CONFIDENTIAL

Tasmanian Government

APPLICATION FOR AUTHORITY TO PRESCRIBE AMFETAMINE OR RELATED SUBSTANCES (DEXAMFETAMINE, LISDEXAMFETAMINE OR METHYLPHENIDATE) FOR ADULTS (OVER 18 YEARS)

Section 59E *Poisons Act 1971*
Regulation 24 *Poisons Regulations 2018*

DETAILS MUST BE COMPLETED ***LEGIBLY*** TO PREVENT DELAY
TICK DATA AS APPROPRIATE. PLEASE USE BLOCK LETTERS

I, Dr

of: Postcode:
(ADDRESS OF MEDICAL PRACTITIONER)

Telephone number: ( ) Fax number: ( )

apply for authority to prescribe for:

PATIENT'S NAME: **AKA**

Patient's Address:
(Full **Residential** Address)
Postcode:

Date of Birth: / / Sex: ☐ Male ☐ Female ☐ Other

Usual Occupation: Working: ☐ Yes ☐ No

☐ I have checked DORA regarding this patient within the last seven days

Drug: ☐ Dexamfetamine ☐ Lisdexamfetamine ☐ Methylphenidate

Dose …… mg/day Period ……weeks*/months*(*Delete one)
Nominated co-prescriber: ……

Diagnosis:

☐ (314.01) Attention Deficit/Hyperactivity disorder, combined or predominantly hyperactive impulse type

☐ (314.00) Attention Deficit/Hyperactivity disorder, predominantly inattentive type

☐ (347) Narcolepsy ***to be accompanied by a sleep study report.***

☐ Binge eating disorder **(lisdexamfetamine only)**

☐ Primary Hypersomnia

☐ Other - Please specify……..

NOTE: Initial authority for treatment of ADHD is restricted to psychiatrists and neurologists. Symptoms of AD/HD must have been present since early childhood.

Patient has been previously treated by:

Other medications being concurrently prescribed:

Patient has received opioid pharmacotherapy as part of any treatment for opioid substance use disorder ☐ Yes ☐ No

And I have reason to believe that this person in the last 10 years

☐ Has a history of drug seeking behaviour

☐ Has exhibited or Is exhibiting drug seeking behaviour

☐ Has used a notifiable or schedule 8 substances contrary to prescribing instructions and normal route of administration. (e.g. escalation of dose, injecting medication). Drugs involved and details (please specify):
……

☐ That none of the above is applies to this patient

NOTE: Applications for patients who have current or past substance misuse must be accompanied by a recent addiction medicine specialist's or addiction psychiatrist's report.

DECLARATION: I certify that the patient satisfies the diagnostic criteria of the Diagnostic & Statistical Manual of Mental Disorders (DSM-V) For ADHD or Narcolepsy

Signature of medical practitioner: Date: / /

All correspondence to be marked "Confidential" and sent to:
Chief Pharmacist, Pharmaceutical Services Branch, Department of Health, GPO BOX 125, Hobart TAS 7001
For further information: Tel: (03) 6166 0400, Fax: (03) 6173 0820, Email: pharmserv@health.tas.gov.au