

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

PATIENT:

Name:

Ward: NHI:

Dexamphetamine sulphate

INITIATION – ADHD

Prerequisites (tick box where appropriate)

Prescribed by, or recommended by a paediatrician or psychiatrist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria

INITIATION – Narcolepsy

Re-assessment required after 24 months

Prerequisites (tick box where appropriate)

Prescribed by, or recommended by a neurologist or respiratory specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient suffers from narcolepsy

CONTINUATION – Narcolepsy

Re-assessment required after 24 months

Prerequisites (tick box where appropriate)

Prescribed by, or recommended by a neurologist or respiratory specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

The treatment remains appropriate and the patient is benefiting from treatment

I confirm that the above details are correct:

Signed: Date: