

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:

Buprenorphine with naloxone

Initial application — Detoxification
Applications from any medical practitioner. Approvals valid for 6 weeks.
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 6 weeks.
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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Buprenorphine with naloxone - continued

Renewal — Maintenance treatment

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

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

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient is or has been receiving maintenance therapy with buprenorphine with naloxone (and is not receiving methadone)
and	
<input type="checkbox"/>	Patient is currently enrolled in an opioid substitution program in a service approved by the Ministry of Health
and	
<input type="checkbox"/>	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)

<input type="checkbox"/>	Patient received but failed detoxification with buprenorphine with naloxone
and	
<input type="checkbox"/>	Maintenance therapy with buprenorphine with naloxone is planned (and patient will not be receiving methadone)
and	
<input type="checkbox"/>	Patient is currently enrolled in an opioid substitution program in a service approved by the Ministry of Health
and	
<input type="checkbox"/>	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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