Government of **Western Australia**
Department of **Health**
Public Health

Application to prescribe
high dose opioid substitution treatment
Community Program for Opioid Pharmacotherapy (CPOP)

Do not prescribe at the higher dose unless authorised.

1. Application type

☐ methadone >120 mg per day ☐ buprenorphine >24 mg per day

2. Patient details

First Name: Surname: DOB:

Address: Suburb: Postcode:

Gender: ☐ Male ☐ Female ☐ Unspecified

3. Treatment details

Current HDWA authorisation number: Current drug**:** ☐ Methadone ☐ Suboxone ☐ Subutex

Dose requested (mg/day) : Number of takeaways: ☐ ECG attached

Reason for request (please include supporting documentation):

4. Prescriber details

First name: Surname:

Practice name:

Address: Suburb: Postcode:

Telephone Fax: Practice email:

5. Pharmacy details

Primary Pharmacy:

Telephone: Fax:

Secondary Pharamacy (if applicable):

Telephone: Fax:

6. Prescriber declaration

This application is made in accordance with the Monitored Medicines *Prescribing Code* and the *Western Australian Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence*. The information provided in this application is true and correct to the best of my knowledge.

Signature: Date:

Send completed form to: Community Pharmacotherapy Program (CPP) Email: CPPAdmin@health.wa.gov.au
Enquiries: Tel: 9219 1913