

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

**Sexual Health and Blood Borne Virus Unit SSTP
Approval**

I, Christopher Paul Burgess, Chief Health Officer:

- (a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;
- (b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated: 16 October 2025

Chief Health Officer

Schedule A

Title	Publication Date	Author
Sexual Health and Blood Borne Virus Unit Scheduled Substance Treatment Protocol (SSTP) and Nurse Initiated Medication Protocol (NIM)	25 September 2025	Sexual Health and Blood Borne Virus Unit, Northern Territory Government, Department of Health

Sexual Health and Blood Borne Virus Unit Scheduled Substance Treatment Protocols (SSTPs)

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SSTP Name	Indications
Azithromycin for Sexually Transmitted Infections	Chlamydia cases and their sexual partners Gonorrhoea cases and their sexual partners Vaginal discharge Penile urethritis Mycoplasma genitalium Pelvic inflammatory disease Epididymo-orchitis Gonococcal conjunctivitis
Ceftriaxone with Lidocaine (Lignocaine) for Sexually Transmitted Infections	Gonorrhoea cases and sexual partners Vaginal discharge Penile urethritis Pelvic inflammatory disease Epididymo-orchitis Gonococcal conjunctivitis
Ciprofloxacin for Sexually Transmitted Infections	Gonorrhoea cases and sexual partners Epididymo-orchitis
Doxycycline for Sexually Transmitted Infections	Chlamydia cases and their sexual partners Vaginal discharge Penile urethritis Persistent penile urethritis Mycoplasma genitalium Pelvic inflammatory disease Epididymo-orchitis
Metronidazole for Sexually Transmitted Infections	Bacterial vaginosis Trichomonas vaginalis Vaginal discharge Pelvic inflammatory disease
Valaciclovir for Sexually Transmitted Infections	Genital ulcers Herpes simplex
Benzathine Benzylpenicillin for Sexually Transmitted Infections	Early infectious syphilis Late or unknown duration syphilis Genital ulcers
Trimethoprim for Urinary Tract Infection	Urinary tract infection
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Scheduled Substance Treatment Protocol (SSTP)	
Azithromycin for Sexually Transmitted Infections SSTP	
Areas Applicable	NT Health Sexual Health and Blood Borne Virus Unit, CDC
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Azithromycin tablets
Indication	<ul style="list-style-type: none"> • Chlamydia cases and their sexual partners • Gonorrhoea cases and their sexual partners • <i>Mycoplasma genitalium</i> cases and their sexual partners • Vaginal discharge and cervicitis • Penile urethritis • Pelvic inflammatory disease • Epididymo-orchitis • Gonococcal conjunctivitis
Contraindications, and/or Exclusions (including relevant drug interactions)*	<ul style="list-style-type: none"> • Known hypersensitivity to azithromycin or other macrolides (e.g. erythromycin, roxithromycin, clarithromycin) <p>Consultation with a Medical Officer required for Clients with the following circumstances:</p> <ul style="list-style-type: none"> • Renal or liver impairment • Currently taking colchicine, digoxin, theophylline, warfarin, rifabutin <p>Combination of rifabutin with azithromycin may increase the risk of adverse effects, e.g. neutropenia, GI symptoms, myalgia; monitor closely.</p>
Dose and Route *	<p>All doses are to be given by the ORAL route</p> <p>Swallow the tablets whole with liquid.</p> <p>If you are taking an antacid (e.g., Gastrogel®, Mylanta®), take it at least one hour before or two hours after this medicine dose. This will avoid any possible effect of the antacid on the absorption of azithromycin.</p> <p><i>Note: For treatment of Neisseria gonorrhoea, Azithromycin is always given with other relevant antibiotics – see Gonorrhoea Management SHBBV Guideline and relevant SHBBV SSTP within this document</i></p>

Dose Frequency*	Indication	Dose	Frequency
	Chlamydia cases and sexual partners	500mg tablet x 2	Single dose
	Urethral Gonorrhoea cases and sexual partners	500mg tablet x 2	Single dose
	Pharyngeal Gonorrhoea cases and sexual partners	500mg tablet x4	Single dose
	Vaginal discharge and cervicitis	500mg tablet x 2	Single dose
	Penile urethritis	500mg tablet x 2	Single dose
	<i>Mycoplasma genitalium</i>	500mg tablet x2 STAT then 500mg x1 tablet DAILY for 3 days	
	Pelvic inflammatory disease	500mg tablet x 2	Once a WEEK only for 2 doses
	Epididymo-orchitis	500mg tablet x 2	Once a WEEK only for 2 doses
	Gonococcal conjunctivitis	500mg tablet x 2	Single dose
Monitoring requirements*	Nil		
Health Professional Accreditation Requirements	<p>Registered Nurses and Midwives must:</p> <ul style="list-style-type: none"> • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:</p> <ul style="list-style-type: none"> • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none"> • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment 		
Documentation <i>(including necessary information to the patient)</i>	Patients who receive Azithromycin for Sexually Transmitted Infections SSTP must have this documented in the clinical notes and electronic health record		

Related Documents	Chlamydia Management Guideline Gonorrhoea Management Guideline <i>Mycoplasma genitalium</i> Management Guideline Vaginal Discharge Management Guideline Penile Urethritis Management Guideline Lower Abdominal Pain Management Guideline Patient Delivered Partner Therapy for Chlamydia Guideline Scrotal Pain and Swelling Management Guideline Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012 Northern Territory Medicines Management Framework Australian Medicines Handbook Electronic Therapeutic Guidelines online MIMS online		
Chief Health Officer	Signature	Name	Date
	EDOC2025/274817	Adj Prof Paul Burgess	16/10/2025

Period of effect	This SSTP is in force until 16/10/2027 unless revoked earlier
References: * The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.	

Scheduled Substance Treatment Protocol (SSTP)	
Ceftriaxone with Lidocaine (Lignocaine) for Sexually Transmitted Infections SSTP	
Areas Applicable	NT Health Sexual Health and Blood Borne Virus Unit, CDC
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled substance(s)	Ceftriaxone for injection Lidocaine (Lignocaine) 1% for injection
Indication	<ul style="list-style-type: none"> • Gonorrhoea cases and their sexual partners • Vaginal discharge and cervicitis • Penile urethritis • Pelvic inflammatory disease • Epididymo-orchitis • Gonococcal conjunctivitis
Contraindications and/or Exclusions (including relevant drug interactions)*	<ul style="list-style-type: none"> • Known hypersensitivity to cephalosporins (e.g. ceftriaxone, cefaclor, cefalexin) or lidocaine (lignocaine) • Past anaphylactic reaction to penicillin (e.g. amoxicillin, di/flucloxacillin, phenoxymethylpenicillin, benzylpenicillin) <p>Consultation with a Medical Officer required for Clients with the following circumstances:</p> <ul style="list-style-type: none"> • Renal failure • Currently taking anticoagulants including warfarin
Dose and Route*	<p>500mg ceftriaxone in 2mL lidocaine (lignocaine) 1% via Intramuscular injection (IM). Ventrogluteal site is preferred</p> <p>Gonococcal conjunctivitis: 1g ceftriaxone in 2mL lidocaine (lignocaine) 1% via Intramuscular injection (IM). Ventrogluteal site is preferred</p>
Dose Frequency*	Single dose
Monitoring requirements*	Nil

Health Professional Accreditation Requirements	<p>Registered Nurses and Midwives must:</p> <ul style="list-style-type: none"> • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:</p> <ul style="list-style-type: none"> • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none"> • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment 		
Documentation <i>(including necessary information to the patient)</i>	Patients who receive Ceftriaxone with Lidocaine (Lignocaine) For Sexually Transmitted Infections SSTP must have this documented in the clinical notes and electronic health record		
Related Documents	Gonorrhoea Management Guideline Vaginal Discharge Management Guideline Penile Urethritis Management Guideline Lower Abdominal Pain (Female) Management Guideline Scrotal Pain and Swelling Management Guideline STI Guidelines Australia Australian STI Guidelines website Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012 Northern Territory Medicines Management Framework Australian Medicines Handbook Electronic Therapeutic Guidelines online Australian Injectable Drugs Handbook 9th edition MIMS online		
Chief Health Officer	Signature	Name	Date
	EDOC2025/274817	Adj Prof Paul Burgess	16/10/2025
Period of effect	This SSTP is in force until 16/10/2027 unless revoked earlier		

References:

* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.

Scheduled Substance Treatment Protocol (SSTP)**Ciprofloxacin for Sexually Transmitted Infections SSTP**

Areas Applicable	NT Health Sexual Health and Blood Borne Virus Unit, CDC
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Ciprofloxacin tablets
Indication	<ul style="list-style-type: none"> • Gonorrhoea cases and their sexual partners • Epididymo-orchitis
Contraindications and/or Exclusions (including relevant drug interactions)*	<ul style="list-style-type: none"> • Known hypersensitivity to quinolones (e.g. ciprofloxacin, moxifloxacin, norfloxacin, ofloxacin) • Myasthenia gravis <p>Consultation with a Medical Officer required for Clients with the following circumstances:</p> <ul style="list-style-type: none"> • Pregnancy • Lactation • History/risk of tendon damage – organ transplant, age over 60, rheumatoid arthritis, hyperparathyroidism, diabetes, musculoskeletal disorders or being an athlete in training • History of epilepsy or seizures • History of peripheral neuropathy • G6PD deficiency • Renal impairment • currently taking bupropion or systemic corticosteroids
Dose and Route*	<p>All indications: 500mg orally</p> <p>If you are taking an antacid (e.g., Gastrogel®, Mylanta®), take it at least one hour before or two hours after this medicine dose. This will avoid any possible effect of the antacid on the absorption of ciprofloxacin.</p>
Dose Frequency*	Single dose
Monitoring requirements*	Nil

Health Professional Accreditation Requirements	<p>Registered Nurses and Midwives must:</p> <ul style="list-style-type: none"> • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:</p> <ul style="list-style-type: none"> • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none"> • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment 		
Documentation <i>(including necessary information to the patient)</i>	Patients who receive Ciprofloxacin for Sexually Transmitted Infections SSTP must have this documented in the clinical notes and electronic health record		
Related Documents	Gonorrhoea Management Guideline Vaginal Discharge Management Guideline Penile Urethritis Management Guideline Scrotal Pain and Swelling Management Guideline Gonorrhoea STI Guidelines Australia Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012 Northern Territory Medicines Management Framework Australian Medicines Handbook Electronic Therapeutic Guidelines online MIMS online		
Chief Health Officer	Signature	Name	Date
	EDOC2025/274817	Adj Prof Paul Burgess	16/10/2025

Period of effect	This SSTP is in force until 16/10/2027 unless revoked earlier
<p>References:</p> <p>* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</p>	

Scheduled Substance Treatment Protocol (SSTP)	
Doxycycline for Sexually Transmitted Infections SSTP	
Areas Applicable	NT Health Sexual Health and Blood Borne Virus Unit, CDC
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Doxycycline tablets
Indication	<ul style="list-style-type: none"> • Chlamydia cases and their sexual partners • <i>Mycoplasma genitalium</i> cases and their sexual partners • Vaginal discharge and cervicitis • Penile urethritis • Persistent penile urethritis • Pelvic inflammatory disease • Epididymo-orchitis
Contraindications, and/or Exclusions (including relevant drug interactions)*	<ul style="list-style-type: none"> • Known hypersensitivity to tetracyclines (e.g. doxycycline, minocycline, tetracycline) • Currently taking oral retinoids (e.g. isotretinoin, etretinate, vitamin A) • Pregnancy • Lactation • Children under 8 years <p>Consultation with a Medical Officer required for Clients with the following circumstances:</p> <ul style="list-style-type: none"> • Systemic lupus erythematosus • Currently taking warfarin
Dose and Route*	<p>All doses are to be given by the ORAL route.</p> <p>To reduce the possibility of gastric irritation, it is recommended that doxycycline is given with food or milk and remain upright (do not lie down) for an hour after administration.</p> <p>Avoid sun exposure, wear protective clothing and use sunscreen while taking this medicine.</p> <p>If you are taking an antacid (e.g., Gastrogel®, Mylanta®), take it at least one hour before or two hours after this medicine dose. This will avoid any possible effect of the antacid on the absorption of doxycycline.</p>

Dose Frequency*	Indication	Dose	Frequency
	Chlamydia cases and sexual partners	100mg tablet x 1	TWICE DAILY for 7 days
	<i>Mycoplasma genitalium</i>	100mg tablet x1	TWICE DAILY for 7 days
	Vaginal discharge and cervicitis	100mg tablet x 1	TWICE DAILY for 7 days
	Penile urethritis	100mg tablet x 1	TWICE DAILY for 7 days
	Pelvic inflammatory disease	100mg tablet x 1	TWICE DAILY for 14 days
	Epididymo-orchitis	100mg tablet x 1	TWICE DAILY for 14 days
	Proctitis and / or LGV (Lymphogranuloma venerium)	100mg tablet x 1	TWICE DAILY for 7-21 days (medical officer to confirm duration of treatment)
Monitoring requirements*	Nil		
Health Professional Accreditation Requirements	<p>Registered Nurses and Midwives must:</p> <ul style="list-style-type: none"> • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:</p> <ul style="list-style-type: none"> • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none"> • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment 		
Documentation <i>(including necessary information to the patient)</i>	Patients who receive Doxycycline for Sexually Transmitted Infections SSTP must have this documented in the clinical notes and electronic health record		

Related Documents	Chlamydia Management Guideline Gonorrhoea Management Guideline <i>Mycoplasma genitalium</i> Management Guideline Vaginal Discharge Management Guideline Penile Urethritis Management Guideline Lower Abdominal Pain Management Guideline Scrotal Pain and Swelling Management Guideline STI Guidelines Australia Australian STI Guidelines website Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012 Northern Territory Medicines Management Framework Australian Medicines Handbook Electronic Therapeutic Guidelines online MIMS online		
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<p>References:</p> <p>* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</p>

Scheduled Substance Treatment Protocol (SSTP)

Metronidazole for Sexually Transmitted Infections SSTP

Areas Applicable	NT Health Sexual Health and Blood Borne Virus Unit, CDC
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Metronidazole tablets
Indication	<ul style="list-style-type: none"> • Bacterial vaginosis • Trichomonas vaginalis infection • Vaginal discharge • Pelvic inflammatory disease

Contraindications and/or Exclusions (including relevant drug interactions)*	<ul style="list-style-type: none"> • Known hypersensitivity to metronidazole • Currently taking disulfiram or fluorouracil <p>Consultation with a Medical Officer required for Clients with the following circumstances:</p> <ul style="list-style-type: none"> • Acute neurological disorder • Blood dyscrasia (haematological disorders) • Renal or liver impairment • Pregnancy • Lactation • If taking warfarin 																	
Dose and Route*	<p>All doses are to be given by the ORAL route</p> <p>Advise patient to take with food to reduce stomach upset, this need not delay administration of single dose treatment in the clinic.</p> <p>Avoid alcohol during treatment and for 24 hours after finishing the course to prevent a disulfiram-like reaction (nausea, vomiting, flushing, headache and palpitations).</p>																	
Dose Frequency*	<table border="1"> <thead> <tr> <th data-bbox="408 981 767 1037">Indication</th> <th data-bbox="767 981 1118 1037">Dose</th> <th data-bbox="1118 981 1476 1037">Frequency</th> </tr> </thead> <tbody> <tr> <td data-bbox="408 1037 767 1189">Bacterial vaginosis</td> <td data-bbox="767 1037 1118 1189">400mg tablet x 1 OR 400mg tablets x5</td> <td data-bbox="1118 1037 1476 1189">TWICE DAILY for 7 days as a SINGLE DOSE</td> </tr> <tr> <td data-bbox="408 1189 767 1341"><i>Trichomonas vaginalis</i> infection</td> <td data-bbox="767 1189 1118 1341">400mg tablet x 1 OR 400mg tablets x5</td> <td data-bbox="1118 1189 1476 1341">TWICE DAILY for 7 days as a SINGLE DOSE</td> </tr> <tr> <td data-bbox="408 1341 767 1494">Vaginal discharge</td> <td data-bbox="767 1341 1118 1494">400mg tablet x 1 OR 400mg tablets x5</td> <td data-bbox="1118 1341 1476 1494">TWICE DAILY for 7 days as a SINGLE DOSE</td> </tr> <tr> <td data-bbox="408 1494 767 1581">Pelvic inflammatory disease</td> <td data-bbox="767 1494 1118 1581">400mg tablet x 1</td> <td data-bbox="1118 1494 1476 1581">TWICE DAILY for 14 days</td> </tr> </tbody> </table>			Indication	Dose	Frequency	Bacterial vaginosis	400mg tablet x 1 OR 400mg tablets x5	TWICE DAILY for 7 days as a SINGLE DOSE	<i>Trichomonas vaginalis</i> infection	400mg tablet x 1 OR 400mg tablets x5	TWICE DAILY for 7 days as a SINGLE DOSE	Vaginal discharge	400mg tablet x 1 OR 400mg tablets x5	TWICE DAILY for 7 days as a SINGLE DOSE	Pelvic inflammatory disease	400mg tablet x 1	TWICE DAILY for 14 days
Indication	Dose	Frequency																
Bacterial vaginosis	400mg tablet x 1 OR 400mg tablets x5	TWICE DAILY for 7 days as a SINGLE DOSE																
<i>Trichomonas vaginalis</i> infection	400mg tablet x 1 OR 400mg tablets x5	TWICE DAILY for 7 days as a SINGLE DOSE																
Vaginal discharge	400mg tablet x 1 OR 400mg tablets x5	TWICE DAILY for 7 days as a SINGLE DOSE																
Pelvic inflammatory disease	400mg tablet x 1	TWICE DAILY for 14 days																
Monitoring requirements*	<p>Nil</p>																	

Health Professional Accreditation Requirements	<p>Registered Nurses and Midwives must:</p> <ul style="list-style-type: none"> • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:</p> <ul style="list-style-type: none"> • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none"> • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment 		
Documentation <i>(including necessary information to the patient)</i>	Patients who receive Metronidazole for Sexually Transmitted Infections SSTP must have this documented in the clinical notes and electronic health record		
Related Documents	Bacterial Vaginosis Management Guideline Trichomoniasis Management Guideline Vaginal Discharge Management Guideline Lower Abdominal Pain Management Guideline STI Guidelines Australia Australian STI Guidelines website Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012 Northern Territory Medicines Management Framework Australian Medicines Handbook Electronic Therapeutic Guidelines online MIMS online		
Chief Health Officer	Signature	Name	Date
	EDOC2025/274817	Adj Prof Paul Burgess	16/10/2025

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Scheduled Substance Treatment Protocol (SSTP)	
Valaciclovir for Sexually Transmitted Infections SSTP	
Areas Applicable	NT Health Sexual Health and Blood Borne Virus Unit, CDC
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Valaciclovir Tablets
Indication	<ul style="list-style-type: none"> • Genital ulcers • Genital herpes simplex infection
Contraindications and/or Exclusions (including relevant drug interactions)*	<ul style="list-style-type: none"> • Known hypersensitivity to valaciclovir or acyclovir Consultation with a Medical Officer required for Clients with the following circumstances: <ul style="list-style-type: none"> • Renal or liver impairment • Pregnancy • Lactation
Dose and Route*	500mg orally
Dose Frequency*	TWICE daily for 5 – 10 days Drink plenty of fluids (at least 1.5 L daily)
Monitoring requirements*	Nil

Health Professional Accreditation Requirements	<p>Registered Nurses and Midwives must:</p> <ul style="list-style-type: none"> • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:</p> <ul style="list-style-type: none"> • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none"> • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment 		
Documentation <i>(including necessary information to the patient)</i>	Patients who receive Valaciclovir for Sexually Transmitted Infections SSTP must have this documented in the clinical notes and electronic health record		
Related Documents	Genital Ulcer Management Guideline Genital Herpes Management Guideline Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012 Northern Territory Medicines Management Framework Australian Medicines Handbook Electronic Therapeutic Guidelines online MIMS online Genital herpes simplex virus (HSV) STI Guidelines Australia		
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Scheduled Substance Treatment Protocol (SSTP)

Benzathine Benzylpenicillin for Syphilis SSTP			
Areas Applicable	NT Health Sexual Health and Blood Borne Virus Unit, CDC		
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health		
Scheduled Substance(s)	Benzathine benzylpenicillin injection		
Indication	<ul style="list-style-type: none"> • Early syphilis • Late or unknown duration syphilis • Genital ulcer 		
Contraindications and/or Exclusions (including relevant drug interactions)*	<ul style="list-style-type: none"> • Known hypersensitivity to penicillins (e.g. amoxicillin, di/flucloxacillin, phenoxymethylpenicillin, benzathine benzylpenicillin), cephalosporins (e.g. ceftriaxone, cefaclor, cefalexin) <p>Consultation with a Medical Officer required for Clients with the following circumstances:</p> <ul style="list-style-type: none"> • Treatment for early syphilis during second and third trimester of pregnancy • Those who are taking methotrexate 		
Dose and Route*	2.4 million units via deep Intramuscular injection (IM) into gluteal muscle. Ventrogluteal site is preferred. Give doses greater than 1.2 million units as two injections at separate gluteal sites.		
Dose Frequency*	Indication	Dose	Frequency
	Early syphilis	2.4 million units	Single dose
	Late or unknown duration syphilis	2.4 million units	ONCE a WEEK for 3 doses
	Genital ulcer	2.4 million units	Single dose
Monitoring requirements*	Nil		

Health Professional Accreditation Requirements	<p>Registered Nurses and Midwives must:</p> <ul style="list-style-type: none"> • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:</p> <ul style="list-style-type: none"> • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none"> • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment 		
Documentation <i>(including necessary information to the patient)</i>	Patients who receive Benzathine Benzylpenicillin for Syphilis SSTP must have this documented in the clinical notes and electronic health record		
Related Documents	Syphilis Management Guideline Genital Ulcer Management Guideline Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012 Northern Territory Medicines Management Framework Australian Medicines Handbook Electronic Therapeutic Guidelines online MIMS online Syphilis STI Guidelines Australia		
Chief Health Officer	Signature	Name	Date
	EDOC2025/274817	Adj Prof Paul Burgess	16/10/2025

Period of effect	This SSTP is in force until 16/10/2027 unless revoked earlier
<p>References:</p> <p>* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</p>	

Scheduled Substance Treatment Protocol (SSTP)

Trimethoprim for Urinary Tract Infections SSTP							
Areas Applicable	NT Health Sexual Health and Blood Borne Virus Unit, CDC						
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health						
Scheduled Substance(s)	Trimethoprim tablets						
Indication	<ul style="list-style-type: none"> Urinary tract infection 						
Contraindications and/or Exclusions (including relevant drug interactions)*	<ul style="list-style-type: none"> Known hypersensitivity to trimethoprim Megaloblastic anaemia Folate deficiency <p>Consultation with a Medical Officer required for Clients with the following circumstances:</p> <ul style="list-style-type: none"> Aged over 65 years Pregnancy Lactation Renal impairment Blood dyscrasia (haematological disorders) People currently taking angiotensin converting enzyme (ACE) inhibitors, methotrexate and phenytoin 						
Dose and Route*	300mg tablet orally Best taken at night to maximise urinary concentration						
Dose Frequency*	<table border="1"> <thead> <tr> <th>Indication</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Female urinary tract infection</td> <td>ONCE daily for 3 days</td> </tr> <tr> <td>Male urinary tract infection</td> <td>ONCE daily for 7 days</td> </tr> </tbody> </table>	Indication	Frequency	Female urinary tract infection	ONCE daily for 3 days	Male urinary tract infection	ONCE daily for 7 days
Indication	Frequency						
Female urinary tract infection	ONCE daily for 3 days						
Male urinary tract infection	ONCE daily for 7 days						
Monitoring requirements*	Nil						

Health Professional Accreditation Requirements	<p>Registered Nurses and Midwives must:</p> <ul style="list-style-type: none"> • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:</p> <ul style="list-style-type: none"> • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none"> • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment 		
Documentation <i>(including necessary information to the patient)</i>	Patients who receive Trimethoprim for Urinary Tract Infections SSTP must have this documented in the clinical notes and electronic health record		
Related Documents	<p>Urinary Tract Infection Management Guideline</p> <p>Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012</p> <p>Northern Territory Medicines Management Framework</p> <p>Australian Medicines Handbook</p> <p>Electronic Therapeutic Guidelines online</p> <p>MIMS online</p>		
Chief Health Officer	Signature	Name	Date
	EDOC2025/274817	Adj Prof Paul Burgess	16/10/2025

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<p>References:</p> <p>* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</p>	

Scheduled Substance Treatment Protocol (SSTP)

Cefalexin for Urinary Tract Infection SSTP		
Areas Applicable	NT Health Sexual Health and Blood Borne Virus Unit, CDC	
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health	
Scheduled Substance(s)	Cefalexin capsules	
Indication	<ul style="list-style-type: none"> Urinary tract infection 	
Contraindications, and/or Exclusions (including relevant drug interactions)*	<ul style="list-style-type: none"> Known hypersensitivity to cephalosporins (e.g. ceftriaxone, cefaclor, cefalexin) Past anaphylactic reaction to penicillins (e.g. amoxicillin, di/flucloxacillin, phenoxymethylpenicillin, benzathine benzylpenicillin) <p>Consultation with a Medical Officer required for Clients with the following circumstances:</p> <ul style="list-style-type: none"> Renal impairment 	
Dose and Route*	500mg capsule orally	
Dose Frequency *	Indication	Frequency
	Female confirmed urinary tract infection	TWICE daily for 5 days
	Male confirmed urinary tract infection	TWICE daily for 7 days
Monitoring requirements*	Nil	

Health Professional Accreditation Requirements	<p>Registered Nurses and Midwives must:</p> <ul style="list-style-type: none"> • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients <p>Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:</p> <ul style="list-style-type: none"> • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients <p>All health professionals following this protocol must:</p> <ul style="list-style-type: none"> • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment 		
Documentation <i>(including necessary information to the patient)</i>	Patients who receive Cefalexin for Urinary Tract Infections SSTP must have this documented in the clinical notes and electronic health record		
Related Documents	Urinary Tract Infection Management Protocol Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012 Northern Territory Medicines Management Framework Australian Medicines Handbook Electronic Therapeutic Guidelines online MIMS online		
Chief Health Officer	Signature	Name	Date
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