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	
Prescribed by, or recommended by a paediatrician or psychiatrist, or Health NZ Hospital. Patient is currently on treatment with lisdexamfetamine dimes or ADHD (Attention Deficit and Hyperactivity Disorder) and Diagnosed according to DSM-V or ICD 11 criteria Patient is taking a currently subsidised formulatio and has not received sufficient benefit or has export or Patient is taking a currently subsidised formulatio effective due to significant administration and/or to the correlation or or or there is significant concern regarding the risk of the correlation or or or Deficit and Hyperactivity Disorder) Patient is taking a currently subsidised formulation effective due to significant concern regarding the risk of the correlation or or or Deficit and Hyperactivity Disorder) Patient is taking a currently subsidised formulation release) which has not been effective due to sign or Deficit and Hyperactive due to sign or Deficit and Hyperactivity Disorder) Or Deficit and Hyperactivity Disorder, Or Deficit and Hyperactivity Diso	n of dexamfetamine sulfate (immediate-release) which has not been

C:	D-1	
Signed.	Date:	
Oigilica.	 Daic.	