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.

RES	CRIB	ER	PATIENT:
lame:	:		Name:
Vard:			NHI:
apro	opte	rin	dihydrochloride
Re-as		men	it required after 1 month (tick boxes where appropriate)
and			cribed by, or recommended by a metabolic physician, or in accordance with a protocol or guideline that has been endorsed by the Health ospital.
	and	C	Patient has phenylketonuria (PKU) and is pregnant or actively planning to become pregnant
	and	$\mathcal{I}$	Treatment with sapropterin is required to support management of PKU during pregnancy
	and	C	Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg
	and	C	Sapropterin to be used alone or in combination with PKU dietary management
	(	C	Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery
and	N	or	O Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy
		OI.	On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy
	and		
		or	Patient continues to be pregnant and treatment with sapropterin will not continue after delivery
		or	O Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin  Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy
	and (	C	Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg
	and	C	Sapropterin to be used alone or in combination with PKU dietary management
	and		

I confirm that the above details are correct:

Signed: ...... Date: .....