

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:

Methylphenidate Hydrochloride (Rubifen; Rubifen SR; Ritalin; Ritalin SR)

INITIAL APPLICATION - ADHD in patients 5 or over – new patients

Applications only from a paediatrician, psychiatrist or any other medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months.

Prerequisites (tick boxes, and write the data requested in the space provided where appropriate)

ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over

and

Diagnosed according to DSM-IV or ICD 10 criteria

and

Applicant is a paediatrician or psychiatrist

or

Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient

and

Provide name of the recommending specialist:

INITIAL APPLICATION - ADHD in patients 5 or over - patient has had an approval for methylphenidate for ADHD prior to 1 April 2008

Applications only from a paediatrician, psychiatrist or any other medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months.

Prerequisites (tick boxes, and write the data requested in the space provided where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

and

Applicant is a paediatrician or psychiatrist

or

Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient

and

Provide name of the recommending specialist:

INITIAL APPLICATION - ADHD in patients under 5 – new patients

Applications only from a paediatrician or psychiatrist. Approvals valid for 12 months.

Prerequisites (tick boxes where appropriate)

ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age

and

Diagnosed according to DSM-IV or ICD 10 criteria

Use next page for: Initial application - ADHD in patients under 5 - patient has had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008, Initial application - Narcolepsy – new patients, Initial application - Narcolepsy - patient has had an approval for methylphenidate for narcolepsy prior to 1 April 2008, Renewal - ADHD in patients 5 or over, Renewal - ADHD in patients under 5 and Renewal - Narcolepsy

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

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – Fax: 0800 100 131

**APPLICATION FOR SUBSIDY
BY SPECIAL AUTHORITY**

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Methylphenidate Hydrochloride (Rubifen; Rubifen SR; Ritalin; Ritalin SR) - continued

INITIAL APPLICATION - ADHD in patients under 5 - patient has had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008

Applications only from a paediatrician or psychiatrist. Approvals valid for 12 months.

Prerequisites (tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

INITIAL APPLICATION - Narcolepsy – new patients

Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

Prerequisites (tick box where appropriate)

The patient suffers from narcolepsy

INITIAL APPLICATION - Narcolepsy - patient has had an approval for methylphenidate for narcolepsy prior to 1 April 2008

Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

Prerequisites (tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment.

Use next page for: Renewal - ADHD in patients 5 or over, Renewal - ADHD in patients under 5 and Renewal - Narcolepsy

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

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Methylphenidate Hydrochloride (Rubifen; Rubifen SR; Ritalin; Ritalin SR) - continued

RENEWAL - ADHD in patients 5 or over

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

Applications only from a paediatrician, psychiatrist or any other medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months.

Prerequisites (tick boxes, and write the data requested in the space provided where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment
and

Applicant is a paediatrician or psychiatrist
or

Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient
and
Provide name of the recommending specialist:

Note:
If the patient had an approval for methylphenidate for ADHD prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

RENEWAL - ADHD in patients under 5

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

Applications only from a paediatrician or psychiatrist. Approvals valid for 12 months.

Prerequisites (tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

Note:
If the patient had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

RENEWAL - Narcolepsy

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

Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

Prerequisites (tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

Note:
If the patient had an approval for methylphenidate for narcolepsy prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

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

Signed: Date: