Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2587
December 2026

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

Dexamfetamine sulfate

Initial application — ADHD in patients aged 5 years or over
Applications from any relevant practitioner. 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 health practitioner authorised to prescribe treatment consistent with the approval notice gazetted for dexamfetamine (see note)

Note: Prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (https://www.medsafe.govt.nz/ of April 2025).

Initial application — ADHD in patients aged under 5 years
Applications from any relevant practitioner. 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

and

- ☐ Applicant is a health practitioner authorised to prescribe treatment consistent with the approval notice gazetted for dexamfetamine (see note)

Note: Prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (https://www.medsafe.govt.nz/ of April 2025).

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