Australian Government
Department of Health and Aged Care
Therapeutic Goods Administration

Access to MDMA (3,4-methylenedioxy-methamphetamine) and psilocybin for therapeutic purposes

Information for psychiatrist prescribers

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Contents

About this guidance

This guidance supports psychiatrists in understanding their regulatory requirements when prescribing products containing 3,4-methylenedioxy-methamphetamine (MDMA) and psilocybin **from 1 July 2023**.

This information is provided for guidance only and does not address every aspect of the relevant legislation. Independent legal advice should be sought to ensure that all of the legislative requirements are met.

This guidance should be read in conjunction with the following documents:

1. Authorised Prescriber Scheme | Therapeutic Goods Administration (TGA)
2. Authorised Prescriber online system guidance

The role of the Therapeutic Goods Administration (TGA)

The TGA administers the *Therapeutic Goods Act 1989* (TG Act), which establishes the Australian regulatory framework for all therapeutic goods, including medicines.

Generally, medicines used in Australia must be entered in the Australian Register of Therapeutic Goods (ARTG). For a prescription medicine to be registered in the ARTG, a sponsor of the product (usually a pharmaceutical company) is required to submit a dossier of evidence on the clinical efficacy, safety and manufacturing quality for evaluation by the TGA. However, the Australian Government has no power to compel a sponsor to make a submission to the TGA for registration in the ARTG.

Under the provisions of the TG Act, the TGA administers a number of mechanisms to enable access to therapeutic goods which are not registered on the ARTG, referred to as 'unapproved' therapeutic goods.

These mechanisms include the Special Access Scheme (SAS), the Authorised Prescriber (AP) scheme and access through clinical trials. Importantly, unapproved therapeutic goods accessed through these pathways have not been evaluated by the TGA for safety, quality and efficacy.

Changes to MDMA and psilocybin access

Scheduling is a national classification system that determines how medicines and chemicals are made available to the public. Medicines and chemicals are classified into 'schedules' in the Poisons Standard according to the risk of harm and the level of access control required to protect public health and safety.

Psilocybin and MDMA are currently included in Schedule 9 (Prohibited Substances) of the Poisons Standard, which because of interaction with state and territory regulation has largely restricted the lawful supply of goods containing these active ingredients to clinical trial settings only.

Effective from 1 July 2023, the TGA has now made the decision to down schedule psilocybin and MDMA to Schedule 8 in the Poisons Standard when used under certain conditions.

From 1 July 2023, the amendments mean that:

- Through rescheduling from Schedule 9 to Schedule 8 ("controlled drugs") of psilocybin for the treatment of treatment-resistant depression, and MDMA for the treatment of post-traumatic stress disorder, restrictions by state and territory governments (including in some cases absolute prohibitions) on use of these substances outside clinical trials do not apply;
- However, access to these substances is restricted through new entries in Appendix D of the Poisons Standard, only permitting access to the substances under Schedule 8 as follows:
    - authorisation to prescribe the substances for the above conditions will be restricted to registered psychiatrists who have obtained approval from a Human Research Ethics Committee (HREC), and have also been authorised by the TGA to be an Authorised Prescriber under the Authorised Prescriber (AP) scheme
    - possession of the substances without authority will be illegal (for example, possession other than in accordance with a legal prescription). Note, however that it is not anticipated at this time that approval would be granted for protocols which enable the patient to be dispensed medicines containing these substances to take home.
- Access restrictions remain in place for all indications for psilocybin and MDMA other than treatment-resistant depression and post-traumatic stress disorder respectively. For other indications these will remain as prohibited substances and remain in Schedule 9 of the Poisons Standard, limiting their use to medical and scientific research, such as clinical trials.

For further information visit the TGA website: Re-scheduling of psilocybin and MDMA in the Poisons Standard: questions and answers.

The Authorised Prescriber (AP) scheme

Under the AP scheme, the TGA is able to grant a medical practitioner authority to prescribe a specified unapproved therapeutic product for particular indications to a class of patients in their immediate care.

To become an AP, a medical practitioner must obtain approval from a HREC to prescribe the product.

Once a medical practitioner becomes an Authorised Prescriber, they are not required to notify the TGA each time they prescribe the unapproved product, but they must report to the TGA the number of patients treated with the unapproved product twice yearly.

There is no application fee.

For further information about the AP scheme refer to the TGA website: Authorised Prescriber Scheme | Therapeutic Goods Administration (TGA)

Prescriber eligibility

The changes to the scheduling of psilocybin and MDMA limit the prescribing of these substances to psychiatrists who are registered with the Australian Health Practitioner Regulation Agency (AHPRA) with a specialist registration in psychiatry and completed a

Fellowship with the Royal Australian and New Zealand College of Psychiatrists (RANZCP)

To prescribe MDMA and psilocybin psychiatrists must:

- have obtained approval for purposes of the Authorised Prescriber Scheme to use the substance for treating the conditions from a HREC that is registered with the National Health and Medical Research Council (NHMRC), and subsequently
- have sought and obtained authorisation by the TGA under the Authorised Prescriber Scheme (the AP scheme) to prescribe these substances for patients under their care.

A list of registered HRECs is available on the NHMRC website at the link above.

TGA will only consider applications under the Authorised Prescriber Scheme for prescription of psilocybin for treatment-resistant depression and MDMA for post-traumatic stress disorder respectively. Psychiatrists should also consider and discuss with their patients the suitability of medical treatment options that are TGA approved (i.e. included on the Australian Register of Therapeutic Goods) before seeking to prescribe psilocybin or MDMA to them under the Authorised Prescriber scheme. The Special Access Scheme is not open to prescriptions of medicines containing these substances.

How to become an approved Authorised Prescriber

Part 1: Submit an application to a HREC and receive approval

To prescribe psilocybin and MDMA psychiatrists must have obtained approval to use the substances for treating these conditions from a HREC that is registered with the National Health and Medical Research Council (NHMRC).

A list of registered ethics committees- external site is available on the NHMRC website.

The TGA does not provide a set template for HREC applications. The medical practitioner's application for HREC approval must be made in writing and provide sufficient evidence to justify the use of the unapproved product. An application for HREC approval must contain details of the:

- **medical practitioner applying for Authorised Prescriber status**

The application should provide evidence that the psychiatrist has the qualifications and experience necessary to appropriately manage the medical condition and use of the product.

- **the 'unapproved' product details**

The application should contain evidence of the unapproved product's suitability for the intended indication that supports the clinical justification provided. The application should include details of the unapproved product, including active ingredient, strength, dosage form and sponsor/manufacturer details. It is best practice that the proposed treatment utilises pharmaceutical grade products that have been manufactured in accordance with Good Manufacturing Practice. Therefore neither "street" (illicit) psilocybin or MDMA nor mushrooms or their extracts known to contain psilocybin would be permitted for use.

A number of North American and European companies manufacture pharmaceutical grade psilocybin and/or MDMA. Details of product sources can be obtained from https://clinicaltrials.gov/ and from recent publications of the results of clinical trials in the referred medical literature.

The application should also include information regarding the use of the product (dosage regimen and clinical protocol) and the proposed monitoring protocol.

Psychiatrists are also required to provide information detailing the product's efficacy and expected benefits and any expected adverse effects, including known risks and safety issues. It is expected that psychiatrists will be able to provide appropriate sources of evidence to support the use of the unapproved product.

- **clinical justification for the use of the good.**

The clinical justification for use of an unapproved product should provide sufficient evidence to demonstrate that its use is appropriate, considering the availability of any approved goods that may be suitable alternatives.

The HREC will also determine the information required from the applicant about the clinical protocol for use of psilocybin and MDMA. However, it is anticipated that in order to receive both HREC and Authorised Prescriber approvals, issues of patient selection and exclusion, the setting for administration of the medicine and how it will be controlled and how the use of the substance will be combined with psychotherapy as part of psychedelic assisted psychotherapy will need to be provided and considered to contain appropriate safeguards. It will be particularly important to ensure that the treatment does not cause unintended harm.

Detailed information on applying for HREC approval is available on page 11 to 15 of the Authorised Prescriber Scheme Guidance for medical practitioners, Human Research Ethics Committees, specialist colleges and sponsors

Part 2: Complete an Authorised Prescriber application

Following approval from a HREC, an application to become an Authorised Prescriber through the standard pathway must be submitted to the TGA.

Applications to the TGA can be submitted using the SAS & Authorised Prescriber Online System.

Useful resources:

- Authorised Prescriber Scheme Guidance for medical practitioners, Human Research Ethics Committees, specialist colleges and sponsors
- Authorised Prescriber online system guidance

TGA decision

A delegate of the Secretary of the Department of Health and Aged Care who is registered as a medical practitioner with AHPRA will review Authorised Prescriber applications for MDMA and psilocybin.

In reviewing the application, the TGA delegate will ensure they are satisfied regarding matters including the applicant prescriber's clinical justification for their treatment regimen, governance over the treatment process, and the use of suitable measures to protect patients, such as records of informed consent. The TGA delegate will also expect that psychiatrists will have considered all clinically appropriate treatment options that are included in the ARTG before applying to access a psilocybin or MDMA-containing product for their patient.

All Authorised Prescriber approvals are subject to general conditions. The TGA may also apply specific conditions on a case-by-case basis. Authorised Prescribers must meet these conditions to retain authorisation. The approving HREC may also apply conditions to the approval.

Once approved, the Authorised Prescriber may prescribe the unapproved good to a patient under their direct care.

Failure to comply with conditions of authorisation may result in the revocation of the Authorised Prescriber's status.

State and Territory requirements

The implementation of the Poisons Standard, as it affects access to and supply of medicines and poisons, is given legal effect through relevant State and Territory drugs, poisons and controlled substances legislation.

State and Territory Health Departments should be contacted regarding advice on the interpretation of the Poisons Standard and/or the legal requirements for the supply and prescribing of MDMA and psilocybin containing products prior to submission of an application under the Authorised Prescriber scheme.

Reporting requirements

Six monthly reporting

It is a condition of the Authorised Prescriber scheme that medical practitioners provide supply reports on the number of patients treated for each of their Authorised Prescriber approvals for the periods 1 January to 30 June and 1 July to 31 December each year.

Reports must be sent to the TGA within one month of the reporting period ending.
If no patients have been treated in the relevant period, this must also be reported.

There are two categories to report:

- Number of new patients commenced on treatment
- Number of total patients treated during this period

The preferred method of reporting is through the SAS & Authorised Prescriber Online System.

Information on using the online portal system to submit six monthly reports is found in the Authorised Prescriber online system guidance

Reporting adverse events and product defects

MDMA and psilocybin have not been evaluated for safety, quality and efficacy and could pose unknown risks. Authorised Prescribers are responsible for reporting adverse events or defects arising from the use of unapproved therapeutic goods accessed under the AP scheme.

There are various ways to report adverse events and product defects, which can be found on the TGA website at Reporting adverse events.

Considerations for clinical practice

Importing MDMA and psilocybin

To import products that contain a controlled substance (this includes MDMA and psilocybin), the importer requires both an exemption, approval or authority under the TG Act and a licence and/or permit to import from the Office of Drug Control under the *Customs (Prohibited Imports) Regulations 1956*.

The *Therapeutic Goods Regulations 1990* provide an exemption for therapeutic goods to be imported and held prior to supply under the AP scheme (subject to conditions). The unapproved therapeutic goods must be held under the direct control of the sponsor (that is, the person principally responsible for importing the goods into Australia) until the goods are authorised for supply under the AP scheme. The goods must be kept in a warehouse or a properly secured area under the control of the sponsor.

Where the sponsor is someone other than an Authorised Prescriber, they must obtain a copy of the TGA approval letter from the Authorised Prescriber before supplying the product to the Authorised Prescriber.

Licences and permits to import MDMA and psilocybin are only granted by the Office of Drug Control where the use of the substance is permitted by the relevant state or territory under their respective medicines and poisons legislation and the use of the of MDMA and psilocybin is to be prescribed by an Authorised Prescriber or for an authorised clinical trial.

Manufacturing MDMA and psilocybin in Australia

The TGA is considering the arrangements that should be put in place to facilitate the lawful manufacture of MDMA and psilocybin in Australia and will provide further guidance on that issue at a later date.

Ensuring legal supply

An Authorised Prescriber is only allowed to supply the product directly to specified patients under their immediate care and not to other practitioners to prescribe and administer the product. The use of the product under an authorisation must be in line with the conditions specified in the authorisation at all times.

Authorised Prescribers must also ensure that they comply with State and Territory Health Department regulations and requirements concerning supplying and holding stock of Schedule 8 products. Where necessary, this could include arranging for a

pharmacy to hold the product securely on the prescriber's behalf until it is dispensed to the Authorised Prescriber for administration to the patient.

Safety considerations

The TGA cannot provide an assurance regarding the quality, safety or efficacy of an unapproved product. All parties involved in the supply of unapproved products must recognise that the practice may carry medico-legal risk, and, in the case of a company, there may be implications for the company's indemnity.

In prescribing the unapproved product containing MDMA or psilocybin for a patient, psychiatrists are responsible for considering the benefits and risks for the patient. Authorised Prescribers should remain informed of changes to the benefits and risks as they arise.

Clinical protocols

The TGA does not have a role in developing specific clinical protocols for medicines.

However, to provide an Authorised Prescriber approval, the TGA would expect that that treatment of post-traumatic stress disorder with MDMA and treatment-resistant depression with products containing psilocybin is part of a treatment protocol involving assessment and on-going psycho-therapeutic management by the psychiatrist before and after administration of appropriately supervised single dosing of the patient in an appropriate setting (such as a day hospital or an inpatient setting). Note that the use of MDMA and psilocybin in these circumstances involves a single supervised dose and patients do not have access to the medicines other than at the time of the supervised dose.

The TGA expects that the HREC reviewing the treatment protocols would consider the training and experience of all staff involved in the treatment. It is likely that a minimum standard of training of others involved in patient oversight would be that of clinical psychologists. The protocol should include details of the informed consent obtained, including consideration of the risks associated with these treatments.

These aspects of the treatment protocol are likely to be very similar to the protocols that have recently been used in Australia and internationally in clinical trials of these substances.

Regarding trialled dosages and formulations, more information can be found within the following publications:

The published study titled Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression,1 published in the New England Journal of Medicine on 3 November 2022.

The Independent expert panel report titled An evaluation of the therapeutic value, benefits and risks of methylenedioxymethamphetamine (MDMA) and psilocybin for the treatment of mental, behavioural or developmental disorders.

Psychiatrists must prescribe the goods in accordance with the legislative requirements relevant to their State or Territory.

Cost

As unapproved medicines, MDMA and psilocybin containing products are not eligible for listing on the Pharmaceutical Benefits Scheme (PBS). Treatment costs must be met by the patient or a third party.

Advertising requirements

All advertising of therapeutic goods in Australia is subject to the requirements of the TG Act and the Therapeutic Goods Advertising Code (the Code).

Both prescription medicines and all unapproved therapeutic goods, including those containing MDMA and psilocybin, are prohibited from being advertised to the public. Authorised Prescribers must not promote, either expressly or impliedly, the use or supply of MDMA or psilocybin in any content available to members of the public. This means that it is illegal for prescribers or healthcare facilities to indicate that they can prescribe and/or supply MDMA and/or psilocybin. Substantial penalties apply.

MDMA and psilocybin may be advertised exclusively to health professionals, including psychiatrists and pharmacists. The TGA has published guidance on advertising exclusively to health professionals.

Information shared between a health practitioner and their patient during consultation or treatment is **not** subject to the advertising rules for therapeutic goods, including the prohibition on advertising prescription medicines.

In addition, presenting factual and balanced information about MDMA and psilocybin (e.g. in scientific papers or at medical conferences) is also unlikely to be considered advertising, depending on the context in which the information is presented. However, if a reasonable consumer or member of the public is likely to interpret the content as promotional, then the advertising rules will apply.

Refer to the Regulation of therapeutic advertising in Australia for further information.

Clinical Trials Notification (CTN) scheme

As mentioned above, access restrictions remain in place for all indications for psilocybin and MDMA other than treatment-resistant depression and post-traumatic stress disorder respectively. For other indications these will remain as prohibited substances and remain in Schedule 9 of the Poisons Standard, limiting their use to medical and scientific research, such as clinical trials.

The TGA regulates the use of unapproved therapeutic goods supplied in clinical trials in Australia via the CTN scheme. This pathway provides for the lawful importation into and/or supply in Australia of unapproved therapeutic goods, solely for this purpose.

The TGA receives a notification, and the overseeing Human Research Ethics Committee (HREC) reviews the scientific validity of the trial design, the balance of risk versus harm of the therapeutic good, the ethical acceptability of the trial process, and approves the trial protocol. The HREC is also responsible for monitoring the conduct of the trial.

Information about how the TGA regulates clinical trials refer to the TGA website: Clinical trials

Version history

Version	Description of change	Author	Effective date
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Therapeutic Goods Administration

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