

Schedule 8 quick reference guide for electronic prescriptions

This document outlines the legal requirements for prescribing Schedule 8 (S8) medicines on an electronic prescription in each state and territory of Australia, including requirements for cannabinoids and psychostimulants. Please note that requirements need to comply with a combination of:

- Pharmaceutical Benefits Scheme (PBS) laws
- State and territory laws
- Therapeutic Goods Administration (TGA) requirements

The combination depends on the prescribed substance.

Note: Medicinal cannabis substances are not approved by the TGA and are not listed on the PBS, except for the following two (2) TGA approved medicinal cannabis substances:

1. **EPIDYOLEX cannabidiol 100 mg/mL oral liquid solution** is a PBS listed Schedule 4 medicinal cannabis. Therefore, Schedule 8 rules do not apply to this substance.
2. **SATIVEX Oromucosal Spray, nabiximols 80 mg/mL**, which is a Schedule 8 substance NOT listed on the PBS.

	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia
PRESCRIBER DETAILS								
Name	✓	✓	✓	(or a unique identifier) ✓	✓	✓	✓	✓
Practice Address	✓	✓	✓	✓	✓	✓	✓	✓
Phone Number	✓	✓	✓	(or pager number) ✓	✓	✗	✓	✓
Qualification	✓	✓	✓	✓	✗	✗	✗	✗
Electronic Signature	✓	✓	✓	✓	✓	✓	✗	✓
State prescribing authority number	✗ Chief Health Officer Approval Number (State approval is required however not mandatory to specify the approval number on the prescription)	➔ Authorisation number (Only needed for Type A Schedule 8 medicines)	Authority number	Prescribing approval number	✗ Authority Number (State approval is required however not mandatory to specify the authority number on the prescription)	✗ (State approval is required however not mandatory to specify the authority number on the prescription)	✗ (State approval is required however not mandatory to specify the warrant number on the prescription)	➔ Authorisation number (Only required on prescription for opioid substitution therapy)

✓ Required ✗ Not required NS Not specified ➔ Conditional requirements

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	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia
PATIENT								
Name	✓	✓	✓	✓	✓	✓	✓	✓
Address	✓	✓	✓	✓	✓	✓	✓	✓
Date of Birth	✓	✓	✓	✓	✓	✓	✓	✓
S8 MEDICINE DETAILS								
Name	✓	✓	✓	✓	✓	✓	✓	✓ (Description of medicines)
Form	✓	✓	✓	✓	✓	✓	✓	✓
Strength	✓	✓	✓	✓	✓	✓	✓	✓
Quantity	✓	✓	✓ (In words and figures)	✓	✓	✓	✓ (In words and figures)	✓
S8 MEDICINE DIRECTION NOTES								
Dose	✓ (An unusual dose indicator is needed. Direction notes also need to underline dose.)	✓	✓ (An unusual dose indicator is needed)	✓ (Unusual dose information NOT required)	✓ (An unusual dose indicator is needed. An above average strength or potentially dangerous dose of a drug must be underlined)	✓ (Unusual dose indicator is needed)	✓ ➔ (A separate written instruction is provided for complex dosage regimens)	✓
Frequency	✓	✓	✓	✓ (For QOTP – the start and end dates for when 1 or more doses of the opioid are to be dispensed or given.)	✓	✓	✓	✓

✓ Required

✗ Not required

NS Not specified

➔ Conditional requirements

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	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia
S8 MEDICINE DIRECTION NOTES								
Directions	If issued by a: • dentist: state it is issued 'for dental treatment only' • midwife: state it is issued 'for midwifery use only' • optometrist: state it is issued 'for optometry use only'	If issued by a: • dentist: state it is issued 'for dental treatment only'	If issued by a: • dentist: state it is issued 'for dental purposes only' • podiatrist: state it is issued 'for podiatry treatment only' • optometrist: state it is issued 'for the treatment of a condition of the eye only'	✓ For QOTP – Instructions for how 1 or more doses of the medicine are to be dispensed or given, including the circumstances (if any) in which the patient may be given a dose	✓ If the prescriber is a: • dentist: state it is issued "for dental treatment only" • podiatrist: state it is issued "For podiatric treatment only"	If the prescriber is a dentist— state it is issued 'for dental treatment only'	✓	✓
	✓	✓	✓	For QOTP – the name of the place where the approved opioid is to be dispensed or given If the S8 medicine is amfetamine, dexamfetamine, lisdexamfetamine or methylphenidate —the words 'specified condition' or words to indicate the condition being treated	✓ (If applicable, the route of administration must be specified)	✓	✓	✓ (OST requires: 1. nominated dosing pharmacy name and 2. approved unsupervised doses.)
Interval of repeats	✓	✓	✓	✓ (Must be at least 1 day)	✗	✓	✓	✓
Total number of repeats	✓	✓	✓	✓	✓	✓	✓	✓
Only one S8 drug per prescription	NS	✓	✓	✓ (Different forms of same S8 medicine acceptable)	NS	✓	✓ (Multiple items allowed)	✓ (Different form of same S8 drugs acceptable)
Date prescription issued	✓	✓	✓	✓	✓	✓	✓	✓

✓ Required
 ✗ Not required
 NS Not specified
 ➔ Conditional requirements

continued

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S8 RECORD KEEPING REQUIREMENTS								
Audit log retention timeframe* * Please note other laws apply to record keeping timeframes for electronic prescription records that may vary to those listed here.	2 years from the last entry	2 years from the last entry	2 years	2 years	2 years from the day on which the record was made.	2 years	3 years from the date of the transaction	5 years from the date the transaction was recorded.
Duration validity of S8 prescription	6 months from the date the prescription was written	6 months from the date the prescription was written	6 months from the date the prescription was written 3 months for OST prescriptions	6 months from the date the prescription was written	6 months from the date the prescription was written	6 months from the date the prescription was written	6 months from the date the prescription was written.	6 months from the date the prescription was written

Disclaimer: The information in this table has been reviewed and approved by the relevant state and territory as of 23 November 2023. All efforts have been taken in preparing a correct summary.

Referenced state and territory legislation

ACT	Medicines, Poisons and Therapeutic Goods Regulation 2008, https://www.legislation.act.gov.au/sl/2008-42/
NSW	Poisons and Therapeutic Goods Regulation 2008, https://legislation.nsw.gov.au/view/whole/html/inforce/current/sl-2008-0392
NT	Medicines, Poisons and Therapeutic Goods Regulations 2014, https://legislation.nt.gov.au/en/Legislation/MEDICINES-POISONS-AND-THERAPEUTIC-GOODS-REGULATIONS-2014
Qld	Medicines and Poisons (Medicines) Regulation 2021, https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2021-0140
SA	Controlled Substances (Poisons) Regulations 2011, https://www.legislation.sa.gov.au/lz?path=%2FC%2FR%2FControlled%20Substances%20(Poisons)%20Regulations%202011
Tas	Poisons Regulations 2008, https://www.legislation.tas.gov.au/view/html/inforce/current/sr-2018-079
Vic	Drugs, Poisons and Controlled Substances Regulations 2006, https://www.legislation.vic.gov.au/in-force/statutory-rules/drugs-poisons-and-controlled-substances-regulations-2017/018
WA	Medicines and Poisons Regulations 2016, https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13861_homepage.html

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