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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Denosumab

INITIATION – Osteoporosis

Prerequisites (tick boxes where appropriate)

- ○ The patient has established osteoporosis

and

- ○ History of one significant osteoporotic fracture demonstrated radiologically, with a documented T-Score less than or equal to -2.5, that incorporates BMD measured using dual-energy x-ray absorptiometry (DEXA)

or

- ○ History of one significant osteoporotic fracture, demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of logistical, technical or pathophysiological reasons

or

- ○ History of two significant osteoporotic fractures demonstrated radiologically

or

- ○ Documented T-Score less than or equal to -3.0

or

- ○ A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm that incorporates BMD measured using DEXA

and

- ○ Bisphosphonates are contraindicated because the patient's creatinine clearance or eGFR is less than 35 mL/min

or

- ○ The patient has experienced at least two symptomatic new fractures or a BMD loss greater than 2% per year, after at least 12 months' continuous therapy with a funded antiresorptive agent

or

- ○ Bisphosphonates result in intolerable side effects

or

- ○ Intravenous bisphosphonates cannot be administered due to logistical or technical reasons

INITIATION – Hypercalcaemia

Prerequisites (tick boxes where appropriate)

- ○ Patient has hypercalcaemia of malignancy

and

- ○ Patient has severe renal impairment

I confirm that the above details are correct:

Signed: ..... Date: .....