

Application for a permit to treat an opioid dependent person with methadone or buprenorphine

Drugs, Poisons and Controlled Substances Act 1981

(Please print legibly in block letters and provide all information. Explanatory notes overleaf)



APPLICANT DETAILS		SURNAME (FAMILY NAME)	FIRST NAME
PRACTICE ADDRESS			
SUBURB/TOWN		POSTCODE	
QUALIFICATIONS	TELEPHONE	FAX	
EMAIL ADDRESS			

I certify that this patient shows evidence of dependence on an opioid drug and that, in my opinion, methadone or buprenorphine is required in support of treatment.

Signature:..... **Date:**.....

PATIENT DETAILS		SURNAME (FAMILY NAME)	FIRST NAME
ADDRESS			
SUBURB/TOWN		POSTCODE	ABORIGINAL <input type="radio"/> TORRES STRAIT ISLANDER <input type="radio"/> ABORIGINAL AND TORRES STRAIT ISLANDER <input type="radio"/> NO <input type="radio"/> NOT STATED <input type="radio"/>
DATE OF BIRTH (DAY/MONTH/YEAR)	SEX	MALE <input type="radio"/>	ALIASES (IF ANY)
		FEMALE <input type="radio"/>	
DRUGS USED		MOTHER'S FULL MAIDEN NAME	

TREATMENT DETAILS OF PATIENT			
PERIOD FOR WHICH PERMIT IS SOUGHT (IF SHORT-TERM)	_____ DAYS <input type="radio"/>	_____ WEEKS <input type="radio"/>	_____ MONTHS <input type="radio"/>
ONGOING <input type="radio"/> (INDICATE CHOICE)			
HAS THE PATIENT BEEN TREATED PREVIOUSLY WITH METHADONE OR BUPRENORPHINE FOR OPIOID DEPENDENCY?	YES <input type="radio"/>	NO <input type="radio"/>	IF YES, WAS IT IN: VICTORIA <input type="radio"/> INTERSTATE <input type="radio"/>
IS THE PATIENT TRANSFERRING FROM ANOTHER PRESCRIBER?	YES <input type="radio"/>	NO <input type="radio"/>	HAS THE PREVIOUS PRESCRIBER BEEN ADVISED OF THE TRANSFER? YES <input type="radio"/> NO <input type="radio"/> WHAT WAS THE LAST DRUG PRESCRIBED? METHADONE <input type="radio"/> BUPRENORPHINE <input type="radio"/>
NAME OF PREVIOUS PRESCRIBER		SUBURB (OR STATE IF INTERSTATE TRANSFER)	
TELEPHONE	WHEN WAS THE LAST DOSE ADMINISTERED? (SHOULD BE CONFIRMED WITH DOSING POINT) DAY MONTH YEAR		PLEASE NOTE: THE APPLICATION MAY NOT BE PROCESSED IF THE PREVIOUS PRESCRIBER HAS NOT BEEN ADVISED OF THE TRANSFER OR IF THE DATE OF THE LAST DOSE ADMINISTERED HAS NOT BEEN INCLUDED.

DOSING POINT DETAILS		
DOSES TO BE OBTAINED FROM – (NAME OF PHARMACY OR OTHER DOSING POINT)		
ADDRESS	SUBURB/TOWN	POSTCODE
TELEPHONE	FAX	

<p>Approved pharmacotherapy prescribers who have undertaken training in administration of Long Acting Injectable Buprenorphine (LAIB) may be issued a permit to treat with methadone and buprenorphine (sublingual and long acting injection).</p> <p>Practitioners who have not undertaken the Pharmacotherapy GP Training Program may be issued a permit to treat with buprenorphine (combined with naloxone) for up to 10 patients.</p>	NOMINATE STARTING DRUG (SELECT ONE ONLY)		
		STARTING DOSE	START DATE
		mg	DAY MONTH YEAR
	<input type="radio"/> METHADONE	_____	_____
	<input type="radio"/> BUPRENORPHINE	_____	_____
<input type="radio"/> BUPRENORPHINE (+ NALOXONE)	_____	_____	
<input type="radio"/> BUPRENORPHINE (LONG ACTING INJECTION)	_____	_____	

EXPLANATORY NOTES

Victorian legislation makes it a requirement for medical practitioners and nurse practitioners to hold a permit to prescribe Schedule 8 poisons under certain circumstances. The following table summarises the requirements of the legislation as it relates to the treatment of drug dependent persons. The Department of Health has also developed a policy for the issue of Schedule 8 permits. A copy of this policy is available from the Medicines and Poisons Regulation website at: www.health.vic.gov.au/dpcs.

SUMMARY OF LEGISLATED REQUIREMENTS

(i) Permit required BEFORE treating a drug dependent person

Other than where a general exception applies, a medical practitioner or nurse practitioner must obtain a permit BEFORE treating a drug-dependent person with a Schedule 8 poison.

(ii) General exceptions

Medical or nurse practitioners are not required to hold a permit where the patient:

- is a prisoner being treated in a prison or police gaol;
- is receiving inpatient treatment in a hospital;
- is receiving treatment in a hospital emergency department or a day procedure centre
 - **Note:** Each of the preceding exceptions **includes** a period not exceeding 7 days following the release or discharge of the person from the corresponding establishments.
- is a resident being treated in a residential aged care service.

A practitioner working in a multiple practitioner clinic may prescribe without holding a permit if:

- the treatment is provided at the multiple practitioner clinic, and
- another practitioner at that clinic already holds a permit to treat the patient with the same drug, and
- the treatment is in accordance with that permit.

(iii) Avoid delays in processing

Applications cannot be processed until all the information required by legislation is provided. Please ensure that ALL details are completed and the form is signed and dated.

PRIVACY COLLECTION NOTICE

By completing this form, you acknowledge that you are providing the personal and health information as required under the *Drugs, Poisons and Controlled Substances Act 1981* (**the Act**) to the Department of Health, Victoria (**the Department**) for the purpose of applying to, or notifying, the Department in relation to a Schedule 8 treatment permit.

The information is handled by the Department in accordance with the requirements of the Act, *Drugs, Poisons and Controlled Substances Regulations 2017* (Vic), *Privacy and Data Protection Act 2014* (Vic), *Health Records Act 2001* (Vic) and the Department's [privacy policy](#).

The information collected by the Department:

- will be used and disclosed for the purposes of assessing the permit application or meeting notification requirements;
- will be used and disclosed for monitoring and compliance purposes;
- may be disclosed to other relevant health practitioners when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs; and
- may be disclosed for any other purposes permitted by law including but not limited to reporting or investigation of suspected unlawful activity to:
 - regulatory and law enforcement agencies in the Commonwealth, States and Territories; and
 - Ahpra.

By submitting this form, health practitioners confirm that the patient:

- is aware of the contents of this collection notice; and
- has consented to the form being submitted.

If you do not provide all the required information, the application may not be processed.

For further information about Victorian Drugs and Poisons legislation, please visit the Medicines and Poisons Regulation website at www.health.vic.gov.au/dpcs.

For further information on privacy and how to access and seek correction of personal information about you held by the Department, visit www.health.vic.gov.au/privacy.

IMPORTANT NOTICE ABOUT THE COLLECTION OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN DATA

The term Aboriginal refers to people who identify as descendants of the original inhabitants of Australia, including Tasmania, and the term Torres Strait Islander refers to descendants of the original inhabitants of the Torres Strait Islands and northern Cape York Peninsula. Aboriginal people as a group have some common health issues which differ from the overall population. It is important to collect Aboriginal status when services are provided, in order to build a picture of service use by Aboriginal people, and to develop strategies and policies for future service provision.

Three levels of identification of Aboriginal people are used in data collections. In health data collections in Victoria, only self-identification as an Aboriginal person is requested. Persons identifying themselves as Aboriginal are not required to provide evidence of descent or community acceptance. Patients should be asked directly if they are Aboriginal, rather than the service provider judging on appearance. Patients should also be reassured that identification will not affect their right to appropriate services, and that their individual data will remain confidential.