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	e:				Name:				
Ward	:				NHI:				
Lisd	exan	nfeta	mir	ne di	nesilate				
	ATIOI equis		ick b	oxes v	nere appropriate)				
( and				by, or Hospit	ecommended by a paediatrician or psychiatrist, or in accordance with a protocol or guideline that has been endorsed by the				
	or	and and	0	ADHI	ADHD (Attention Deficit and Hyperactivity Disorder) Diagnosed according to DSM-V or ICD 11 criteria  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  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  There is significant concern regarding the risk of diversion or abuse of immediate release dexamfetamine sulfate release) which has not been effective due to significant administration and/or treatment adherence difficulties  There is significant concern regarding the risk of diversion or abuse of immediate release methylphenidate hydrochloride  There is significant concern regarding the risk of diversion or abuse of immediate release methylphenidate hydrochloride				
		and	0	and	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)  Other alternative stimulant presentations (methylphenidate or dexamfetamine) are not appropriate  amfetamine dimesilate is not to be used in combination with another funded methylphenidate presentation				

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