## 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				PATIENT:
Name	e:			Name:
Ward	:			NHI:
Dexrazoxane				
	equisites (tick boxes where appropriate)  Prescribed by, or recommended by a medical oncologist, paediatric oncologist, haematologist or paediatric haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.			
	and		Patient is to receive treatment with high dose anthracycline given with curative intent  Based on current treatment plan, patient's cumulative lifetime dose of anthracycline will exceed 250mg/m2 doxorubicin equivalent or greater	
	and ( and	C	Dexrazoxane to be administered only whilst on anthracycline to	reatment
			O Treatment to be used as a cardioprotectant for a child or	young adult
		or	O Treatment to be used as a cardioprotectant for secondar	ry malignancy