



Drugs of Dependence Unit

Ph: 1300 652 584

# AUTHORITY APPLICATION MATOD PROGRAM

[HealthDrugsofDependenceUnit@sa.gov.au](mailto:HealthDrugsofDependenceUnit@sa.gov.au)

[Medication Assisted Treatment for Opioid Dependence]

TO PRESCRIBE OR SUPPLY S8 OPIOIDS TO TREAT DRUG DEPENDENCE (Section 18A Controlled Substances Act 1984 (SA))

**Important Information for applicants:**

Practitioners who are Accredited for the purposes of the South Australian MATOD program may be granted Authority to prescribe methadone and buprenorphine. All non-accredited practitioners may be granted Authority to prescribe ONLY Suboxone® (buprenorphine + naloxone) film for up to 10 patients.

**NEW**

*Complete sections  
A, B, C, D, and G*

**RENEWAL**

*Include Section E*

**TERMINATION**

*Include section F*

**SECTION A: PRESCRIBER DETAILS**

Surname:

First Name:

Phone:

Address:

Fax / Email:

Prescriber #:

AHPRA# and Specialty:

**SECTION B: PATIENT DETAILS**

Surname:

First Name:

Date of Birth:

Address:

Gender:

Other names used:

Aboriginal:

Torres Strait Islander:

Country of Birth:

**SECTION C: TREATMENT DETAILS**

Source of dependence:

Primary drug of abuse: Heroin

Other (specify)

History of IVDU?

Location

Any hospital attendance for overdose?

Other drug use/dependency:

1

2

3

4

5

6

Amphetamines

Benzodiazepines

Cannabis

Alcohol

OTC preparations

Other illicit -Specify

Key:

1 = Daily

2 = Most days of the week

3 = 1-3 times per week

4 = At least once per month

5 = Not known

6 = Not used

Start date of treatment:

**Drug to be prescribed:**

**Accredited prescribers only:**

Suboxone film

Methadone liquid

Subutex tablets

Buprenorphine depot

Dose:

daily

alternate day

Non-supervised doses:

per week

per month

*Prescribing should be in accordance with the Drugs of Dependence Unit's 'Policy for non-supervised dosing of methadone and buprenorphine in drug treatment programs' unless otherwise approved by the Drugs of Dependence Unit.*

**SECTION D: PHARMACY DETAILS**

Dosing Pharmacy:

Phone:

Address:

Fax:

**SECTION E: RENEWAL** *Urine analysis may be used to monitor compliance with treatment by providing evidence that the patient is taking the prescribed drugs.*

Number of Urinalysis attached:

Comments:

**SECTION F: TERMINATION DETAILS**

Date of last dose:

Dose:

Reason:

Successful completion

Ceased to pick up

Transfer (specify)

Deceased

Treatment terminated

- involuntary

Date of death:

- by mutual agreement

Cause of death:

Comments:

**SECTION G: PRESCRIBER DECLARATION****I have explained the nature of treatment and the potential side effects to the patient, and he/she has consented to the treatment.****I confirm that the information I have provided in this application is true, accurate and complete to the best of my knowledge. I****understand that my application may not be processed if all the information requested on this form is not completed.**

Signature:

Date:

**Privacy Statement:**

The information set out in this form is required by the Minister responsible for the *Controlled Substances Act 1984* to consider granting an authority to prescribe a Schedule 8 drug as required under the law. Personal and health information is protected by the *Privacy Act 1988* and can only be collected, used and disclosed for authorised purposes. Information provided in this form will be included in the patient's **ScriptCheckSA** record and will be accessible to other prescribers and pharmacists treating the patient to support their clinical decision making. Information (including personal information) must not be accessed, used or disclosed for any purpose, other than as allowed by the *Controlled Substances Act 1984* and the Controlled Substances (Poisons) Regulation 2011. Penalties may apply for unauthorised access, use or disclosure of information in **ScriptCheckSA**. For further advice or clarification, please email [HealthDrugsofDependenceUnit@sa.gov.au](mailto:HealthDrugsofDependenceUnit@sa.gov.au)