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.

PRESCR	IBER	PATIENT:
Name:		
Ward:		NHI:
Epoetir	beta	
		chronic renal failure (tick boxes where appropriate)
an	d	Patient in chronic renal failure
an	and	Haemoglobin is less than or equal to 100g/L
		Patient does not have diabetes mellitus and Glomerular filtration rate is less than or equal to 30ml/min
		O Patient has diabetes mellitus and O Glomerular filtration rate is less than or equal to 45ml/min
	or	O Patient is on haemodialysis or peritoneal dialysis
Re-asse	ssmen	myelodysplasia* t required after 12 months (tick boxes where appropriate)
an	O d	Patient has a confirmed diagnosis of myelodysplasia (MDS)
an	and and and	Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS)
		Other causes of anaemia such as B12 and folate deficiency have been excluded
an	O d O	Patient has a serum epoetin level of < 500 IU/L The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week
Re-asse	ssmen	DN – myelodysplasia* tt required after 2 months (tick boxes where appropriate)
an	O d	The patient's transfusion requirement continues to be reduced with epoetin treatment
an	d O	Transformation to acute myeloid leukaemia has not occurred The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week
		,

I confirm that the above details are correct:

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Signeg.	 Date.	
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PRESCRIBER			PATIENT:			
Name:		Name:				
Ward:			NHI:			
Epoet	Epoetin beta - continued					
INITIATION – all other indications						
Prerequisites (tick boxes where appropriate)						
	0	Haematologist				
	and	For use in patients where blood transfusion is not a viable trea	atment alternative			
1	and O	*Note: Indications marked with * are unapproved indications				

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