HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2025

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:
Methylnaltrexone bromide	
INITIATION – Opioid induced constipation Prerequisites (tick boxes where appropriate)	
The patient is receiving palliative care	
O Oral and rectal treatments for opioid induced constipation	on are ineffective
O Oral and rectal treatments for opioid induced constipation	on are unable to be tolerated
INITIATION – Opioid induced constipation outside of palliative care Re-assessment required after 14 days Prerequisites (tick boxes where appropriate)	
O Individual has opioid induced constipation and	
	luding bowel-cleansing preparations, are ineffective or inappropriate
O Mechanical bowel obstruction has been excluded	

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Signed.	Date:	
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