

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

Name:

Ward:

PATIENT:

Name:

NHI:

Lisdexamfetamine dimesilate

INITIATION

Prerequisites (tick boxes 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 is currently on treatment with lisdexamfetamine dimesilate and met all remaining criteria prior to commencing treatment

or

ADHD (Attention Deficit and Hyperactivity Disorder)

and

Diagnosed according to DSM-V or ICD 11 criteria

and

Patient is taking a currently subsidised formulation of atomoxetine or methylphenidate hydrochloride (extended-release) and has not received sufficient benefit or has experienced intolerable side effects

or

Patient is taking a currently subsidised formulation of dexamfetamine sulfate (immediate-release) which has not been effective due to significant administration and/or treatment adherence difficulties

or

There is significant concern regarding the risk of diversion or abuse of immediate release dexamfetamine sulfate

or

Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained release) which has not been effective due to significant administration and/or treatment adherence difficulties

or

There is significant concern regarding the risk of diversion or abuse of immediate release methylphenidate hydrochloride

or

Patient would have been prescribed a subsidised formulation of methylphenidate hydrochloride (extended-release) but has been unable to access due to supply issues with methylphenidate hydrochloride (extended-release)

and

Other alternative stimulant presentations (methylphenidate or dexamfetamine) are not appropriate

and

Lisdexamfetamine dimesilate is not to be used in combination with another funded methylphenidate presentation

I confirm that the above details are correct:

Signed: Date: