

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: .....

**Methylphenidate hydrochloride**

**INITIATION – ADHD (immediate-release and sustained-release formulations)**

**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 (immediate-release and sustained-release formulations)**

**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

**INITIATION – Extended-release and modified-release formulations**

**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 has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria
- and
- ☐ Patient is taking a currently listed formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties
- or
- ☐ There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride

**INITIATION – Narcolepsy\* (extended-release only)**

**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

Note: \*narcolepsy is not a registered indication for Concerta or Ritalin LA.

I confirm that the above details are correct:

Signed: ..... Date: .....