HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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| Use this checklist to determine if a patient meets the restrictions for funding in Schedule. For community funding, see the Special Authority Criteria. | the hospital setting . For more details, refer to Section H of the Pharmaceutica |
|---|---|
| PRESCRIBER | PATIENT: |
| Name: | Name: |
| Ward: | NHI: |
| Pegfilgrastim | |
| INITIATION Prerequisites (tick box where appropriate) | |
| O For prevention of neutropenia in patients undergoing high risk cher Note: *Febrile neutropenia risk greater than or equal to 5% after taking into a Research and Treatment of Cancer (EORTC) guidelines | motherapy for cancer (febrile neutropenia risk greater than or equal to 5%*) account other risk factors as defined by the European Organisation for |
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I confirm that the above details are correct:

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