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.

Name	:	Name:
Ward:		NHI:
Rosı	ıvast	NHI:
		- cardiovascular disease risk es (tick boxes where appropriate)
	or	Patient is Māori or any Pacific ethnicity O Patient has a calculated risk of cardiovascular disease of at least 15% over 5 years LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin
		- familial hypercholesterolemia des (tick boxes where appropriate) Patient has familial hypercholesterolemia (defined as a Dutch Lipid Criteria score greater than or equal to 6) LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin
		- established cardiovascular disease es (tick boxes where appropriate)
	and	or O Patient has proven peripheral artery disease (PAD) or
		D LDL cholesterol has not reduced to less than 1.4 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin
		- recurrent major cardiovascular events es (tick boxes where appropriate)
	and	Patient has experienced a recurrent major cardiovascular event (defined as myocardial infarction, ischaemic stroke, coronary revascularisation, hospitalisation for unstable angina) in the last 2 years LDL cholesterol has not reduced to less than 1.0 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin