

Application to Prescribe Dexamfetamine, Lisdexamfetamine or Methylphenidate for the Treatment of Attention Deficit Hyperactivity Disorder (ADHD) under Clause 84(2)(b)
(NSW POISONS AND THERAPEUTIC GOODS REGULATION 2008)

Name:
(surname) *(first name/s)*

Postal Address:

Phone / Mobile: **Email Address:**

PBS Prescriber Number: **AHPRA Registration Number:**

HPI-I (if known):

Applicants must be a current member of the relevant faculty / college. Please indicate below your membership and send the completed form and proof of current membership to the address below:

- Membership to the Paediatrics and Child Health Division, Royal Australian College of Physicians (RACP)
- Membership to the Royal Australian & New Zealand College of Psychiatrists (RANZCP)
- Membership to the Faculty of Child and Adolescent Psychiatry, Royal Australian & New Zealand College of Psychiatrists (RANZCP)
- Membership to the Australian and New Zealand Association of Neurologists (ANZAN)

Prescriber Declaration:

I agree to the following conditions if my application is approved:

- a) Psychostimulant drugs will be prescribed for an individual patient without prior Ministry approval only where the relevant criteria and conditions set out in the latest edition of guideline **TG 181** (*Criteria for the diagnosis and management of attention deficit hyperactivity disorder in children and adolescents*) or **TG 190** (*Criteria for the diagnosis and management of attention deficit hyperactivity disorder in adults*) are met.
- b) In relation to (a) above, prescriptions will be endorsed in my own handwriting with the authority number issued to me by the NSW Ministry of Health. Use of this authority number will certify that the criteria have been met.
- c) For those patients who meet any exclusionary criteria and conditions in TG 181 or TG 190, a prior individual authority will be sought.
- d) I will participate in any clinical audit requested by the NSW Ministry of Health, the Stimulants Subcommittee (for patients aged under 18 years) or the Medical Committee (for patients aged 18 years or over) concerning my prescribing of psychostimulant drugs.

Signed: **Date:**

Send completed form and proof of current membership to:

Director

Pharmaceutical Regulatory Unit

Legal and Regulatory Services Branch OR

Email to MOH-S8Auth@health.nsw.gov.au

NSW Ministry of Health

Locked Mail Bag 961

NORTH SYDNEY NSW 2059

Eligible applications are generally processed within 10 business days.

Office use only:

Code(s):

AHPRA checked Authority lists checked

PSO:

Date:

PPO/SPO:

Date: