

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: .....

**Dexamphetamine sulphate**

**INITIATION – ADHD**

**Prerequisites** (tick box where appropriate)

- Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria

Note: Prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (<https://www.medsafe.govt.nz/> of April 2025).

**INITIATION – Narcolepsy**

**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

I confirm that the above details are correct:

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