Government of **Western Australia**
Department of **Health**
Public and Aboriginal Health Division

Pharmacy monthly report Community Program for Opioid Pharmacotherapy (CPOP)

1. Pharmacy details

Pharmacy name: PBS Approval Number:

2. Report of oral and sublingual CPOP dosing

Month: Year:

Drug name[1]	Patient forename(s)	Patient surname	Patient DOB	New patient	Patient ceased dosing	Last dose for month (mg)	Number of take-aways	Number of missed doses
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[1] Drug: Methadone oral liquid (M), Suboxone® film (X), Subutex® tablet (B)

3. Number of patients who received a pharmacist-administered depot buprenorphine product in the month:

Buvidal®:

Sublocade®:

4. Declaration by pharmacist

Report certified as complete and correct.

Pharmacist name:

Signature: AHPRA Number: Date:

NOTE: This report is to reach the Department of Health **no later** than seven (7) days after the end of the month during which the transactions occurred. Please keep a copy for your records.

Email completed form to mprb@health.wa.gov.au or Fax to 9222 2463
Enquiries: Tel: 9222 6812 Email: cpop@health.wa.gov.au