Queensland Health

Extended practice authority

Indigenous health workers – version 5

This extended practice authority (**EPA**) has been made under section 232 of the *and Poisons Act 2019* (Qld) by the Deputy Director-General, Health Workforce Division, Queensland Health, as a delegate of the chief executive, Queensland Health. 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 of the Medicines and Poisons (Medicines) Regulation 2021 (Qld).

A term used in this EPA that is defined in the *Medicines 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.

1.1. *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.

2.1. When acting under this EPA, the Indigenous health worker must ensure they have access to relevant current guidelines, manuals or protocols adopted or established by their employer, including:

a. the health management protocol for medicines, other than immunisation medicines, listed in this EPA; and

b. the current *Australian Immunisation Handbook*, for immunisation medicines listed in Appendix 2 under the tables titled - Immunisation medicines, and Restricted immunisation programs.

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5	4	10 October 2025	1 December 2025

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2.2. The Indigenous health worker must act in accordance with a current health management protocol that applies to the dealings of the Indigenous health worker and that complies with the requirements specified in Appendix 1.

2.3. The Indigenous health worker **must not** give a treatment dose of a monitored medicine listed in Schedule 2, Part 4 of the Medicines and Poisons (Medicines) Regulation 2021.

2.4. Before administering or giving a treatment dose of medicines (including immunisation medicines) listed in this EPA, a prescription must be obtained by an authorised prescriber except for the medicines marked with an asterisk (*).

2.5. 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 effect(s) of the medicine and advise the patient accordingly.

Conditions for immunisation medicines

2.6. An Indigenous health worker is authorised to administer an immunisation medicine if the immunisation health service is provided under an immunisation program carried out by a Hospital and Health Service in an isolated practice area.

2.7. For the requirements for administration of immunisation medicines, including patient selection, patient consent, administration, documenting immunisation and follow up care, the Indigenous health worker must act in accordance with:

a. the current online edition of the *Australian Immunisation Handbook*; or

b. the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or

c. the product information approved by the Therapeutic Goods Administration (TGA); or

d. the current recommendations provided on the Immunisation Schedule Queensland.

2.8. Before immunisation medicines 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.

2.9. When immunisation medicines 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*.

2.10. An Indigenous health worker who administers an immunisation medicine must ensure:

a. the immunisation is recorded on the Australian Immunisation Register as soon as practicable and ideally at the time of immunisation; and

b. 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.

3. Authority for Indigenous health workers

3.1. 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:

a. if the medicine is **NOT marked** with an asterisk (*), on the prescription[1] of an authorised prescriber; and

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

c. by or for a route of administration for the medicine stated in Appendix 2 or 3, column 2; and

d. in accordance with the conditions for the medicine stated in Appendix 2 or 3, column 3 (if any); and

e. in accordance with a current health management protocol that meets the requirements in Appendix 1, for the medicines listed in Appendix 2.

4. Indigenous health worker (sexual health authorisation)

4.1. 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:

a. if the medicine is **NOT marked** with an asterisk (*), on the prescription of an authorised prescriber; and

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

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

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

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

[1] A prescription may be an oral prescription given by a prescriber, or a written prescription.

[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).

Appendix 1. Requirements for health management protocols

1. The current *Australian Immunisation Handbook* is the health management protocol for dealings with immunisation medicines listed in this EPA. Where an immunisation medicine 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:
    a. the chief executive of a Hospital and Health Service; or
    b. the Chief Executive Officer of an organisation that provides a health service, other than Queensland Health or a Hospital and 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 must detail:
        i. the circumstances for when referral or consultation with a medical practitioner, midwife, nurse practitioner or dentist must occur for review of the condition, for planned follow up;
        ii. a clinical indication or time when medical referral/consultation must occur for that condition;
        iii. 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;
        iv. the recommended dose of the medicine, the frequency of administration (including rate where applicable) and the route of administration of the medicine;
        v. for a medicine to be administered without prescription from an authorised prescriber, the health management protocol must detail the permitted maximum:
            - dose of a medicine that may be administered;
            - quantity of medicine; and
            - duration of administration.
        vi. for a medicine to be given as a treatment dose without a prescription, the maximum quantity of a medicine that may be given; and

vii. 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:

   a. **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 an organisation that provides a health service, other than Queensland Health or a Hospital and Health Service; OR

   b. **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 an organisation that provides a health service, other than Queensland Health or a Hospital and Health Service.

Appendix 2 – Approved medicines

Note 1 - Administration or giving a treatment dose of these medicines **must only occur on the prescription of an authorised prescriber** 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	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.
Nitrous oxide 50% / oxygen 50%	Inhalation	Patient must self-administer.

Regulated substance	Approved route of administration	Restrictions/Conditions
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	
Fluconazole	Oral	
Metronidazole	Oral	
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	
Amoxicillin/clavulanic acid	Intravenous Intraosseous	
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 injection. Maximum 2 g.
Cefazolin	Intravenous Intraosseous	
Flucloxacillin	Intramuscular Intravenous Intraosseous	
Gentamicin	Intramuscular Intravenous Intraosseous	
Lincomycin	Intramuscular Intravenous	
Meropenem	Intravenous Intraosseous	
Metronidazole	Intravenous	
Procaine benzylpenicillin	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 use in patients over one month old.
Ciprofloxacin/ hydrocortisone (ear drops)	Otic	
Clindamycin 2%	Intravaginal	Must provide directions to the patient to self-administer the medicine.
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.
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.

Regulated substance	Approved route of administration	Restrictions/Conditions
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.
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/neomycin/nystatin/gramicidin *e.g. Kenacomb*	Otic	
Terbinafine*	Topical	For tinea and ringworm only. When giving a treatment dose, may only give the smallest available manufacturer's pack.

Anticoagulants

Regulated substance	Approved route of administration	Restrictions/Conditions
Enoxaparin	Subcutaneous	

Antidotes, adrenaline and other reversal agents (agents to treat adverse effects)

Regulated substance	Approved route of administration	Restrictions/Conditions
Adrenaline (epinephrine)*	Intramuscular Intranasal	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*	Intravenous Intramuscular Intranasal 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	
Prochlorperazine	Oral Intramuscular	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[3] 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	

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	

[3] Australian Register of Therapeutic Goods

Cardiovascular and renal medicines (acute)

Regulated substance	Approved route of administration	Restrictions/Conditions
Aspirin*	Oral	
Furosemide	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 anaesthetics

Regulated substance	Approved route of administration	Restrictions/Conditions
Lidocaine 1%	Subcutaneous Intramuscular	
Lidocaine gel 2%	Topical	Maximum duration 3 days.
Lidocaine with adrenaline (epinephrine)	Subcutaneous Topical	Subcutaneous - Adults and children older than 12 years only.
Lidocaine lotion 2.5%*	Topical	For toothache
Lidocaine with phenylephrine	Intranasal	
Lidocaine with prilocaine*	Topical	
Lidocaine/tetracaine /adrenaline (epinephrine)*	Topical	
Oxybuprocaine eye drop 0.4% (minim)	Topical to eye	Single dose minim (drop) - 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.
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: 10mg.
Haloperidol	Intravenous Intramuscular Oral	5 mg stat with second 5 mg dose if required to maximum of 10 mg.

Regulated substance	Approved route of administration	Restrictions/Conditions
Lorazepam	Oral	Adult Only: 1 mg stat.
Midazolam	Intramuscular Intranasal Buccal	
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	

Obstetric use only - Schedule 8 medicines: Opioid analgesics

Regulated substance	Approved route of administration	Restrictions/Conditions
Morphine	Intramuscular Intravenous Subcutaneous	Adult only. To a maximum of 10 mg.

Obstetric use - Other agents

Regulated substance	Approved route of administration	Restrictions/Conditions
Amoxicillin	Intravenous Intraosseous	
Ampicillin	Intravenous Intraosseous	
Benzylpenicillin	Intravenous Intramuscular	
Betamethasone	Intramuscular	
Ceftriaxone	Intravenous Intraosseous	
Ergometrine	Intramuscular	250 micrograms per dose up to a maximum of 500 micrograms.
Erythromycin	Oral	

Regulated substance	Approved route of administration	Restrictions/Conditions
Indometacin	Rectal	
Lincomycin	Intravenous Intramuscular	
Metoclopramide	Intramuscular	
Misoprostol	Rectal Sublingual Buccal	Maximum 1000 micrograms.
Nifedipine	Oral	
Nitrous oxide 50% and oxygen 50%	Inhalation	
Oxytocin	Intramuscular Intravenous	

Oral Contraceptives

Can only be supplied if **less than 12 months** since last medical practitioner or nurse practitioner consultation **and there is a current prescription**. If 12 months has elapsed since the last consultation, further clinical assessment by a medical practitioner or nurse practitioner is required.

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	

Regulated substance	Approved route of administration	Restrictions/Conditions
Ethinylestradiol 20 microgram / levonorgestrel 100 microgram	Oral	Maximum supply at any one time not to exceed 4 months
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	
Ethinylestradiol 35 microgram / norethisterone 500 microgram	Oral	
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 consultation **and there is a current prescription**. If 12 months has elapsed since the last consultation, 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).

Emergency contraception

Regulated substance	Approved route of administration	Restrictions/Conditions
Levonorgestrel 1.5 mg	Oral	
Ulipristal	Oral	

Immunoglobulins

Regulated substance	Approved route of administration	Restrictions/Conditions
Anti D (Rh) immunoglobulin	Intramuscular	

Immunisation medicines

Regulated substance/antigen	Approved route of administration	Restrictions/Conditions
COVID-19	An immunisation medicine listed in this table **must** be administered as detailed in: - the current online edition of the *Australian Immunisation Handbook*; or - the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or - the product information approved by the Therapeutic Goods Administration (TGA); or - the current recommendations provided on the *Immunisation Schedule Queensland*.	
Diphtheria		
Haemophilus influenzae type b		
Hepatitis A		
Hepatitis B		
Human Papillomavirus		
Influenza		
Measles		
Meningococcal		
Mpox		
Mumps		
Nirsevimab		
Pertussis		
Pneumococcal		
Poliovirus		
Respiratory syncytial virus (RSV)		
Rotavirus		
Rubella		
Tetanus		
Tetanus immunoglobulin		
Varicella		
Zoster (herpes zoster)		

Restricted immunisation programs

Regulated substance/antigen	Approved route of administration	Restrictions/Conditions
Japanese Encephalitis – inactivated JE vaccine or live attenuated JE vaccine	An immunisation medicine listed in this table **must** be administered as detailed in: - the current online edition of the *Australian Immunisation Handbook*; or - the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or - the product information approved by the Therapeutic Goods Administration (TGA); or - the 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 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
Darbepoetin alfa	Subcutaneous
Digoxin	Oral
Diltiazem	Oral
Enalapril	Oral
Eplerenone	Oral
Epoetin alfa	Subcutaneous

Regulated substance	Approved route of administration
Epoetin beta	Subcutaneous
Eprosartan	Oral
Erythromycin	Oral
Etacrynic acid	Oral
Ezetimibe	Oral
Fenofibrate	Oral
Flecainide	Oral
Felodipine	Oral
Fosinopril	Oral
Furosemide	Oral
Gemfibrozil	Oral
Glyceryl trinitrate	Sublingual
Hydralazine	Oral
Hydrochlorothiazide	Oral
Hydrochlorothiazide / triamterene	Oral
Indapamide	Oral
Irbesartan	Oral
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

Regulated substance	Approved route of administration
Nicorandil	Oral
Nifedipine	Oral
Nimodipine	Oral
Olmesartan	Oral
Oxprenolol	Oral
Perhexiline	Oral
Perindopril	Oral
Phenoxymethylpenicillin	Oral
Pindolol	Oral
Pravastatin	Oral
Prazosin	Oral
Propranolol	Oral
Quinapril	Oral
Ramipril	Oral
Rivaroxaban	Oral
Rosuvastatin	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	
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	Inhalation
Ciclesonide	Inhalation
Cromoglycate	Inhalation
Formoterol	Inhalation
Fluticasone / salmeterol	Inhalation
Fluticasone	Inhalation
Fluticasone / vilanterol	Inhalation
Glycopyrronium	Inhalation
Indacaterol	Inhalation
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 and anti-infectives

Regulated substance	Approved route of administration	Restrictions/Conditions
Azithromycin	Oral	
Benzathine penicillin e.g. Bicillin LA	Intramuscular	Administer one dose.
Ceftriaxone	Intramuscular	Administer reconstituted with lidocaine 1% injection.
Ciprofloxacin	Oral	Single dose only.
Clindamycin	Intravaginal	
Clotrimazole	Intravaginal	
Clotrimazole	Topical	
Doxycycline	Oral	
Famciclovir	Oral	
Fluconazole	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 Intranasal	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 anaesthetics

Regulated substance	Approved route of administration	Restrictions/Conditions
Lidocaine 1%	Subcutaneous Intramuscular	

Oral contraceptives

Hormonal contraception is not initiated by an Indigenous health worker. Can only be supplied if **less than 12 months** since last medical practitioner or nurse practitioner consultation **and there is a current prescription**. If 12 months has elapsed since the last consultation, further clinical assessment by a medical practitioner or nurse practitioner is required.

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	

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 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 consultation **and there is a current prescription**. If 12 months has elapsed since the last consultation, 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).

Emergency contraception

Regulated substance	Approved route of administration	Restrictions/Conditions
Levonorgestrel 1.5 mg	Oral	
Ulipristal	Oral	