Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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No:		REFERRER Reg No:
INU	First Names:	First Names:
ne:	Surname:	Surname:
ress:	DOB:	Address:
	Address:	
Number:		Fax Number:
dexamfetamine dimesilate		
ctitioner on the recommendation of a paediatric erequisites(tick boxes where appropriate)	, medical practitioner on the recommendation of a paction or psychiatrist (in writing). Approvals valid without the list of the world without the list of the world with list of the wo	t further renewal unless notified.
	M-V or ICD 11 criteria	
and		
and has not received some staking a current staking a currelease) which has no current staking a curre	rently subsidised formulation of atomoxetine or methy sufficient benefit or has experienced intolerable side or rently subsidised formulation of dexamfetamine sulfat cant administration and/or treatment adherence difficiencern regarding the risk of diversion or abuse of immerently subsidised formulation of methylphenidate hydrotelene effective due to significant administration and/or or regarding the risk of diversion or abuse of immerence of the prescribed a subsidised formulation of methylpheniable to access due to supply issues with methylphenia	e (immediate-release) which has not been ulties ediate release dexamfetamine sulfate ochloride (immediate-release or sustained or treatment adherence difficulties ediate release methylphenidate hydrochloride ylphenidate hydrochloride (extended-release)

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