

# Application for permission to supply pharmacotherapies in Victoria

## methadone, buprenorphine and buprenorphine/naloxone

This application form may be completed by Victorian pharmacies that are applying for permission to supply pharmacotherapy treatment to eligible clients in Victoria. The form should be completed and posted or faxed according to the instructions below. A Department of Health and Human Services officer will make contact with you to:

- discuss the application and ensure that you have the relevant reading material prior to conducting your induction training
- review the proposed systems for dispensing and dosing pharmacotherapy and
- conduct an induction prior to assessing approval to dispense and dose pharmacotherapy.

**Please print legibly in block letters and provide all requested information**

1. Full name(s) of all proprietor(s) (either answer question 1 or question 2)	
2. Full name of registered pharmacist making this application (if applying on behalf of the proprietor(s))	
3. Has the applicant been given permission to act on behalf of the proprietor(s) in lodging this form? (only answer this question if you've answered question 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Type of legal entity (please tick)	<input type="checkbox"/> company <input type="checkbox"/> sole trader <input type="checkbox"/> partnership <input type="checkbox"/> friendly society <input type="checkbox"/> other (please specify):
6. Pharmacy trading name	
7. Pharmacy's physical address	
8. Pharmaceutical Benefits Scheme (PBS) Approval Number	
9. Victorian Pharmacy Authority (VPA) Licence Number	
10. Pharmacy telephone number	(    )
11. Pharmacy fax number	(    )
12. Pharmacy email address	
13. Pharmacy trading hours	<input type="checkbox"/> Monday to Friday: ____ am to ____ pm <input type="checkbox"/> Saturday: ____ am to ____ pm OR <input type="checkbox"/> CLOSED <input type="checkbox"/> Sunday: ____ am to ____ pm OR <input type="checkbox"/> CLOSED
14. Has the registered pharmacist completed the department's pharmacotherapy induction training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Has the registered pharmacist completed the pharmacotherapy training delivered by the Pharmaceutical Society of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Official use only	
16. Date pharmacists employed at the pharmacy granted approval completed the Pharmaceutical Society of Australia's induction training	...../...../.....

**Please turn over to complete page 2**

## Declaration by applicant and proprietor(s)

I hereby declare that I will familiarise myself, or I have already familiarised myself, with the Victorian *Policy for maintenance pharmacotherapy for opioid dependence*, the *National guidelines for medication – assisted treatment of opioid dependence (April 2014)*, and the relevant provisions of the *Drugs, Poisons and Controlled Substances Act 1981* and the Regulations made thereunder.

If permitted to supply pharmacotherapies in Victoria, I undertake to act in accordance with those policies which the Department of Health and Human Services may advise from time to time and any conditions, limitations or restrictions placed on that permission by the Department.

I acknowledge that failure to provide all the information may delay the processing of my application.

I give consent for the department to provide the above details collected, where appropriate, to other health service organisations supporting the delivery of pharmacotherapy services in Victoria, which may include the Pharmaceutical Society of Australia, Networking Health Victoria, Pharmacotherapy Area-Based Networks, DirectLine and Harm Reduction Victoria, for the purposes of improving the delivery of pharmacotherapy services in Victoria.

## Important notice about privacy

The information collected on this form is used to assess your application for permission to supply pharmacotherapy services in Victoria against the requirements in the *Policy for maintenance pharmacotherapy for opioid dependence*.

The Department of Health and Human Services collects this information so that pharmacotherapy services can be delivered in accordance with department policy and its statutory obligations.

Further information about the department's privacy policy can be viewed at the Department's website (<http://www.dhs.vic.gov.au/privacy/>.) Access to the department's records can be requested by lodging a Freedom of Information request with the Freedom of Information Unit, GPO Box 4057, Melbourne 3001.

**Name of applicant (if applying on behalf of proprietor(s)):** \_\_\_\_\_

**Title/position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of proprietor(s):** \_\_\_\_\_

**Title/position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(please note that signature(s) of proprietor(s) is mandatory regardless of who is applying)

## Please post, email or fax the completed two-page application to:

Department of Health and Human Services, Drug Policy and Services, Mental Health and Drugs branch, Mental Health, Wellbeing, Social Capital and Ageing division (Attention Maureen Chesler)  
GPO Box 4541  
MELBOURNE 3001

**Email:** [Maureen.Chesler@dhhs.vic.gov.au](mailto:Maureen.Chesler@dhhs.vic.gov.au)

**Fax:** 03 9096 9170

## For further information, please contact:

Maureen Chesler, Pharmacotherapy Development Officer

**Tel:** 03 9096 5057