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: |
| isdexamfetamine. | dimesilate | |
| INITIATION | | |
| Prerequisites (tick boxe | es where appropriate) | |
| O Prescribed by, Health NZ Hos | | or in accordance with a protocol or guideline that has been endorsed by the |
| or Patient is | is currently on treatment with lisdexamfetamine dimes DHD (Attention Deficit and Hyperactivity Disorder) iagnosed according to DSM-V or ICD 11 criteria | silate and met all remaining criteria prior to commencing treatment |
| and | and has not received sufficient benefit or has exp Patient is taking a currently subsidised formulation effective due to significant administration and/or to the significant concern regarding the risk of the Patient is taking a currently subsidised formulation release) which has not been effective due to sign there is significant concern regarding the risk of the Patient would have been prescribed a subsidient to access due to suppand the other alternative stimulant presentations (not the patient would have stimulant presentations). | on of dexamfetamine sulfate (immediate-release) which has not been |

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