## 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.

respiratory specialist, or in accordance with a protocol or condary to a neurodevelopmental disorder (including, but not order)
respiratory specialist, or in accordance with a protocol or condary to a neurodevelopmental disorder (including, but not order)
condary to a neurodevelopmental disorder (including, but not order)
condary to a neurodevelopmental disorder (including, but not order)
respiratory specialist, or in accordance with a protocol or
ified-release melatonin (clinician determined)  Ition within the past 12 months and has had a recurrence of  Itian 10 mg per day
iua

I confirm that the above details are correct:	
Signed:	Date: