Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA1666**
January 2025

| **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: ..... |

## Melatonin

**Initial application**
Applications only from a psychiatrist, paediatrician, neurologist, respiratory specialist or medical practitioner on the recommendation of a psychiatrist, paediatrician, neurologist or respiratory specialist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder)*

**and**

- ☐ Behavioural and environmental approaches have been tried and were unsuccessful, or are inappropriate

**and**

- ☐ Funded modified-release melatonin is to be given at doses no greater than 10 mg per day

**and**

- ☐ Patient is aged 18 years or under*

**Renewal**

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

Applications only from a psychiatrist, paediatrician, neurologist, respiratory specialist or medical practitioner on the recommendation of a psychiatrist, paediatrician, neurologist or respiratory specialist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ Patient is aged 18 years or under*

**and**

- ☐ Patient has demonstrated clinically meaningful benefit from funded modified-release melatonin (clinician determined)

**and**

- ☐ Patient has had a trial of funded modified-release melatonin discontinuation within the past 12 months and has had a recurrence of persistent and distressing insomnia

**and**

- ☐ Funded modified-release melatonin is to be given at doses no greater than 10 mg per day

Note: Indications marked with * are unapproved indications.

**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**