Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA2411**
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: ..... |

## Methylphenidate Hydrochloride (Rubifen; Rubifen SR; Ritalin; Ritalin SR; Methylphenidate ER - Teva)

**Initial application — ADHD in patients aged 5 years 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 without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

- ☐ ADHD (Attention Deficit and Hyperactivity Disorder) in 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 aged under 5 years**
Applications only from a paediatrician or psychiatrist. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

- ☐ ADHD (Attention Deficit and Hyperactivity Disorder) in 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 without further renewal unless notified.

**Prerequisites**(tick box where appropriate)

- ☐ The patient suffers from narcolepsy

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

**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**