

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER Reg No:** .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

.....      Address: .....      .....

.....      .....

Fax Number: .....      Fax Number: .....

## Acitretin

### INITIAL APPLICATION

Applications from any relevant practitioner. Approvals valid for 1 year.

#### Prerequisites (tick boxes where appropriate)

- Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice
- and**
- Applicant has an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and is aware of the safety issues around acitretin and is competent to prescribe acitretin
- and**
- Patient has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that, for female patients, the possibility of pregnancy has been excluded prior to the commencement of the treatment and that (where applicable) the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment

**Note:**

Applicants need to have an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and the safety issues around acitretin and be competent to prescribe it.

### RENEWAL

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 1 year.

#### Prerequisites (tick boxes where appropriate)

- Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice
- and**
- Applicant has an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and is aware of the safety issues around acitretin and is competent to prescribe acitretin
- and**
- Patient has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that, for female patients, the possibility of pregnancy has been excluded prior to the commencement of the treatment and that (where applicable) the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment

**Note:**

Applicants need to have an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and the safety issues around acitretin and be competent to prescribe it.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....