HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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:
Dornase alfa	
INITIATION – cystic fibrosis Re-assessment required after 12 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a respiratory physician or paedia endorsed by the Health NZ Hospital. and O Patient has a confirmed diagnosis of cystic fibrosis and O Patient has previously undergone a trial with, or is currently be and O Patient has required one or more hospital inpatient respiratory physician or paedia endorsed by the Health NZ Hospital.	ring treated with, hypertonic saline fratory admissions in the previous 12 month period al or intravenous (IV) antibiotics in in the previous 12 month period or IV antibiotics in the previous 12 month period and a Brasfield score
CONTINUATION – cystic fibrosis Prerequisites (tick box where appropriate) O Prescribed by, or recommended by a respiratory physician or paediatrician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. and O 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) O Patient is an in-patient and O 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	