HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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: | Name: |
| Ward: | NHI: |

Modafinil

| INITIATION – Narcolepsy Prerequisites (tick boxes where appropriate) | | | | | |
|--|---|---------------------|-------------------|---|--|
| (and | O 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. | | | | |
| O The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring daily for three months or more and | | | | | |
| | | | or | O The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods O The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations | |
| | | and | or | An effective dose of a listed formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects Methylphenidate and dexamphetamine are contraindicated | |
| Note | or : Crit | and (erion 2 | 0 0 2 is te | Patient meets the Hospital Restriction criteria for methylphenidate hydrochloride for narcolepsy Patient is unable to access methylphenidate hydrochloride presentations due to an out of stock (see note) o permit short-term funding to cover an out-of-stock of methylphenidate hydrochloride. | |