

# 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: .....

## Isotretinoin

### INITIAL APPLICATION

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

#### Prerequisites (tick boxes where appropriate)

- Patient has had an adequate trial on other available treatments and has failed these treatments or these are contraindicated  
**and**  
 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 acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin  
**and**
- Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment  
**or**  
 Patient is male

Note:

Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

### RENEWAL

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

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

#### Prerequisites (tick boxes where appropriate)

- Patient has had an adequate trial on other available treatments and has failed these treatments or these are contraindicated  
**and**  
 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 acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin  
**and**
- Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment  
**or**  
 Patient is male

Note:

Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

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**