

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)

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

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

**Prerequisites** (tick boxes where appropriate)

- ☐ 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 treatment adherence difficulties  
**or**
- ☐ There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride

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 (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 – 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, Ritalin LA or Methylphenidate Sandoz XR.

I confirm that the above details are correct:

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