

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

**Methylphenidate Hydrochloride Extended Release** (Concerta; Ritalin LA)

**Initial application — ADHD**

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)
- 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
- 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 difficulties with adherence
  - or**  There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride

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](mailto:customerservice@health.govt.nz)