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.

	PATIENT:
ne:	
d:	NHI:
rixafor	
requisites (ti	utologous stem cell transplant required after 3 days ick boxes where appropriate) bed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
and	Patient is to undergo stem cell transplantation  Patient has not had a previous unsuccessful mobilisation attempt with plerixafor  O Patient is undergoing G-CSF mobilisation  O Has a suboptimal peripheral blood CD34 count of less than or equal to 10 × 10 <sup>6</sup> /L on day 5 after 4 days of G-CSF
or	or treatment O Efforts to collect > 1 × 10 <sup>6</sup> CD34 cells/kg have failed after one apheresis procedure  O Patient is undergoing chemotherapy and G-CSF mobilisation  and
	O Has rising white blood cell counts of > 5 × 10 <sup>9</sup> /L  O Has a suboptimal peripheral blood CD34 count of less than or equal to 10 × 10 <sup>6</sup> /L  or  O Efforts to collect > 1 × 10 <sup>6</sup> CD34 cells/kg have failed after one apheresis procedure  or  O The peripheral blood CD34 cell counts are decreasing before the target has been received

I confirm that the above details are correct:

Signed: Date: