Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA2415**
May 2025

| **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**