

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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz