

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; Methylphenidate ER - Teva)

Initial application — ADHD in patients 5 or over
Applications only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse 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) 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 or nurse 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

Initial application — ADHD in patients under 5
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

Initial application — Narcolepsy*
Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

Prerequisites(tick box where appropriate)

The patient suffers from narcolepsy

Note: *narcolepsy is not a registered indication for Methylphenidate ER – Teva.

Renewal — ADHD in patients 5 or over
Current approval Number (if known):.....

Applications only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse 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 or nurse 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 – email: customerservice@health.govt.nz

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Methylphenidate Hydrochloride (Rubifen; Rubifen SR; Ritalin; Ritalin SR; Methylphenidate ER - Teva) - *continued*

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

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: *narcolepsy is not a registered indication for Methylphenidate ER – Teva.

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