

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