Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 Form SA1845 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:
Varenicline tartrate		
Note: a maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval. This includes the 4-week 'starter' pack.		
Initial application Applications from any relevant practitioner. Approvals valid for 5 months. Prerequisites(tick boxes where appropriate) Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking		
and The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring and		
The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy The patient has tried but failed to quit smoking using bupropion or nortriptyline		
and The patient has not had a Special Authority for varenicline approved in the last 6 months and		
Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this and		
The patient is not pregnant		
The patient will not be prescribed more than 12 weeks' funded varenicline (see note)		
Renewal Current approval Number (if known):		
and The patient is part of, or is about	chieving abstinence in a patient who has indicated that to enrol in, a comprehensive support and counselling	
prescriber or nurse monitoring and		
It has been 6 months since the patient's previous Special Authority was approved and		
Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this and		
The patient is not pregnant and		
	more than 12 weeks' funded varenicline (see note)	

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