

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:

Lisdexamfetamine dimesilate

Initial application

Applications only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid without further renewal unless notified.

Prerequisites(tick boxes where appropriate)

Patient is currently on treatment with lisdexamfetamine dimesilate and met all remaining criteria prior to commencing treatment

or

ADHD (Attention Deficit and Hyperactivity Disorder)

and

Diagnosed according to DSM-V or ICD 11 criteria

and

Applicant is a paediatrician or psychiatrist

or

Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing

and

Patient is taking a currently subsidised formulation of atomoxetine or methylphenidate hydrochloride (extended-release) and has not received sufficient benefit or has experienced intolerable side effects

or

Patient is taking a currently subsidised formulation of dexamfetamine sulfate (immediate-release) which has not been effective due to significant administration and/or treatment adherence difficulties

or

There is significant concern regarding the risk of diversion or abuse of immediate release dexamfetamine sulfate

or

Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained release) which has not been effective due to significant administration and/or treatment adherence difficulties

or

There is significant concern regarding the risk of diversion or abuse of immediate release methylphenidate hydrochloride

or

Patient would have been prescribed a subsidised formulation of methylphenidate hydrochloride (extended-release) but has been unable to access due to supply issues with methylphenidate hydrochloride (extended-release)

and

Other alternative stimulant presentations (methylphenidate or dexamfetamine) are not appropriate

and

Lisdexamfetamine dimesilate is not to be used in combination with another funded methylphenidate presentation

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 – email: customerservice@health.govt.nz