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:	
Nard:		NHI:	
Alglucosida	se Alfa		
Prerequisites Prese	nt required after 12 months (tick boxes where appropriate) cribed by, or recommended by a metabolic physician, or in acclospital.	ordance with a protocol or guideline that has been endorsed by the Health	
and	The patient is aged up to 24 months at the time of initial appli	cation and has been diagnosed with infantile Pompe disease	
and or or and on an analysis of a	and/or cultured amniotic cells Documented deficiency of acid alpha-glucosidase, and glucose tetrasaccharides Documented deficiency of acid alpha-glucosidase, and mutation in the acid alpha-glucosidase gene (GAA gen Documented urinary tetrasaccharide testing indicating a genetic testing indicating a disease-causing mutation in Patient has not required long-term invasive ventilation for response.	a diagnostic elevation of glucose tetrasaccharides, and molecular the GAA gene biratory failure prior to starting enzyme replacement therapy (ERT) ase where the prognosis is unlikely to be influenced by ERT or might be	
Prerequisites Prese	nt required after 12 months (tick boxes where appropriate) cribed by, or recommended by a metabolic physician, or in accommended by a metabolic physician by a m	-	

I confirm that the above details are correct:

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