



Department of Justice and Community Safety  
Justice Health

**Opioid Substitution Treatment Program (OSTP)  
Pharmacy Dispensing Subsidy Claim Form**

Complete claim form **AFTER** the patient has received the medication for 30 days  
Submit claim form to **Email:** [jh-fcs@justice.vic.gov.au](mailto:jh-fcs@justice.vic.gov.au) or **Fax:** 03 9947 1626

**Pharmacy Details**

**ABN:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Suburb/Postcode:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Patient & Treatment Details**

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Referring Prison:** \_\_\_\_\_ **CRN: (if known)** \_\_\_\_\_

☐ **Methadone/ Suboxone**

<b>Treatment Start Date:</b>	<b>Treatment End Date:</b>	<b>No. of Days:</b>
_____	_____	_____
dd/mm/yyyy	dd/mm/yyyy	

**Subsidy Claim** Subsidy will be capped at \$5.00 a day - Maximum amount claimable is \$150.00 (ex. GST) for 30 days.

☐ **Long-Acting Injectable Buprenorphine (LAIB)**

<b>Injection No.</b>	<b>Date Administered</b>	<b>Injection No.</b>	<b>Date Administered</b>
	dd/mm/yyyy		dd/mm/yyyy
1.	_____	3.	_____
2.	_____	4.	_____

**Subsidy Claim** Each injection will be \$20.00 – Maximum amount claimable is \$80.00 (ex. GST) for 30 days.

**Declaration**

I certify that methadone, suboxone or long-acting injectable buprenorphine has been provided to the patient listed above, between the dates shown.

**Pharmacist's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pharmacist's Name:** \_\_\_\_\_

**How to Complete Form:**

- One form must be completed per patient
- Complete claim form **AFTER** the patient has received the medication for 30 days
- Methadone/ Suboxone – There is a limit of 30 doses for 30 days
- Long-Acting Injectable Buprenorphine – There is a limit of 4 injections for 30 days

**PLEASE NOTE:**

- This form is **not a Tax Invoice**. Justice Health will generate a Recipient Created Tax Invoice (RCTI) upon receipt of this claim form.
- In the Pharmacy details section, please provide ABN as per the [www.abr.business.gov.au](http://www.abr.business.gov.au) website.
- To claim GST, the ABN must be registered for GST on the [www.abr.business.gov.au](http://www.abr.business.gov.au) website.
- If this is your first time submitting a claim or have new owners etc, please complete the Supplier Details Form – EFT Payment for your business details to be registered in the system. The Supplier Details Form can be found on: [www.corrections.vic.gov.au](http://www.corrections.vic.gov.au) by searching for: *Supplier Details Form*
- The Department will only make payments by Electronic Funds Transfer (EFT).

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or

**Fax:** 03 9947 1626

Note: Please submit claim form **only once**, either by email or fax (not both). Claim forms submitted multiple times cause duplication, resulting in longer processing times.

**For Enquiries:**

**Email:** [jh-fcs@justice.vic.gov.au](mailto:jh-fcs@justice.vic.gov.au)

or

**Phone:** 03 9947 1601