Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2410
January 2025

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

Dexamfetamine Sulfate

Initial application — ADHD in patients aged 5 years or over
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)

☐ ADHD (Attention Deficit and Hyperactivity Disorder) in 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 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

Initial application — ADHD in patients aged under 5 years
Applications only from a paediatrician or psychiatrist. Approvals valid without further renewal unless notified.
Prerequisites(tick boxes where appropriate)

☐ ADHD (Attention Deficit and Hyperactivity Disorder) in patients under 5 years of age
and
☐ Diagnosed according to DSM-IV or ICD 10 criteria

Initial application — Narcolepsy
Applications only from a neurologist or respiratory specialist. Approvals valid without further renewal unless notified.
Prerequisites(tick box where appropriate)

☐ The patient suffers from narcolepsy

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