

# 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, an opioid substitute is required in support of treatment.			
Signature: .....		Date: .....	

PATIENT DETAILS		SURNAME (FAMILY NAME)	FIRST NAME
ADDRESS			
SUBURB/TOWN			POSTCODE
DATE OF BIRTH (DAY/MONTH/YEAR)	SEX	MALE <input type="radio"/>	HEIGHT (cm)
		FEMALE <input type="radio"/>	
		DPRG NUMBER (IF KNOWN)	
ALIASES (IF ANY)	MOTHER'S FULL MAIDEN NAME		
DRUGS USED			

TREATMENT DETAILS OF PATIENT			
PERIOD FOR WHICH PERMIT IS SOUGHT (IF SHORT-TERM) <input type="checkbox"/> DAYS <input type="checkbox"/> WEEKS <input type="checkbox"/> MONTHS <input type="checkbox"/> ONGOING    (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"/>	HAS THE PREVIOUS PRESCRIBER BEEN ADVISED OF THE TRANSFER?	YES <input type="radio"/>
NO <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)		<b>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.</b>
	DAY	MONTH	
	YEAR		

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

I request a permit to treat the patient with the following drug(s): (Application may be made for either or both drugs)  METHADONE <input type="radio"/> BUPRENORPHINE <input type="radio"/> BOTH METHADONE AND BUPRENORPHINE <input type="radio"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: black; color: white; font-weight: bold; text-align: center;">NOMINATE STARTING DRUG</td> </tr> <tr> <td style="text-align: center;">METHADONE <input type="radio"/></td> <td style="text-align: center;">BUPRENORPHINE <input type="radio"/></td> </tr> <tr> <td style="background-color: black; color: white; font-weight: bold; text-align: center;">STARTING DOSE</td> <td style="background-color: black; color: white; font-weight: bold; text-align: center;">ANTICIPATED DATE OF FIRST DOSE</td> </tr> <tr> <td style="text-align: center;">_____ mg</td> <td style="text-align: center;">DAY    MONTH    YEAR</td> </tr> </table>	NOMINATE STARTING DRUG		METHADONE <input type="radio"/>	BUPRENORPHINE <input type="radio"/>	STARTING DOSE	ANTICIPATED DATE OF FIRST DOSE	_____ mg	DAY    MONTH    YEAR
NOMINATE STARTING DRUG									
METHADONE <input type="radio"/>	BUPRENORPHINE <input type="radio"/>								
STARTING DOSE	ANTICIPATED DATE OF FIRST DOSE								
_____ mg	DAY    MONTH    YEAR								

**DRUGS AND POISONS REGULATION GROUP**  
 PHONE: 1300 364 545    FAX: 1300 360 830



## 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 (DH) has also developed a policy that governs the issue of Schedule 8 permits. Generally, the department will only issue permits for opioid replacement therapy to suitably trained practitioners, or to practitioners deputising for or under the supervision of a suitably trained practitioner. A copy of this policy is available on request from the Drugs and Poisons Regulation Group, or at [www.health.vic.gov.au/dpu](http://www.health.vic.gov.au/dpu).

## SUMMARY OF LEGISLATED REQUIREMENTS

### (i) Permit required BEFORE treating a drug dependent person

The Act requires a medical or nurse practitioner to hold a permit BEFORE prescribing any Schedule 8 poison to a drug dependent person, except in certain exempt circumstances.

### (ii) General exemptions

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

- is an in-patient in a hospital;
- is in an aged care service;
- is a prisoner being treated in prison or for a period not exceeding 7 days after release from prison;

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.

**Important note:** These general exemptions also apply to the treatment of drug dependent persons, but the practitioner is still required to make a notification of drug dependence if he or she intends to treat with a drug of dependence.

### (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.

## IMPORTANT NOTICE ABOUT PRIVACY

It is a requirement of the *Drugs, Poisons and Controlled Substances Act 1981* (the Act) that the information set out in this form is provided to the Department of Health to meet statutory notification requirements, and for the issuing of permits as required under the Act. The collection, use and disclosure of the information provided will be in accordance with the law, including the provisions of the *Health Records Act 2001*. The information collected may be disclosed to health practitioners practising in the following health professions: medical, nursing and midwifery and pharmacy, when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs. For example, it may be necessary to disclose this information when another health practitioner applies for a permit or is considering prescribing a drug of dependence. The application may not be processed if all information requested on the form is not completed.

Further information about privacy or about Victorian Drugs and Poisons legislation may be obtained by calling the Drugs and Poisons Regulation Group on 1300 364 545 or visiting the DPRG website at [www.health.vic.gov.au/dpu](http://www.health.vic.gov.au/dpu).