

# 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: .....

## Gabapentin

### INITIAL APPLICATION - Epilepsy - new patients

Applications from any relevant practitioner. Approvals valid for 15 months.

#### Prerequisites (tick boxes where appropriate)

Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents

or

Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents

#### Note:

"Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

### INITIAL APPLICATION - Epilepsy - patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

#### Prerequisites (tick box where appropriate)

The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life from gabapentin, topiramate, vigabatrin and/or lamotrigine

#### Note:

As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

### INITIAL APPLICATION - Neuropathic pain - new patients

Applications from any relevant practitioner. Approvals valid for 3 months.

#### Prerequisites (tick box where appropriate)

The patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant

### INITIAL APPLICATION - Neuropathic pain - patient has had an approval for gabapentin for neuropathic pain prior to 1 August 2007

Applications from any relevant practitioner. Approvals valid for 2 years.

#### Prerequisites (tick boxes where appropriate)

The patient has demonstrated a marked improvement in their control of pain (prescriber determined)

or

The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site

#### Use next page for: Renewal - Epilepsy and Renewal - Neuropathic pain

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

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.....      Address: .....      .....

.....      .....

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

**Gabapentin - continued**

**RENEWAL - Epilepsy**

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

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

**Prerequisites** (tick box where appropriate)

The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life

Note:  
As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.  
If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

**RENEWAL - Neuropathic pain**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites** (tick boxes where appropriate)

The patient has demonstrated a marked improvement in their control of pain (prescriber determined)

or

The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site

Note:  
If the patient had an approval for gabapentin for neuropathic pain prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

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

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