Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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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)* Behavioural and environmental approaches have been tried and were unsuccessful, or are inappropriate 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):		
Patient has had a trial of funded m persistent and distressing insomnia		past 12 months and has had a recurrence of
Funded modified-release melatonii	n is to be given at doses no greater than 10 mg per d	ay

Note: Indications marked with * are unapproved indications.