Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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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		
Prerequisites (tick boxes where appropriate) Patient is currently on treatment wor ADHD (Attention Deficit and and Diagnosed according to DS and Applicant is a paediate or Applicant is a medical consulted within the liand has not received or Patient is taking a currently on treatment wor ADHD (Attention Deficit and and Diagnosed according to DS and Papplicant is a paediate or Applicant is a medical consulted within the liand has not received or Patient is taking a currently or There is significant correlease) which has not release) which has not release or There is significant correlease) which has not release or There is significant correlease or There is significant corrections are provided to the provided to	M-V or ICD 11 criteria	paediatrician or psychiatrist has been patient in writing Iphenidate hydrochloride (extended-release) effects Ite (immediate-release) which has not been pulties Indicate release dexamfetamine sulfate Irochloride (immediate-release or sustained for treatment adherence difficulties
but has been u	nave been prescribed a subsidised formulation of method nable to access due to supply issues with methylpher re stimulant presentations (methylphenidate or dexam	pidate hydrochloride (extended-release)
and	te is not to be used in combination with another funde	

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