Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 **Form SA1149** July 2024

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: Dexamfetamine Sulfate		Fax Number:	
Initial application — ADHD in patients 5 or over Applications only from a paediatrician, psychiatrist valid for 24 months. Prerequisites(tick boxes where appropriate)	r or medical practitioner on the recommendation of a p	paediatrician or psychiatrist (in writing). Approvals	
ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over and Diagnosed according to DSM-IV or ICD 10 criteria and			
Applicant is a paediatrician or psychiatrist Or Applicant is a medical 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			
Initial application — ADHD in patients under 5 Applications only from a paediatrician or psychiatri Prerequisites(tick boxes where appropriate)	st. Approvals valid for 12 months.		
ADHD (Attention Deficit and Hyperand Diagnosed according to DSM-IV o	ractivity Disorder) patients under 5 years of age		
Initial application — Narcolepsy Applications only from a neurologist or respiratory Prerequisites(tick box where appropriate) The patient suffers from narcolepsy	specialist. Approvals valid for 24 months.		
Renewal — ADHD in patients 5 or over Current approval Number (if known):	or medical practitioner on the recommendation of a	paediatrician or psychiatrist (in writing). Approvals	
The treatment remains appropriate and the patient is benefiting from treatment			
	tioner and confirms that a paediatrician or psychiatris	st has been consulted within the last 2 years and	
has recommended treatmen	t for the patient in writing		

I confirm the above details are correct and that in signing this form I understand I may be audited.

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Dexamfetamine Sulfate - continued			
Renewal — ADHD in patients under 5			
Current approval Number (if known):			
Applications only from a paediatrician or psychiatrist. Approvals valid for 12 months. Prerequisites(tick box where appropriate)			
The treatment remains appropriate and the patient is benefiting from treatment			
Renewal — Narcolepsy			
Current approval Number (if known):			
Applications only from a neurologist or respiratory Prerequisites (tick box where appropriate)	specialist. Approvals valid for 24 months.		
The treatment remains appropriate and the patient is benefiting from treatment			

I confirm the above details are correct and that in signing this form I understand I may be audited.