Clear Form

PSY10/19

Application for Authority to Prescribe a Schedule 8 Drug – Psychostimulant

Note: This form is to be used to apply for an authority to prescribe a psychostimulant for an adult with any diagnosis, or for a child who does not have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). There is a separate application form for children with ADHD, available online at http://www.health.nsw.gov.au/pharmaceutical

This form is available online in PDF format (http://www.health.nsw.gov.au/pharmaceutical) and should be filled in electronically using a computer. If completing the form by hand, please use BLOCK LETTERS and ensure that all details are legible.

Eligible applications are generally processed within 7 business days.

Section A: Prescriber details

Prescriber Name:

(first names) *(family name)*

Name of Practice:

Address:

Suburb/Town: **Postcode:**

Telephone:	**Fax:**	**Email:**

AHPRA Registration No:	**PBS Prescriber No:**

AHPRA Specialty/Field: ☐ Psychiatry ☐ Neurology ☐ Respiratory & Sleep Medicine ☐ Paediatrics

☐ Other specialty, *please specify* .....

☐ General Practice *Note: A letter from the treating specialist supporting transfer of care must be attached*

Section B: Patient details

Patient Name:

(first names) *(family name)*

Also known as *(if applicable)*:

(first names) *(family name)*

Patient Residential Address:

Suburb/Town: **Postcode:**

Patient Date of Birth: __ __ __ __ __ __ __ __ **Sex:** ☐ M ☐ F

Do you consider this patient to be drug dependent? ☐ Y ☐ N

A 'drug dependent person' means a person who has acquired, as a result of repeated administration of a drug of addiction or a prohibited drug within the meaning of the Drug Misuse and Trafficking Act 1985, an overpowering desire for the continued administration of such a drug (Section 27 of the Poisons and Therapeutic Goods Act 1966).

Do you have any of the following concerns?

☐ past/current IV drug use ☐ drug seeking ☐ unsanctioned dosage escalation
☐ illicit drug use ☐ doctor shopping ☐ medical dependence
☐ diversion ☐ drug misuse ☐ lost prescriptions/medication
☐ longer period of use than intended or appropriate

☐ no concerns

Section C: Psychostimulant drug authorisation details

Drug: ☐ Dexamfetamine ☐ Methylphenidate ☐ Lisdexamfetamine

Maximum Daily Dose: ..... mg

Section D: Diagnosis

Does the patient have any pre-existing cardiac or medical conditions which may be affected by psychostimulant treatment?

☐ N

☐ Y ⋯▶ *A second opinion from a specialist may be requested*

Diagnosis:

☐ ADHD ⋯▶ *Go to Section E* ☐ Sleep disorder ⋯▶ *Go to Section F*

☐ Treatment resistant depression ⋯▶ *Go to Section G*

☐ Other, *please specify* ..... ⋯▶ *Go to Section H*

Section E: Attention Deficit Hyperactivity Disorder (ADHD) in adults

The prescribing of psychostimulants for the treatment of ADHD in adults is to be in accordance with the latest version of TG 190, Criteria for the Diagnosis and Management of Attention Deficit Hyperactivity Disorder in Adults (http://www.health.nsw.gov.au/pharmaceutical)

1. Does this patient meet DSM V criteria for ADHD? ☐ Y ☐ N

2. Are any of the following conditions present now or were they present previously?

Tics ☐ Y ☐ N Tourette's Syndrome ☐ Y ☐ N

Dyskinesia ☐ Y ☐ N Schizophrenia* or other psychoses ☐ Y ☐ N

** A second opinion from a psychiatrist supporting psychostimulant treatment for a patient with schizophrenia must be attached*

3. Is the patient currently enrolled on the Opioid Treatment Program (OTP) or is there a history of significant substance abuse?

Note: Significant substance abuse includes past or present treatment for dependency (e.g. methadone, buprenorphine, naltrexone, acamprosate, etc.) and/or IV use at any time. Past history (not in last 3 months) of infrequent, non-parenteral illicit substance (including cannabis) abuse may be considered as 'not significant'.

☐ N

☐ Y ⋯▶ *A second opinion from a psychiatrist (preferably experienced in Drug and Alcohol issues) or an Addiction Medicine specialist supporting psychostimulant treatment must be attached*

4. Is the patient aged over 70 years?

☐ N

☐ Y ⋯▶ *If the patient has not been previously treated with psychostimulant medication, a second opinion from a psychiatrist supporting psychostimulant treatment must be attached*

5. Will the daily dose exceed any of the following:

30mg for dexamfetamine, 60mg for methylphenidate, or 70mg for lisdexamfetamine?

☐ N

☐ Y ⋯▶ *A second opinion from a psychiatrist supporting the requested daily dose must be attached*

⋯▶ ***Go to Section I***

Section F: Sleep disorder

Note: Initial authority to prescribe is usually only issued to the treating respiratory and sleep medicine specialist

6. Diagnosis: (ICD-10) ☐ Narcolepsy ☐ Excessive Somnolence ☐ Other, *please specify* .....

7. Are you initiating the patient?

☐ Y ⋯▶ *A progress report must be submitted with the next application for authority to prescribe for this patient*

☐ N ⋯▶ *If a progress report has been submitted previously and there has been no change in treatment since then, a further progress report is not required*

····▶ ***Go to Section I***

Section G: Treatment resistant depression *Note: Initial authority to prescribe is usually only issued to the treating psychiatrist*

8. What other medications have been trialled prior to psychostimulants?

☐ None ☐ Tricyclic antidepressant (TCA) ☐ Selective serotonin reuptake inhibitor (SSRI)

☐ Serotonin noradrenaline [norepinephrine] reuptake inhibitor (SNRI) ☐ Monoamine oxidase inhibitor (MAOI)

☐ Other, *please specify* .....

9. What other non-pharmacological treatments have been trialled?

☐ None ☐ Electroconvulsive therapy (ECT) ☐ Cognitive behaviour therapy (CBT)

☐ Other, *please specify* .....

····▶ ***Go to Section I***

Section H: Other diagnosis *Note: A second opinion from a specialist may be requested*

10. What is the specific diagnosis? .....

11. What other medications and/or treatments have been trialled?

.....

12. Is there a written management plan for the patient?

☐ Y ☐ N

13. What is the expected duration of treatment with psychostimulant medication? ..... months

Section I: Declaration

14. If you are a specialist ····▶ *Go to Q15*

If you are not a specialist:

Indicate below the circumstances of your application (tick one box only):

☐ The treating specialist has requested that I continue prescribing for this patient (to be reviewed annually). A letter from the specialist is attached.

☐ I am applying to prescribe on an interim basis until the specialist can continue prescribing. A report from the specialist is attached, indicating the patient's current drug and dose, and duration of treatment.

☐ Other, *please specify why you are applying to prescribe psychostimulants for this patient (include any referral dates)*

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15. I confirm that the information I have provided in this application is true and complete to the best of my knowledge.

Signed: ..... Date: ___ ___ ___ ___ ___ ___

Privacy Statement: The information set out in this form is required by the Ministry of Health for the issuance of an authority to prescribe a Schedule 8 drug as required under the law. The collection, use and disclosure of the information provided will be in accordance with privacy laws. The information collected may be disclosed to health practitioners when necessary to facilitate coordination of treatment and patient safety. Personal information will not be disclosed for any other purpose without prior consent, except where required by law or where otherwise lawfully authorised to do so. The application may not be processed if all information requested on the form is not completed. For further information on privacy visit http://www.health.nsw.gov.au/patients/privacy.

Fax completed form and supporting documentation to the Pharmaceutical Regulatory Unit: 02 9424 5889
Enquiries: Tel 02 9424 5923 or email MOH-S8Auth@health.nsw.gov.au
Allow up to 7 business days for the processing of applications.