

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

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

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

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:

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