HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

August 2025

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.

PRESCF	RIBE	R		PATIENT:			
Name: .							
Ward:				NHI:			
Modafi	nil						
INITIAT Prerequ				epsy expectation of the state			
and				by, or recommended by a neurologist or respiratory specialist, or in accordance with a protocol or guideline that has been endorsed h NZ Hospital.			
		and	The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more				
more sleep onset rapid eye movement periods or			or	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 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			
OI		and))	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)			
Note: C	riteri	on 2	is to	permit short-term funding to cover an out-of-stock of methylphenidate hydrochloride.			

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Signed.	Date:	
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