

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:

Ward: NHI:

Dornase alfa

INITIATION – cystic fibrosis

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a respiratory physician or paediatrician, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

Patient has a confirmed diagnosis of cystic fibrosis

and

Patient has previously undergone a trial with, or is currently being treated with, hypertonic saline

and

- Patient has required one or more hospital inpatient respiratory admissions in the previous 12 month period
- or
- Patient has had 3 exacerbations due to CF, requiring oral or intravenous (IV) antibiotics in in the previous 12 month period
- or
- Patient has had 1 exacerbation due to CF, requiring oral or IV antibiotics in the previous 12 month period and a Brasfield score of < 22/25
- or
- Patient has a diagnosis of allergic bronchopulmonary aspergillosis (ABPA)

CONTINUATION – cystic fibrosis

Prerequisites (tick box where appropriate)

Prescribed by, or recommended by a respiratory physician or paediatrician, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

The treatment remains appropriate and the patient continues to benefit from treatment

INITIATION – significant mucus production

Re-assessment required after 4 weeks

Prerequisites (tick boxes where appropriate)

- Patient is an in-patient
- and
- The mucus production cannot be cleared by first line chest techniques

INITIATION – pleural emphyema

Re-assessment required after 3 days

Prerequisites (tick boxes where appropriate)

- Patient is an in-patient
- and
- Patient diagnoses with pleural emphyema

I confirm that the above details are correct:

Signed: Date: