

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:
.....
Fax Number:	Fax Number:

Suboxone

Initial application — Detoxification

Applications from any medical practitioner. Approvals valid for 1 month.

Prerequisites(tick boxes where appropriate)

- Patient is opioid dependent
- and Patient is currently engaged with an opioid treatment service approved by the Ministry of Health
- and Applicant works in an opioid treatment service approved by the Ministry of Health.

Initial application — Maintenance treatment

Applications from any medical practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- Patient is opioid dependent
- and Patient will not be receiving methadone
- and Patient is currently enrolled in an opioid substitution treatment program in a service approved by the Ministry of Health
- and Applicant works in an opioid treatment service approved by the Ministry of Health

Renewal — Detoxification

Current approval Number (if known):.....

Applications from any medical practitioner. Approvals valid for 1 month.

Prerequisites(tick boxes where appropriate)

- Patient is opioid dependent
- and Patient has previously trialled but failed detoxification with buprenorphine with naloxone with relapse back to opioid use and another attempt is planned
- and Patient is currently engaged with an opioid treatment service approved by the Ministry of Health
- and Applicant works in an opioid treatment service approved by the Ministry of Health

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Suboxone - *continued*

Renewal — Maintenance treatment

Current approval Number (if known):.....

Applications from any medical practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- Patient is or has been receiving maintenance therapy with buprenorphine with naloxone (and is not receiving methadone)
- and**
- Patient is currently enrolled in an opioid substitution program in a service approved by the Ministry of Health
- and**
- Applicant works in an opioid treatment service approved by the Ministry of Health or is a medical practitioner authorised by the service to manage treatment in this patient

Renewal — Maintenance treatment where the patient has previously had an initial application for detoxification

Current approval Number (if known):.....

Applications from any medical practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- Patient received but failed detoxification with buprenorphine with naloxone
- and**
- Maintenance therapy with buprenorphine with naloxone is planned (and patient will not be receiving methadone)
- and**
- Patient is currently enrolled in an opioid substitution program in a service approved by the Ministry of Health
- and**
- Applicant works in an opioid treatment service approved by the Ministry of Health

I confirm the above details are correct and that in signing this form I understand I may be audited.

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