles

Specified section of the Therapeutic Guidelines	Medicine mentioned	Indication and use within the Clinical Practice Guideline
Antibiotic: Skin and soft tissue infections: Shingles	Oral valaciclovir	Antiviral therapy for shingles within 72 hours of onset of rash.
	Oral famciclovir	
Pain and analgesia: Pharmacological management of acute pain	Oral celecoxib	Mild, nociceptive pain associated with shingles.

Table 2 lists examples of medicines that are mentioned in the specified sections of the Therapeutic Guidelines but **are NOT permitted** to be prescribed under the Pilot, for shingles.

Table 2: Example medicines that may NOT be prescribed as part of a pilot service for shingles

Specified section of the Therapeutic Guidelines	Medicine mentioned	Rationale
Antibiotic: Skin and soft tissue infections: Shingles	Intravenous aciclovir	Immunocompromised patients with severe disease must be urgently referred to a medical practitioner.
Pain and analgesia: Acute pain associated with shingles (herpes zoster)	Topical lidocaine patch	Neuropathic pain associated with shingles requires referral to a medical practitioner.
	Oral prednisolone	Moderate to severe nociceptive pain associated with shingles requires referral to a medical practitioner.

Example 2

Below is an example of prescribing a medicine as part of a pilot service for a patient with mild to moderate acne.

The Pilot EPA details the following:

Figure 3: Excerpt of the Pilot EPA for Mild to Moderate Acne

Column 1 – Regulated substance	Column 2 – Indication	Column 3 – Therapeutic Guideline section reference	Column 4 - Restrictions
A medicine mentioned in the current online version of the Therapeutic Guidelines within the section specified in Column 3 for the management of the indication listed in Column 2	Mild to moderate acne	<ul style="list-style-type: none"> Dermatology: Acne 	The medicine is prescribed in accordance with the Queensland Community Pharmacy Scope of Practice Pilot Clinical Practice Guideline titled "Mild to moderate acne"

Figure 4 outlines the pharmacotherapy guidance within the Clinical Practice Guideline corresponding to column 4 of Figure 3.

Figure 4: Pharmacotherapy guidance in the Mild to Moderate Acne Clinical Practice Guideline

<ul style="list-style-type: none"> pharmacotherapy: <ul style="list-style-type: none"> In accordance with the Therapeutic Guidelines: Acne ⁽²⁾, specifically ^(1,2,3): <ul style="list-style-type: none"> over-the-counter topical products topical retinoids (and combination products with benzoyl peroxide) topical antibiotics (and combination products with benzoyl peroxide or retinoids) oral antibiotics. <p>NB1: Australian state and territory law restricts the prescription of oral isotretinoin to specialist physicians and dermatologists.</p> <p>NB2: Referral to a medical practitioner is required for female patients where acne may be related to androgenisation; spironolactone is not included in the Pilot.</p> <p>NB3: The use of the combined oral contraceptive (COC) for the management of acne is 'off-label'. Prescription of a COC pill should be in accordance with the Hormonal Contraception Clinical Practice Guideline.</p>

Table 3 lists medicines that are mentioned in the specified section of the Therapeutic Guidelines and are **permitted** to be prescribed under the Pilot, for acne.

Table 3: Example medicines that may be prescribed as part of a pilot service for acne

Specified section of the Therapeutic Guidelines	Medicine mentioned	Indication and use within the Clinical Practice Guideline
Acne	OTC topical products	Antibiotic therapy should not be used long term or as a monotherapy (topical or oral)
	Topical retinoids (and in combination products with benzyl peroxide)	
	Topical antibiotics (and in combination products with benzyl peroxide)	
	Oral antibiotics	

Table 4 lists examples of medicines that are mentioned in the specified sections of the Therapeutic Guidelines but are **not permitted** to be prescribed under the Pilot, for acne.

Table 4: Example of medicines that may NOT be prescribed as part of a pilot service for acne

Specified section of the Therapeutic Guidelines	Medicine mentioned	Rationale
Acne	Isotretinoin (oral)	Oral isotretinoin is classified as a restricted medicine. Restricted medicines are not permitted to be prescribed under the Pilot.
	Spironolactone	Patients with symptoms of androgenisation require referral to a medical practitioner.

The combined oral contraceptive pill is an 'off-label' indication for the management of acne and so is **not permitted** within the scope of the Pilot.