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.

RESCRIBER	BER PATIENT:	PATIENT:	
ame:	Name:	Name:	
ard:	NHI:		
lglucosida	sidase Alfa		
Prerequisites O Pres	Noment required after 12 months sites (tick boxes where appropriate) Prescribed by, or recommended by a metabolic physician, or in accordance with a protocol or guideline NZ Hospital.	that has been endorsed by the Health	
and	O The patient is aged up to 24 months at the time of initial application and has been diagnosed with	infantile Pompe disease	
or	Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagn and/or cultured amniotic cells Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicated glucose tetrasaccharides Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing mutation in the acid alpha-glucosidase gene (GAA gene) Documented urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasgenetic testing indicating a disease-causing mutation in the GAA gene Patient has not required long-term invasive ventilation for respiratory failure prior to starting enzyments.	ating a diagnostic elevation of ng indicating a disease-causing asaccharides, and molecular	
and on the same of	Patient does not have another life-threatening or severe disease where the prognosis is unlikely to reasonably expected to compromise a response to ERT Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks		
rerequisites O Pres	ATION sment required after 12 months sites (tick boxes where appropriate) Prescribed by, or recommended by a metabolic physician, or in accordance with a protocol or guideline NZ Hospital.	that has been endorsed by the Health	
and and and and and and and	 Patient has not developed another life threatening or severe disease where the long term prognos Patient has not developed another medical condition that might reasonably be expected to compression. There is no evidence of life threatening progression of respiratory disease as evidenced by the ne ventilation. 	is is unlikely to be influenced by ERT omise a response to ERT	

I confirm that the above details are correct:

Signed: Date: