Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2592
December 2026

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

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.....	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.

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