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.

with a protocol or guideline that has been endorsed by the Health
ne-4-sulfatase (arylsulfatase B) deficiency confirmed by either bling who is known to have mucopolysaccharidosis VI
with a protocol or guideline that has been endorsed by the Health
enefiting from treatment were not preventable by appropriate pre-medication and/or where the long term prognosis is unlikely to be influenced by mably be expected to compromise a response to ERT
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