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# Authority for a general practitioner to prescribe controlled drugs for the treatment of addiction (section 24(2) (d) MODA)

This form should be used by a lead clinician when authorising a general practitioner (GP) to prescribe controlled drugs for dependence under Section 24(2)(d) Misuse of Drugs Act 1975.

I, \_\_\_\_\_ [name of medical practitioner], \_\_\_\_\_ [specialist service], **authorise:**

\_\_\_\_\_  
GP name

\_\_\_\_\_  
GP practice

to prescribe controlled drugs for the treatment of addiction to:

\_\_\_\_\_  
Consumer name

\_\_\_\_\_  
NHI

\_\_\_\_\_  
Consumer address

The conditions of this authority are set out below.

<p>[Specify general or particular conditions of authority including, where relevant:</p> <ul style="list-style-type: none"><li>• the particular controlled drug</li><li>• consume of premises</li><li>• takeaway dose(s)</li></ul>	<p>[insert drug and dose]</p> <p>[insert days and pharmacy]</p> <p>[insert days]</p>
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This authority expires on \_\_\_\_\_ [date].

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**[Medical practitioner]**

[Specialist service]

cc. [ GP]

[ Dispensing pharmacy]

Consumer file

Medicines Control, Ministry of Health, PO Box 5013, Wellington  
(medicinescontrol@moh.govt.nz)

## Example

<p>Specify general or particular conditions of authority including, where relevant:</p> <ul style="list-style-type: none"><li>• the particular controlled drug</li><li>• consume of premises</li><li>• takeaway dose(s)</li></ul>	<p>Methadone 70 mg daily</p> <p>Monday/Wednesday/Friday at Radius Care Pharmacy</p> <p>Tuesday/Thursday/Saturday and Sunday</p>
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