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			
me: .			Name:
ırd:			NHI:
prop	oterin	dihydrochloride	
	essmer	nt required after 1 month (tick boxes where appropriate)	
		cribed by, or recommended by a metab lospital.	olic physician, or in accordance with a protocol or guideline that has been endorsed by the Health
ar	nd O	Patient has phenylketonuria (PKU) an	d is pregnant or actively planning to become pregnant
ar	nd _	Treatment with sapropterin is required	to support management of PKU during pregnancy
ar	nd	Sapropterin to be administered at dos	es no greater than a total daily dose of 20 mg/kg
	nd	Sapropterin to be used alone or in cor	mbination with PKU dietary management
aı		Total treatment duration with sapropte pregnant) and treatment will be stopped	rin will not exceed 22 months for each pregnancy (includes time for planning and becoming ed after delivery
e-asse	uisites	nt required after 12 months (tick boxes where appropriate)	olic physician, or in accordance with a protocol or quideline that has been endorsed by the Health
e-asse	essmer uisites Pres	nt required after 12 months (tick boxes where appropriate) cribed by, or recommended by a metab dospital.	olic physician, or in accordance with a protocol or guideline that has been endorsed by the Health
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