

Post/fax applications to:  
Health Benefits  
Private Bag 3015, Wanganui

Enquiries:  
Phone: (06) 345 3549  
Fax: 0800 100 131

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## SPECIAL AUTHORITY APPLICATION FORM FOR methylphenidate & dexamphetamine

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Before completing this form, you should consult the Special Authority Criteria in the Pharmaceutical Schedule and the diagnostic criteria on the following page (please use block capitals or a typewriter).

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### PRESCRIBER DETAILS (stamp or sticker acceptable)

Name: .....

Address: .....

.....

.....

Fax Number: .....

Registration No: .....

Speciality:  Child & Adolescent Psychiatrist

Adult Psychiatrist

Paediatrician

Respiratory Physician

Neurologist

General Practitioner (GP)

### PATIENT DETAILS

First Names: .....

Surname: .....

Address: .....

.....

.....

D.O.B: ...../...../.....

NHI No: .....

Initial application

Renewal

Note: Applications for ADHD patients under 5 years of age must be made by either a Child & Adolescent Psychiatrist or a Paediatrician

Applications for Narcoleptic patients must be made by a Neurologist or Respiratory Physician.

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If you are a GP making this application please indicate the Specialist on whose advice you are initiating/continuing treatment.

Specialist's name: .....

Town: .....

Speciality

Child & Adolescent Psychiatrist

Adult Psychiatrist

Paediatrician

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### DIAGNOSIS (tick one)

Narcolepsy

Attention Deficit and Hyperactivity Disorder (ADHD) - Diagnosis according to DSM-IV/ICD 10 criteria (refer to reverse of this form)

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### TREATMENT

**Stimulant**  Methylphenidate 10 mg tablets and/or 20 mg slow release tablets

Dexamphetamine 5 mg tablets

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### OTHER NOTES AND INFORMATION

- DSM-IV criteria are provided on reverse of this form for your reference.
- Special Authority numbers must be annotated on each prescription for subsidy purposes. Annotation of any "specialist recommendation" on the prescription form is therefore not required.
- For ADHD patients under 5 years of age the initial prescription should be written by a Child & Adolescent Psychiatrist or a Paediatrician.
- For narcoleptic patients the initial prescription should be written by a Neurologist or Respiratory Physician.
- Approvals for ADHD patients under 5 years of age are valid for 12 months. All other approvals are valid for 24 months.

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

Signed: .....

Date: .....

**Failure to complete the form correctly will result in a delay in approval and the return of your application.**

#55542

February 2001, source: [www.PHARMAC.govt.nz](http://www.PHARMAC.govt.nz)

# DSM-IV Diagnostic Criteria for ADHD (1996)

## A: Either 1 or 2

1. Six or more of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:
  - a. Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
  - b. Often has difficulty sustaining attention in tasks or play activities.
  - c. Often does not seem to listen when spoken to directly.
  - d. Often does not follow through on instructions and fails to finish schoolwork, or chores or duties in the workplace (not due to oppositional behaviour or failure to understand instructions).
  - e. Often has difficulty organising tasks and activities
  - f. Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as homework).
  - g. Often loses things necessary for tasks or activities (toys, school assignments, pencils, books or tools).
  - h. Is often distracted by extraneous stimuli.
  - i. Is often forgetful in daily activities.

2. Six or more of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental levels.

### Hyperactivity

- a. Often fidgets with hands or feet or squirms in seat.
- b. Often leaves seat in classroom or in other situations in which remaining seated is expected.
- c. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- d. Often has difficulty playing or engaging in leisure activities quietly.
- e. Is often "on the go" or often acts as if "driven by motor".
- f. Often talks excessively.

### Impulsivity

- g. Often blurts out answers before questions have been completed.
- h. Often has difficulty awaiting turn.
- i. Often interrupts or intrudes on others (such as butting into conversations or games).

**B:** Some hyperactive, impulsive or inattentive symptoms that caused impairment were present before age 7 years.

**C:** Some impairment from the symptoms is present in two or more settings (such as in schoolwork and at home).

**D:** There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.

**E:** The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or another psychotic disorder and are not better accounted for by another mental disorder (such as mood, anxiety, dissociative or personality disorder).

## ADHD types using DSM-IV criteria

**ADHD, predominantly inattentive type:** meets inattention criteria (section A1) for the past 6 months.

**ADHD, predominantly hyperactive-impulsive type:** meets hyperactive-impulsive criteria (section A2 for the past 6 months)

**ADHD, combined type:** meets criteria for section A1 and section A2 for the past 6 months.

ENQUIRIES REGARDING SPECIAL AUTHORITY APPLICATIONS

TELEPHONE: 06 345 3549