# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY



**Form SA2268**
December 2026

| **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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| ..... | ..... | ..... |
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## Stiripentol

**Initial application**
Applications only from a paediatric neurologist or Practitioner on the recommendation of a paediatric neurologist. Approvals valid for 6 months.
**Prerequisites**(tick boxes where appropriate)

- ☐ Patient has confirmed diagnosis of Dravet syndrome

**and**

- ☐ Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet

Note: Those of childbearing potential are not required to trial sodium valproate or topiramate. Those who can father children are not required to trial sodium valproate.

**Renewal**

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.
**Prerequisites**(tick box where appropriate)

- ☐ The patient continues to benefit from treatment as measured by reduced seizure frequency from baseline

**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**