

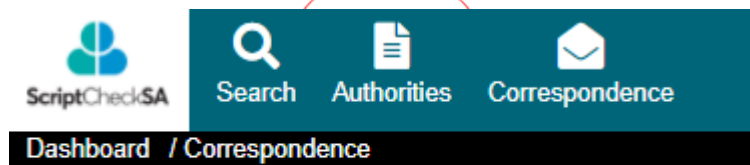
Fact Sheet

Submitting Schedule 8 Authority Applications via ScriptCheckSA

Did you know that you can submit your Schedule 8 Authority applications to the Drugs of Dependence Unit (DDU) via **ScriptCheckSA**?

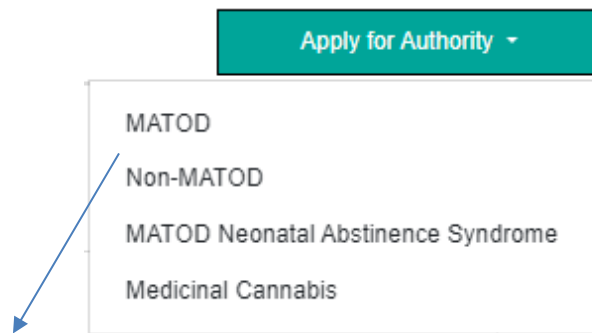
New Authority Applications

1. Go to the 'Authorities' tab



My Correspondence

2. Select 'Apply for Authority' and choose Authority type



MATOD: Medication Assisted Treatment for Opioid Dependence

Non-MATOD: Schedule 8 treatment for non-drug dependent patients

3. Select the Action 'Submit'.

Non-MATOD Authority

Authority status Pending	Application source HP	Application purpose New
Action Submit	Action reasons N/A	

NOTE: *pending* applications cannot be seen or reviewed by DDU.

Fact Sheet

4. Complete all mandatory fields.
 - Authority type
 - Authority status
 - Patient details
 - Your **Practice address**
 - Medicine that you wish to apply for
 - Treatment details

Non-MATOD Authority

Authority status: Pending Application source: HP Application purpose: New

Action: Submit Action reason: N/A

Patient

First name: Jane Middle name: Middle name: Surname: Todd Date of birth: 01 January 2000

Sex: Female Address: 21 Smith Street, Adelaide, SA 5000 Notified Palliative Care Patient (NCP): No Yes Indigenous status:

Additional Patient Information:
Additional patient information:

Prescribe

Title: Ms First name: Kristy Surname: Nowell AHPWA number: NMM0001078348

Contact number: 034153 Practice address: ip plus, 22 horse, adelaide 5000 SA

Medicines

Search for medicines:

Medicine name: Enter directions for use:

Treatment Detail:

Selected treatment: Mental or neurological disorder / ADHD Specify medical status/diagnosis details:

Intoxicant
 Gastro-urinary
 Neuroleptic
 Oral or dental
 Headache or migraine
 Mental or neurological disorder

- ADHD
- Depression
- Anxiety
- Physiological/Toxicological disorders

Conditions

Correspondence

NOTE: there are additional mandatory fields for **MATOD** applications, as highlighted below:

▼ Treatment Details

Recent overdose: No Yes

Source of dependence: Select source of dependence

Primary drug of dependence: Select primary drug of dependence

Primary drug use frequency: Select primary drug use frequency

Method of use: Select method of use

History of IVDU: No Yes

Additional drug of dependence?: No Yes

NOTE: If mandatory information is missing, you will not be able to *Save* your application.

Fact Sheet

5. Check that the Authority status is 'submitted'.

Last Updated	Authority Number	Authority Type	Authority Status	Application Source	Application Purpose	Last Action	Patient	Start Date	End Date	Medicines
16/09/2023	SAUT0000000555 [1]	Non-MATOD	Submitted	HP	New	Submit	Alice Myers			dexamfetamine sulfate 5 mg tablet

Amending or Renewing an Existing Authority

- Go to the 'Authorities' tab and select the Authority you wish to *amend* or *renew*. **NOTE:** An expired Authority cannot be *amended* or *renewed*. In this case, you will need to submit a *new* application.

My Authorities

Apply for Authority -

Date Range: 14/06/2023 - 14/09/2023

Last Updated	Authority Number	Authority Type	Authority Status	Application Source	Application Purpose	Last Action	Patient	Start Date	End Date	Medicines	
14/09/2023	SAUT0000000552 [1]	Non-MATOD	Approved	HP	New	Approve	Alice Myers	14/09/2023	30/11/2023	oxycodone hydrochloride 10 mg modified release tablet	0
11/09/2023	SAUT0000000549 [2]	Non-MATOD	Submitted	HP	Amend	Submit	Alice Myers	24/09/2023	30/11/2023	oxycodone hydrochloride 10 mg capsule	0
11/09/2023	SAUT0000000550 [2]	MATOD	Pending	HP	Amend	Amend	Alice Myers	02/09/2023	30/11/2023	methadone hydrochloride 1.25 mg/mL oral liquid	0
01/08/2023	SAUT0000000538 [1]	Non-MATOD	Expired	MP	New	Expire	Alice Myers	17/05/2023	31/07/2023	dexamfetamine sulfate 5 mg tablet	0

- Select the action 'Amend' or 'Renew' and 'Save'.

Non-MATOD Authority

Authority number: SAUT0000000552 [1]

Authority status:

Application source:

Application purpose:

Enter start date:

Enter number of months:

Enter end date:

Last action date:

Action:

Action reasons:

NOTE: you must select an 'Action reason' if *amending* an Authority.

Action reasons

Select action reasons

- Select All
- to add a drug to your current authority.
- to change a drug dosage.
- to change a drug type.
- to extend an expiry date.
- to remove a drug from your current authority.
- to update your contact details.
- Other

Fact Sheet

3. Select the Action 'Submit' and then 'Save'.

Non-MATOD Authority Authority number: SAUT00000052 [2]

Authority status Pending	Application source HP	Application purpose Amend	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Enter start date 14 September 2023	Enter number of months 2	Enter end date 30 November 2023	
Last action date 18 September 2023	Last action reason to add a drug to your current authority	to add a drug to your current authority	
Action Submit	Action reason N/A		

NOTE: Pending applications cannot be seen or reviewed by DDU.

4. If you wish to update the Authority medicine(s) or directions for use, select 'Yes' to 'Are changes to medicines being requested?' in the 'Medicines' accordion. Then change the dose/directions or delete medicine(s) and replace with new medicine(s).

Medicines Are changes to medicines being requested? No Yes

Approved Medicines

Medicine name oxycodone hydrochloride 10 mg modified release tablet	Enter changes to directions for use		
Dose 10	Unit of measure mg	Formulation tablets	Frequency Daily

New Medicines

Search for medicine

5. Check the Authority Status is 'Submitted'.

Last Updated	Authority Number	Authority Type	Authority Status	Application Source	Application Purpose	Last Action	Patient	Start Date	End Date	Medicines	
16/09/2023	SAUT0000000543 [2]	Non-MATOD	Submitted	HP	Amend	Submit	Alice Myers	13/07/2023	30/09/2023	oxycodone hydrochloride 10 mg/mL injection, ampoule	0
16/09/2023	SAUT0000000545 [2]	Non-MATOD	Submitted	HP	Renew	Submit	Alice Myers	13/07/2023	30/09/2023	Non Coded Monitored Drug	0

TIP: If you cannot save your application, check that all mandatory fields are completed.

If you would like help to submit your Authority application via **ScriptCheckSA** please contact the DDU on 1300 652 584 or email HealthDrugsofDependenceUnit@sa.gov.au

For more information

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