

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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:

Ivermectin

INITIAL APPLICATION - Scabies

Applications from any relevant practitioner. Approvals valid for 1 month.

Prerequisites (tick boxes where appropriate)

Applying clinician has discussed the diagnosis of scabies with a dermatologist, infectious disease physician or clinical microbiologist
and

The patient is in the community
and

Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies)

or

The community patient is physically or mentally unable to comply with the application instructions of topical therapy

or

The patient has previously tried and failed to clear infestation using topical therapy

or

The Patient is a resident in an institution
and

and

All residents of the institution with scabies or at risk of carriage are to be treated for scabies concurrently
and

and

Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies)

or

The patient is physically or mentally unable to comply with the application instructions of topical therapy

or

Previous topical therapy has been tried and failed to clear the infestation

Note:

Ivermectin is no more effective than topical therapy for treatment of standard scabies infestation.

INITIAL APPLICATION - Other parasitic infections

Applications only from an infectious disease specialist, clinical microbiologist or dermatologist. Approvals valid for 1 month.

Prerequisites (tick boxes where appropriate)

Filaricides

or

Cutaneous larva migrans (creeping eruption)

or

Strongyloidiasis

Use next page for: Renewal - Scabies and Renewal - Other parasitic infections

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 – Fax: 0800 100 131

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Ivermectin - continued

RENEWAL - Scabies

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

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Prerequisites (tick boxes where appropriate)

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and

The patient is in the community
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or
 The patient has previously tried and failed to clear infestation using topical therapy

or

The Patient is a resident in an institution
and
 All residents of the institution with scabies or at risk of carriage are to be treated for scabies concurrently
and

Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies)
or
 The patient is physically or mentally unable to comply with the application instructions of topical therapy
or
 Previous topical therapy has been tried and failed to clear the infestation

Note:
Ivermectin is no more effective than topical therapy for treatment of standard scabies infestation.

RENEWAL - Other parasitic infections

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

Applications only from an infectious disease specialist, clinical microbiologist or dermatologist. Approvals valid for 1 month.

Prerequisites (tick boxes where appropriate)

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or
 Cutaneous larva migrans (creeping eruption)
or
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Signed: Date: