

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 Extended Release (Concerta; Ritalin LA; Methylphenidate ER - Teva)

INITIAL APPLICATION

Applications only from a paediatrician, psychiatrist or any other medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for 24 months.

Prerequisites (tick boxes where appropriate)

ADHD (Attention Deficit and Hyperactivity Disorder)

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 paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing

and

Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties

or

There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride

RENEWAL

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

Applications only from a paediatrician, psychiatrist or any other medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for 24 months.

Prerequisites (tick boxes 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 paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing

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