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.

ESCRIBER	PATIENT:
me:	Name:
ırd:	NHI:
erixafor	
Patient has not had a previous unsuccessful mobilisation and Patient is undergoing G-CSF mobilisation Patient is undergoing G-CSF mobilisation Patient is undergoing G-CSF mobilisation	ount of less than or equal to 10 × 10 ⁶ /L on day 5 after 4 days of G-CSF
Patient is undergoing chemotherapy and G-CSF rand Has rising white blood cell counts of x and Has a suboptimal peripheral blood CI or Efforts to collect > 1 × 10 ⁶ CD34 cells/kg ha	> 5 × 10 ⁹ /L D34 count of less than or equal to 10 × 10 ⁶ /L ave failed after one apheresis procedure decreasing before the target has been received