

OPIOID PHARMACOTHERAPY PROGRAM
 APPLICATION FOR SITE APPROVAL

Pharmacy Name:		
<i>If change of name, previous Pharmacy Name:</i>		
Pharmacy Address:		
Pharmacy phone number:		
Pharmacy email address:		
Pharmacy Owner(s):		
Pharmacy opening hours:		
Pharmacy dosing times:		
Wholesalers:	Account number:	
(1)	(1)	
(2)	(2)	
(3)	(3)	

List all pharmacists working at premises:	AHPRA number:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

I hereby agree to the below requirements:

- All pharmacists who provide OPP from this Pharmacy are accredited to dose OPP as certified by ADS Pharmacy
- All dosing is to be completed using current Tasmanian Opioid Pharmacotherapy Program (TOPP) Policy and Clinical Practice Standards.
- The pharmacy must have a private, safe & confidential dosing area for clients.

Name of applicant pharmacist:

Signed:

Date:

Please submitted completed form to:

Alcohol & Drug Services Pharmacy
Email: adspharmacy@ths.tas.gov.au

Note:

- There may be a delay of up to 5 business days after receipt of your application by the ADS Pharmacy before you may order buprenorphine or methadone products from your supplier.
- If you sell your pharmacy and are currently dosing, please have the new owner contact the Alcohol and Drug Services Pharmacy a minimum of 10 days before takeover occurs.