Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2592
June 2026

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

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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Name: ....

Address: ....

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Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

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REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

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)

☐ 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.

Signed: .... Date: ....