

Application for a permit to treat a patient with Schedule 8 drugs

Drugs, Poisons and Controlled Substances Act 1981



(Please print **legibly** in block letters and provide all information)

SECTION 1:

APPLICANT DETAILS		SURNAME (FAMILY NAME)	FIRST NAME
PRACTICE ADDRESS			
SUBURB/TOWN		POSTCODE	
QUALIFICATIONS			
TELEPHONE		FAX	
EMAIL ADDRESS			

PATIENT DETAILS		SURNAME (FAMILY NAME)	FIRST NAME
ADDRESS			
SUBURB/TOWN		POSTCODE	
DATE OF BIRTH (DAY/MONTH/YEAR)	SEX	MALE <input type="radio"/>	DPR NUMBER (IF KNOWN)
		FEMALE <input type="radio"/>	

CLINICAL DETAILS	CLINICAL DIAGNOSIS (OR DIAGNOSES)

SECTION 2: Schedule 8 poison(s) for which permit is requested

Name of Schedule 8 drug(s)	Dose form of drug(s)	Expected maximum daily dose

Details of other treatment (if applicable):

I have/have not previously applied for a permit to administer, prescribe or supply a Schedule 8 poison to this patient.

Please note: Evidence-based practice guidelines recommend that specialist advice should be sought for patients requiring opioid doses exceeding oral morphine 100mg daily, oxycodone 65mg daily or equivalent, for the treatment of chronic non-cancer pain, or when prescribing opioids to a patient with a history of drug dependency or aberrant drug-related behaviours. Opioids should only be prescribed as part of a comprehensive pain management plan. **When applying for a permit to treat a patient with an opioid, applicants may be requested by the Secretary to provide the Secretary with evidence of a pain management plan or specialist review.**

The morbidity and mortality risks associated with long term opioid therapy should be discussed with the patient; in particular the increased mortality risks correlated with the prolonged use of opioids at doses exceeding 100mg daily in morphine equivalents.

Signature: _____ **Date:** _____

MEDICINES AND POISONS REGULATION
 email: dpcs@health.vic.gov.au fax: 1300 360 830



PRIVACY COLLECTION NOTICE

By completing this form, you acknowledge that you are providing the personal and health information as required under the *Drugs, Poisons and Controlled Substances Act 1981 (the Act)* to the Department of Health, Victoria (**the Department**) for the purpose of applying to, or notifying, the Department in relation to a Schedule 8 treatment permit.

The information is handled by the Department in accordance with the requirements of the Act, *Drugs, Poisons and Controlled Substances Regulations 2017 (Vic)*, *Privacy and Data Protection Act 2014 (Vic)*, *Health Records Act 2001 (Vic)* and the Department's [privacy policy](#).

The information collected by the Department:

- will be used and disclosed for the purposes of assessing the permit application or meeting notification requirements;
- will be used and disclosed for monitoring and compliance purposes;
- may be disclosed to other relevant health practitioners when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs; and
- may be disclosed for any other purposes permitted by law including but not limited to reporting or investigation of suspected unlawful activity to:
 - regulatory and law enforcement agencies in the Commonwealth, States and Territories; and
 - Ahpra.

By submitting this form, health practitioners confirm that the patient:

- is aware of the contents of this collection notice; and
- has consented to the form being submitted.

If you do not provide all the required information, the application may not be processed.

For further information about Victorian Drugs and Poisons legislation, please visit the Medicines and Poisons Regulation website at www.health.vic.gov.au/dpcs.

For further information on privacy and how to access and seek correction of personal information about you held by the Department, visit www.health.vic.gov.au/privacy.