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:

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INITIATION – cystic fibrosis Re-assessment required after 12 months	
Prerequisites (tick boxes where appropriate)	
O Prescribed by, or recommended by a respiratory physician or paediatrician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.	
O Patient has a confirmed diagnosis of cystic fibrosis and	
Patient has previously undergone a trial with, or is currently being treated with, hypertonic saline	
O Patient has required one or more hospital inpatient respiratory admissions in the previous 12 month period or	
O Patient has had 3 exacerbations due to CF, requiring oral or intravenous (IV) antibiotics in in the previous 12 month period or	
Patient has had 1 exacerbation due to CF, requiring oral or IV antibiotics in the previous 12 month period and a Brasfield score of < 22/25	
O Patient has a diagnosis of allergic bronchopulmonary aspergillosis (ABPA)	
CONTINUATION – cystic fibrosis Prerequisites (tick box where appropriate) O Prescribed by, or recommended by a respiratory physician or paediatrician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. and O The treatment remains appropriate and the patient continues to benefit from treatment	
INITIATION – significant mucus production Re-assessment required after 4 weeks Prerequisites (tick boxes where appropriate)	
O Patient is an in-patient and O The mucus production cannot be cleared by first line chest techniques	
INITIATION – pleural emphyema Re-assessment required after 3 days Prerequisites (tick boxes where appropriate)	
Patient is an in-patient and	
O Patient diagnoses with pleural emphyema	