## 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:

## Sapropterin dihydrochloride

INITIATION			
Re-assessment required after 1 month Prerequisites (tick boxes where appropriate)			
	escribed by, or recommended by a metabolic physician, or in accordance with a protocol or guideline that has been endorsed by the Health 7 Hospital.		
and	Patient has phenylketonuria (PKU) and is pregnant or actively planning to become pregnant		
and	Treatment with sapropterin is required to support management of PKU during pregnancy		
and	) Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg		
and	C Sapropterin to be used alone or in combination with PKU dietary management		
	Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery		
Prerequisite	FION         ient required after 12 months         es (tick boxes where appropriate)         escribed by, or recommended by a metabolic physician, or in accordance with a protocol or guideline that has been endorsed by the Health 2 Hospital.		
	<ul> <li>Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy</li> <li>On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy</li> </ul>		
	<ul> <li>Patient continues to be pregnant and treatment with sapropterin will not continue after delivery</li> <li>Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin</li> <li>Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy</li> </ul>		
and and and	<ul> <li>Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg</li> <li>Sapropterin to be used alone or in combination with PKU dietary management</li> </ul>		
	Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery		