

Extended practice authority

Registered nurses – version 7

This extended practice authority (**EPA**) has been made under section 232 of the *Medicines and Poisons Act 2019* (Qld) by the Deputy Director-General, Health Workforce Division, as a delegate of the chief executive, Queensland Health. For the purposes of Schedule 7, Part 3, Division 2 of the Medicines and Poisons (Medicines) Regulation 2021 (Qld) (**MPMR**), the EPA details the requirements for a registered nurse to be authorised to deal with the medicines (regulated substances) listed as authorised medicines and immunisation medicines.

A term used in this EPA has the same meaning as the same term when used and defined in the *Medicines and Poisons Act 2019* or the MPMR.

Registered nurses – generally

- 1.1. This EPA authorises any registered nurse recognised under Schedule 7, Part 3, Division 2 of the MPMR, to *give a treatment dose* of:
- naloxone as a Schedule 3 (S3) medicine for the management of opioid overdose, and
 - a schedule 2 (S2) or S3 medicine under the circumstances specified in the EPA.

S2 and S3 medicines

A registered nurse is authorised under Schedule 7, Part 3, Division 2 of the MPMR to *administer* an S2 or S3 medicine without an extended practice authority.

Tuberculosis immunisation programs

- 1.2. A registered nurse must be working under a tuberculosis immunisation program in accordance with the Health Services Directive – Tuberculosis Control and the Health Service Directive Protocol for the Control of Tuberculosis:
- if the registered nurse is authorised under Parts A or B of the EPA, to *administer BCG immunisation*; and/or
 - if the registered nurse is authorised to administer BCG immunisation either under Schedule 7, Part 3 of the MPMR, or under Parts A or B of the EPA, to *administer a tuberculin skin test*.

Extended practice authority - Registered nurses – version 7

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Queensland
Government

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Conditions

The following common conditions apply to registered nurses authorised under this EPA, in addition to any conditions specified in each Part, as relevant to their authorisation¹.

- 1.3. A registered nurse who is authorised under this EPA may *give a purchase order* for a medicine, as listed in Appendix 4 and/or Appendix 5 for the relevant Part/s the RN is authorised under, for the individual registered nurse to use at the service.

Authorised medicines

- 1.4. For **authorised medicines** listed in Appendix 4, the registered nurse authorised under Parts A, B and C must act in accordance with the approved health management protocol, which complies with the requirements detailed in Appendix 1, as well as any additional guidelines, manuals or protocols adopted or established by their employer.
- 1.5. The registered nurse must not give a treatment dose (supply) of a monitored medicine unless explicitly permitted under this EPA for the Part/s relevant to the registered nurse's authorisation, and the approved health management protocol for the applicable service.

Immunisation medicines

- 1.6. A registered nurse who does not meet the immunisation requirements² under Schedule 7, Part 3 of the MPMR, is authorised under the EPA to administer an **immunisation medicine** listed in Appendix 5.
- 1.7. For administration of immunisation medicines listed in Appendix 5, including patient selection, patient consent, administration, documenting immunisation and follow up care, the registered nurse 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*.

¹ Except for giving a treatment dose of S3 naloxone or administering TST which are dealt with under sections 1.1.a and 1.2.b of the EPA respectively.

² Defined under Schedule 22 of the MPMR (with transitional provisions for qualifications or training taken to be immunisation training specified under section 258 of the MPMR).

- 1.8. When immunisation medicines are in the possession of the registered nurse, the registered nurse must ensure that the storage and transport of the medicines is in accordance with the National vaccine storage guidelines: Strive for 5.
- 1.9. When administering an immunisation medicine listed in Appendix 5, the registered nurse must:
 - a. enter a record that an immunisation medicine has been administered on the Australian Immunisation Register (AIR) as soon as practicable and ideally at the time of immunisation; and
 - a. provide notification of any adverse events occurring following immunisation using the Adverse Event Following Immunisation (AEFI) form published on the Queensland Health website.

Specified training

- 1.10. If stated under this EPA, the registered nurse must complete the *specified training* that is relevant to the associated *scope of medicine dealing*, as stated in Appendix 3, prior to undertaking the dealing with the medicine/s.

Credentialed defined scope of clinical practice

- 1.11. For circumstances stated in this EPA, the registered nurse must have a *credentialed defined scope of clinical practice* to deal with medicines detailed in Appendix 4 and Appendix 5. The credentialing process, including non-formal credentialing processes³, used by the employing health service organisation, must be consistent with -
 - a. the current *Health Service Directive: Credentialing and defining the scope of clinical practice*, or
 - b. the current Australian Commission on Safety and Quality in Health Care *Standard for Credentialing and Defining the Scope of Clinical Practice*.

³ Non-formal process refers to circumstances when *formal credentialing and scope of practice processes may not be required*, as described in Australian Commission on Safety and Quality in Health Care *Standard for Credentialing and Defining the Scope of Clinical Practice* (page 7).

Part A – Specified services to address health and community need

- 2.1 A registered nurse may only administer or give a treatment dose of medicines under Part A of this EPA if the registered nurse:
- a. is working for a *Hospital and Health Service* that uses a credentialing process, including non-formal, as per section 1.11 of this EPA, and
 - b. is recognised by the *Hospital and Health Service* to perform a *specified service*⁴, as documented in their *credentialed defined scope of clinical practice* that includes the details specified in Appendix 2, and
 - c. has access to their *credentialed defined scope of clinical practice* when undertaking dealings with medicines granted by the Hospital and Health Service for the *specified service*.
- 2.2 If the registered nurse practises within their *credentialed defined scope of clinical practice* and approved health management protocol, the registered nurse is authorised to:
- a. administer and/or give a treatment dose of a medicine listed in Appendix 4, as specified in Column 1 and as per any restrictions or conditions, if stated;
 - b. administer an immunisation medicine listed in Appendix 5; and
 - c. give a treatment dose of an S2 or S3 medicine for a patient at the specified service.
- 2.3 If the following dealings with medicines are detailed in the *credentialed defined scope of clinical practice* for the registered nurse, the registered nurse must successfully complete the relevant specified training associated with the *scope of medicine dealing*, as detailed in Appendix 3, before:
- a. administering (inserting) or removing a contraceptive subdermal implant;
 - b. administering (inserting) or removing a hormonal intrauterine device; or
 - c. administering or giving a treatment dose of mifepristone in combination with misoprostol (e.g. MS-2 Step).

⁴ *Specified service* means a service provided by a Hospital and Health Service to meet a health and community need.

Part B – Services in rural and isolated practice areas

3.1 A registered nurse may only administer or give a treatment dose of medicines under Part B of this EPA if the registered nurse:

- a. is practising in an isolated practice area or at a rural hospital; and
- b. has completed a program of study relevant to the use of medicines in providing emergency and acute care in rural and isolated practice, where a relevant program of study means:
 - i. a program of study that was previously recognised by the Nursing and Midwifery Board of Australia (NMBA), prior to 1 February 2025, for a registered nurse to hold the *endorsement for scheduled medicine (rural and isolated practice)* on their registration under the *Health Practitioner Regulation National Law (Queensland)*; or
 - ii. a rural and isolated practice area program of study approved by the employing relevant health service or non-government organisation.

3.2 The registered nurse to whom Part B of this EPA applies is authorised to:

- a. administer and/or give a treatment dose of a medicine listed in Appendix 4, as specified in Column 2 and as per any restrictions or conditions, if stated, and the health management protocol, approved for the service in a rural and/or isolated practice area by the Hospital and Health Service or other organisation where the registered nurse is employed;
- b. administer an immunisation medicine that is listed in Appendix 5; and
- c. give a treatment dose of an S2 or S3 medicine to a patient requiring treatment or care at a rural hospital or in an isolated practice area.

3.3 If the following dealings with medicines are detailed in the *credentialed defined scope of clinical practice* (refer to section 1.11) for the registered nurse, the registered nurse must successfully complete the relevant *specified training* associated with the *scope of medicine dealing*, as detailed in Appendix 3, before administering (inserting) or removing a contraceptive by subdermal implant.

3.4 Before administering or giving a treatment dose of mifepristone in combination with misoprostol (e.g. MS-2 Step), the registered nurse must have successfully completed the relevant *specified training* for the *scope of medicine dealing*, as detailed in Appendix 3.

Part C – sexual or reproductive health services

4.1 A registered nurse may only administer or give a treatment dose of medicines under Part C of this EPA, if the registered nurse:

- a. has completed one of the following programs of study:
 - i. an approved program of study for endorsement as a Sexual Health Program Nurse with the former Queensland Nursing Council, or
 - ii. a qualification in sexual health previously approved by the chief executive under the (repealed) Health (Drugs and Poisons) Regulation 1996, or
 - iii. a program of study approved by the employing sexual or reproductive health service that encompasses, as a minimum, the following component:
 - Knowledge of the appropriate use of medicines relevant to registered nurses working in sexual and reproductive health programs, and
- b. is employed at a sexual and/or reproductive health service provided:
 - i. by a Hospital and Health Service; or
 - ii. under a general approval given for a sexual and/or reproductive health program under the *Medicines and Poisons Act 2019*.

4.2 The registered nurse who is authorised under Part C may:

- a. administer and/or give a treatment dose of a medicine listed in Appendix 4, as specified in Column 3 and as per any restrictions or conditions, if stated, and the approved health management protocol for the sexual and/or reproductive health service;
- b. administer an immunisation medicine that is listed in Appendix 5; and
- c. give a treatment dose of an S2 or S3 medicine to a patient requiring treatment or care at the sexual or reproductive health service.

4.3 The registered nurse may only administer or give a treatment dose of a hormonal contraceptive, or a contraceptive vaginal ring listed in Appendix 4, if an authorised prescriber at the sexual or reproductive health service has previously assessed the client and prescribed the medicine.

4.4 If the following dealings with medicines are detailed in the *credentialed defined scope of clinical practice* (refer to section 1.11) for the registered nurse, the registered nurse must successfully complete the relevant *specified training* associated to the *scope of medicine dealing*, as detailed in Appendix 3, before:

- a. administering (inserting) or removing a contraceptive subdermal implant; or
- b. administering (inserting) or removing a hormonal intrauterine device

4.5 Before administering or giving a treatment dose of mifepristone in combination with misoprostol (e.g. MS-2 Step), the registered nurse must have successfully completed the relevant *specified training* for the *scope of medicine dealing*, as detailed in Appendix 3.

Appendix 1 – Requirements for health management protocols

- App 1.1. 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.
- App 1.2. A health management protocol is a clinical document approved and dated by the *health service chief executive*⁵ of a Hospital and Health Service or the Chief Executive Officer⁶ of another organisation that provides health services. The approved health management protocol details how registered nurses may deal with the medicines listed under this EPA for patients of the health service.
- App 1.3. The Hospital and Health Service or other organisation that provides a health service must establish a *local inter-disciplinary team*, which includes a medical practitioner, registered nurse and pharmacist at a minimum, noting other health professions may be represented, to:
- a. develop the health management protocol for the health service, or
 - b. endorse a clinical guideline or another entity's health management protocol for approval by the relevant chief executive, as detailed in App 1.2, as the health management protocol for the health service, and
 - c. review the approved health management protocol for the health service.
- App 1.4. A health management protocol approved for the health service must detail the clinical and/or therapeutic use of the medicines listed in Appendix 4 that may be administered and/or given as a treatment dose by a registered nurse authorised under this EPA, and must include:
- a. The procedures for clinical assessment, management, and follow up of patients, including the recommended medicine/s for the relevant clinical problem and when to refer to a higher level of care.
 - 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 it is intended and any contraindication(s) to the use of the medicine;

⁵ Refer to *Hospital and Health Services Boards Act 2011*

⁶ Chief Executive Officer means the highest-ranking executive or administrator in charge of the management of a health service organisation.

- 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 maximum duration of administration allowed without a prescription from an authorised prescriber;
- v. for a medicine to be given as a treatment dose, the maximum quantity of medicine, or duration of treatment with a medicine that may be given without a prescription;
- vi. the type of equipment and management procedures required for management of an emergency associated with the use of the medicine.

App 1.5. A health management protocol is **current**:

- a. for **two (2) years** from the date approved by the chief executive of a Hospital and Health Service or the Chief Executive Officer of an employing organisation that provides a health service, other than Queensland Health or a Hospital and Health Service, unless the current online edition of the *Primary Clinical Care Manual*⁷ (PCCM) has been endorsed and approved as the health management protocol for the service.
- b. for **three (3) years**, from the date the current online version of the PCCM is adopted and approved as the health management protocol by the chief executive of a Hospital and Health Service or the Chief Executive Officer of an employing organisation that provides a health service, other than Queensland Health or a Hospital and Health Service.

⁷ The current online edition of the PCCM published by Queensland Health and Royal Flying Doctors Service (Qld section) contains evidence-based protocols/clinical guidelines that support the provision of health care in rural, remote and isolated practice settings.

Appendix 2 – Part A: Credentialed defined scope of clinical practice requirements

- App 2.1. For the purposes of Part A of the EPA-RN, the documented *credentialed defined scope of clinical practice* recognised by the Hospital and Health Service for the registered nurse must reference:
- a. the *specified service*⁸ that the registered nurse may deal with the authorised medicines listed in Appendix 4, as specified in Column 1, and Appendix 5;
 - b. the approved health management protocol (as stated in Appendix 1) that applies to the *credentialed defined scope of clinical practice* for the registered nurse; and
 - c. any specific restrictions or requirements, if applicable, that have been applied under the credentialing process or as relevant to the policies or procedures of the Hospital and Health Service, such as:
 - i. any qualifications and/or training that the registered nurse must hold;
 - ii. any supervision and consultation requirements that apply to activities or dealings with medicines;
 - iii. any restrictions, conditions, or other limitations on the registered nurse's authority to administer or give a treatment dose of a medicine; and
 - iv. the date the *credentialed defined scope of clinical practice* commences and if applicable, the dates for review.

⁸ *Specified service* means a service provided by a Hospital and Health Service to meet a health and community need that is being facilitated by the extended practice authority.

Appendix 3 – Specified training requirements

Scope of authorised medicine dealing	Specified training	Requirements for specified training
Administer (insert) and remove a contraceptive subdermal implant.	<i>Contraceptive implant insertion and removal training</i>	A course approved by the registered nurse's employer that comprises theoretical and simulated training on the insertion, localisation, and removal of <i>contraceptive implants</i> , including indications and contraindications, management of common side effects, client counselling and administration of local anaesthetic.
Administer (insert) and remove a contraceptive hormonal intrauterine device.	<i>Hormonal intrauterine device insertion and removal training</i>	A course approved by the registered nurse's employer that provides the theoretical and simulated training on the insertion, localisation, and removal of <i>hormonal intrauterine devices</i> , including indications and contraindications, management of common side effects and client counselling.
Administer and/or give a treatment dose of mifepristone <u>in combination with</u> misoprostol (e.g. MS-2 Step).	<i>Early medical termination of pregnancy training</i>	A course approved by the registered nurse's employer that includes at a minimum: <ul style="list-style-type: none"> - education about early medical termination of pregnancy medicine/s including indications, contraindications, management of common side effects and administration; - confirming pregnancy and gestation; - pre and post termination counselling; - cultural safety; - mental health assessment and psychosocial screening; - screening for domestic violence and reproductive coercion; - screening for sexually transmitted infections; - contraceptive advice; - appropriate management; - escalation and follow up.

Appendix 4 – Authorised medicines

Unless indicated otherwise, medicines listed with the symbol  in columns 1, 2 and/or 3 of the table below, may **be administered and/or given as a treatment dose** by the registered nurse authorised under Part A, B and/or C of this EPA, without a prescription, as indicated in the approved health management protocol (as detailed in Appendix 1) for the service.

For clarity, **monitored medicines** listed in the table below are **indicated by the symbol #**.

S2 and S3 medicines - For giving a treatment dose of an S2 and S3 medicine, the maximum quantity is the smallest available manufacturer's pack.

Regulated substance - medicine	Approved routes of administration	COLUMN 1	COLUMN 2	COLUMN 3	Restrictions/Conditions that apply to Parts A, B and C
		Part A - Specified services	Part B - Rural and isolated practice	Part C - Sexual and reproductive health	
		Restrictions/conditions that apply specifically to Part A, B or C, as stated			
Aciclovir	Oral				
Albendazole	Oral			Not permitted	
Amiodarone	Intravenous	Administer only	Not permitted	Not permitted	
Amoxicillin	Oral			Not permitted	
Amoxicillin/clavulanic acid	Oral				
Atropine	Intramuscular	Administer only	Not permitted	Administer only	
Azithromycin	Oral				
Benzathine penicillin <i>e.g. Bicillin L-A</i>	Intramuscular	Administer only	Administer only	Administer only	
Benzatropine	Intramuscular	Administer only	Administer only	Not permitted	
	Oral		Administer only	Not permitted	
Box jellyfish anti-venom	Intravenous Intramuscular	Administer only	Administer only	Not permitted	
Cefaclor	Oral			Not permitted	
Cefalexin	Oral				

Regulated substance - medicine	Approved routes of administration	COLUMN 1	COLUMN 2	COLUMN 3	Restrictions/Conditions that apply to Parts A, B and C
		Part A - Specified services	Part B - Rural and isolated practice	Part C - Sexual and reproductive health	
		Restrictions/conditions that apply specifically to Part A, B or C, as stated			
Ceftriaxone	Intramuscular	Administer only	Administer only	Administer only	
	Intraosseous Intravenous	Administer only	Administer only	Not permitted	
Cefuroxime	Oral	✔	✔	Not permitted	
Ciprofloxacin	Oral	✔	✔	Administer only	
	Ear drops	✔	✔	Not permitted	
Ciprofloxacin / hydrocortisone	Ear drops	✔	✔	Not permitted	
Clindamycin	Oral	✔	✔	Not permitted	
	Intravaginal	✔	✔	✔	
Clopidogrel	Oral	✔	Not permitted	Not permitted	
Colchicine	Oral	✔	✔	Not permitted	
Dexamethasone	Intramuscular Intravenous Intraosseous	Administer only	Administer only	Not permitted	
	Oral	✔	✔	Not permitted	
Dexamethasone 0.5 mg / framycetin sulfate 5 mg / gramicidin 0.05 mg / mL	Ear drops	✔	✔	Not permitted	
Diazepam #	Intravenous Oral Rectal	Administer only	Administer only	Not permitted	
Dicloxacillin	Oral	✔	✔	Not permitted	
Doxycycline	Oral	✔	✔	✔	

Regulated substance - medicine	Approved routes of administration	COLUMN 1	COLUMN 2	COLUMN 3	Restrictions/Conditions that apply to Parts A, B and C
		Part A - Specified services	Part B - Rural and isolated practice	Part C - Sexual and reproductive health	
<i>Restrictions/conditions that apply specifically to Part A, B or C, as stated</i>					
Enoxaparin	Subcutaneous injection	Administer only	Not permitted	Not permitted	
	Intravenous	Administer only	Not permitted	Not permitted	
Erythromycin	Oral	✔	✔	Not permitted	
Estradiol	Intravaginal	✔	Not permitted	✔	
Estriol	Intravaginal	✔	Not permitted	✔	
Ethinylestradiol 20 microgram/ Levonorgestrel 100 microgram	Oral	✔	Not permitted	✔	
Ethinylestradiol 20 microgram/ Drospirenone 3mg	Oral	✔	Not permitted	✔	
Ethinylestradiol 30 microgram/ Desogestrel 150 microgram	Oral	✔	Not permitted	✔	
Ethinylestradiol 30 microgram/ Dienogest 2 mg	Oral	✔	Not permitted	✔	
Ethinylestradiol 30 microgram/ Drospirenone 3 mg	Oral	✔	Not permitted	✔	
Ethinylestradiol 30 microgram/ Gestodene 75 microgram	Oral	✔	Not permitted	✔	
Ethinylestradiol 30 microgram/ Levonorgestrel 150 microgram	Oral	✔	Not permitted	✔	
Ethinylestradiol 30 microgram/ Levonorgestrel 50 microgram	Oral	✔	Not permitted	✔	

Regulated substance - medicine	Approved routes of administration	COLUMN 1	COLUMN 2	COLUMN 3	Restrictions/Conditions that apply to Parts A, B and C
		Part A - Specified services	Part B - Rural and isolated practice	Part C - Sexual and reproductive health	
Restrictions/conditions that apply specifically to Part A, B or C, as stated					
Ethinylestradiol 40 microgram/ Levonorgestrel 75 microgram	Oral	✔	Not permitted	✔	
Ethinylestradiol 30 microgram/ Levonorgestrel 125 microgram	Oral	✔	Not permitted	✔	
Ethinylestradiol 35 microgram/ Norethisterone 500 microgram	Oral	✔	Not permitted	✔	
Ethinylestradiol 35 microgram/ Cyproterone acetate 2 mg	Oral	✔	Not permitted	✔	
Ethinylestradiol 35 microgram/ Norethisterone 1mg	Oral	✔	Not permitted	✔	
Etonogestrel 120 microgram / Ethinylestradiol 15 microgram <i>e.g. Nuva Ring</i>	Intravaginal	✔	Not permitted	✔	
Etonogestrel <i>e.g. Implanon</i>	Subdermal implant	Administer only. Refer to section 2.3a.	Administer only. Refer to section 3.3	Administer only. Refer to section 4.4a.	Must have successfully completed the relevant <i>specified training</i> .

Regulated substance - medicine	Approved routes of administration	COLUMN 1	COLUMN 2	COLUMN 3	Restrictions/Conditions that apply to Parts A, B and C
		Part A - Specified services	Part B - Rural and isolated practice	Part C - Sexual and reproductive health	
		Restrictions/conditions that apply specifically to Part A, B or C, as stated			
Famciclovir	Oral	✔	✔	✔	
Fentanyl #	Intramuscular Intravenous Subcutaneous	Administer only	Administer	Not permitted	
	Intranasal ⁹	Administer only	Administer only	Not permitted	
Flucloxacillin	Oral	✔	✔	Not permitted	
Fluconazole	Oral	✔	✔	Administer only	
Flumazenil	Intravenous	Administer only	Administer only	Not permitted	
Flumethasone pivalate 0.02 % / clioquinol 1 %	Ear drops	✔	✔	Not permitted	
Fluoride varnish	Topical to teeth	Administer only	Administer only	Not permitted	
Funnel web spider anti-venom	Intravenous	Administer only	Administer only	Not permitted	
Furosemide	Intramuscular Intravenous	Administer only	Administer only	Not permitted	
Glyceryl trinitrate transdermal patches	Topical	✔	Administer only	Not permitted	
Haloperidol	Intravenous Intramuscular	Administer only	Administer only	Not permitted	
	Oral	✔	Administer only	Not permitted	
Hydrocortisone	Intramuscular Intravenous	Administer only	Administer only	Not permitted	

⁹ Intranasal use is off label. Ensure appropriate documentation and evaluation is undertaken as per CATAG guiding principles for the quality use of off label medicines

Regulated substance - medicine	Approved routes of administration	COLUMN 1	COLUMN 2	COLUMN 3	Restrictions/Conditions that apply to Parts A, B and C
		Part A - Specified services	Part B - Rural and isolated practice	Part C - Sexual and reproductive health	
Restrictions/conditions that apply specifically to Part A, B or C, as stated					
Ibuprofen	Oral	✔	✔	✔	May only give a treatment dose as part of the termination of pregnancy protocol.
Imiquimod	Topical	✔	Not permitted	✔	
Ipratropium bromide	Nebulised Metered dose inhaler (MDI)	✔	Administer only	Not permitted	
Ivermectin	Oral	✔	✔	Not permitted	
Ketorolac trometamol	Intramuscular	Administer only	Administer only	Not permitted	
Levonorgestrel 30 microgram	Oral	✔	Not permitted	✔	
Levonorgestrel	Intrauterine	Administer only. Refer to section 2.3b.	Not permitted	Administer only. Refer to section 4.4b.	Must have successfully completed the relevant specified training.
Lidocaine 1%	Subcutaneous infiltration Intramuscular	Administer only	Administer only	Administer only	
Lidocaine with adrenaline (epinephrine)	Subcutaneous	Administer only	Administer only	Administer only	
Lorazepam #	Oral	Administer only	Administer only	Not permitted	
Medroxyprogesterone acetate 150 mg/mL depo-injection	Intramuscular	Administer only	Administer only	Administer only	
Methoxyflurane	Inhalation	Administer only	Administer only	Administer only	Patient must self-administer.

Regulated substance - medicine	Approved routes of administration	COLUMN 1	COLUMN 2	COLUMN 3	Restrictions/Conditions that apply to Parts A, B and C
		Part A - Specified services	Part B - Rural and isolated practice	Part C - Sexual and reproductive health	
		Restrictions/conditions that apply specifically to Part A, B or C, as stated			
Metoclopramide	Intravenous Intramuscular	Administer only	Administer only	Administer only	
	Oral	✔	✔ May only give a treatment dose as part of the termination of pregnancy protocol.	✔ May only give a treatment dose as part of the termination of pregnancy protocol.	
Metronidazole	Oral	✔	✔	✔	
Midazolam #	Intravenous Intramuscular Intranasal Buccal	Administer only	Administer only	Not permitted	
Mifepristone and misoprostol <i>e.g. MS-2 Step</i>	Oral	✔ Refer to section 2.3c.	✔ Refer to section 3.4.	✔ Refer to section 4.5.	Must have successfully completed the relevant <i>specified training</i> if dealing with mifepristone in combination with misoprostol combined in a composite pack.
Minocycline	Oral	✔	Not permitted	✔	
Misoprostol	Rectal Sublingual Buccal	✔	✔	Not permitted	
Morphine #	Intramuscular Intravenous Subcutaneous	Administer only	Administer only	Not permitted	
Mupirocin cream/ointment	Topical	✔	✔	✔	
Nifedipine	Oral	✔	Administer only	Not permitted	
Nitrofurantoin	Oral	✔	✔	✔	

Regulated substance - medicine	Approved routes of administration	COLUMN 1	COLUMN 2	COLUMN 3	Restrictions/Conditions that apply to Parts A, B and C
		Part A - Specified services	Part B - Rural and isolated practice	Part C - Sexual and reproductive health	
Restrictions/conditions that apply specifically to Part A, B or C, as stated					
Nitrous oxide	Topical	Administer only	Not permitted	Administer only	
Nitrous oxide 50%/ oxygen 50%	Inhalation	Administer only	Administer only	Administer only	Patient must self-administer.
Norethisterone 350 microgram	Oral	✔	Not permitted	✔	
Olanzapine	Oral	✔	Administer only	Not permitted	
Ondansetron ¹⁰	Intravenous	Administer only	Administer only	Not permitted	
	Intramuscular	Administer only	Not permitted	Not permitted	
	Oral	✔	✔	✔	
Oxybuprocaine eye drop 0.4 % (minim)	Topical to eye	Administer only	Administer only	Not permitted	
Oxycodone #	Oral	Administer only	✔ Give a treatment dose limited to one tablet	Not permitted	
Oxytocin	Intramuscular Intravenous	Administer only	Administer only	Not permitted	
Paracetamol /Codeine #	Oral	✔	✔	✔	May only give a treatment dose as part of the termination of pregnancy protocol.
Phenoxyethylpenicillin	Oral	✔	✔	Not permitted	
Podophyllotoxin	Topical	✔	✔	✔	
Prednisolone	Oral	✔	✔	Not permitted	

¹⁰ 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.

Regulated substance - medicine	Approved routes of administration	COLUMN 1	COLUMN 2	COLUMN 3	Restrictions/Conditions that apply to Parts A, B and C
		Part A - Specified services	Part B - Rural and isolated practice	Part C - Sexual and reproductive health	
		Restrictions/conditions that apply specifically to Part A, B or C, as stated			
Probenecid	Oral	✔	Administer only	Not permitted	
Procaine benzylpenicillin	Intramuscular	Administer only	Administer only	Not permitted	
Prochlorperazine	Intramuscular	Administer only	Administer only	Not permitted	
	Oral	✔	✔	Not permitted	
Promethazine	Intramuscular Intravenous	Administer only	Administer only	Administer only	
Roxithromycin	Oral	✔	✔	Not permitted	
Salbutamol	Nebulised	✔	Administer only	Not permitted	
Silver sulfadiazine 1% cream	Topical	✔	✔	Not permitted	
Snake polyvalent anti-venom	Intravenous	Administer only	Administer only	Not permitted	
Ticagrelor	Oral	✔	Not permitted	Not permitted	
Triamcinolone/ neomycin/nystatin/ gramicidin <i>e.g. Kenacomb</i>	Otic	✔	✔	Not permitted	
Trimethoprim	Oral	✔	✔	✔	
Trimethoprim/ Sulfamethoxazole	Oral	✔	✔	Not permitted	
Valaciclovir	Oral	✔	✔	✔	

Appendix 5 – Immunisation medicines

Regulated substance - medicine	Part A (Specified services) and Part B (Rural and isolated practice)	Part C - Sexual and reproductive health
	Dealing authorised	
BCG	Administer	Not permitted
Cholera	Administer	Not permitted
COVID-19	Administer	Administer
Diphtheria	Administer	Administer
<i>Haemophilus influenzae</i> type b	Administer	Not permitted
Hepatitis A	Administer	Administer
Hepatitis B	Administer	Administer
Human Papillomavirus	Administer	Administer
Influenza	Administer	Administer
Japanese encephalitis	Administer	Not permitted
Measles	Administer	Administer
Meningococcal	Administer	Administer
Mpox	Administer	Administer
Mumps	Administer	Administer
Nirsevimab	Administer	Not permitted
Pertussis	Administer	Administer
Pneumococcal	Administer	Administer
Poliovirus	Administer	Not permitted
Rabies	Administer - Pre-exposure only	Not permitted
Respiratory syncytial virus (RSV)	Administer	Administer
Rotavirus	Administer	Not permitted
Rubella	Administer	Administer
Tetanus	Administer	Administer
Tetanus immunoglobulin	Administer	Not permitted
Typhoid	Administer	Not permitted
Varicella (chickenpox)	Administer	Not permitted
Zoster (herpes zoster)	Administer	Not permitted