## 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.

PRES	CRIBER	PATIENT:
Name	:	Name:
Ward		NHI:
Riboflavin		
INITIATION Re-assessment required after 6 months Prerequisites (tick box where appropriate)  O Prescribed by, or recommended by a metabolic physician or neurologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.  and O The patient has a suspected inborn error of metabolism that may respond to riboflavin supplementation		
CONTINUATION Re-assessment required after 24 months Prerequisites (tick boxes where appropriate)  Prescribed by, or recommended by a metabolic physician or neurologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.  and		
	The patient has a confirmed diagnosis of an inborn error of mand  The treatment remains appropriate and the patient is benefiting	