

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 from any relevant practitioner. Approvals valid without further renewal unless notified.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient is currently on treatment with lisdexamfetamine dimesilate and met all the following criteria prior to commencing treatment
or	
<input type="checkbox"/>	ADHD (Attention Deficit and Hyperactivity Disorder)
and	
<input type="checkbox"/>	Diagnosed according to DSM-5 or ICD 11 criteria
and	
<input type="checkbox"/>	Applicant is a health practitioner authorised to prescribe treatment consistent with the approval notice gazetted for lisdexamfetamine (see note)
and	
<input type="checkbox"/>	Patient is taking a currently subsidised formulation of atomoxetine or methylphenidate hydrochloride (extended-release) for ADHD and has not received sufficient clinical benefit or has experienced intolerable side effects
or	
<input type="checkbox"/>	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	
<input type="checkbox"/>	There is significant concern regarding the risk of diversion or abuse of immediate release dexamfetamine sulfate
or	
<input type="checkbox"/>	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	
<input type="checkbox"/>	There is significant concern regarding the risk of diversion or abuse of immediate release methylphenidate hydrochloride
or	
<input type="checkbox"/>	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	
<input type="checkbox"/>	Other alternative stimulant presentations (methylphenidate or dexamfetamine) are not appropriate
and	
<input type="checkbox"/>	Lisdexamfetamine dimesilate is not to be used in combination with another funded methylphenidate presentation

Note: Prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (<https://www.medsafe.govt.nz/> of April 2025).

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