

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 any relevant 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 any relevant 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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz