HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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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.

PATIENT:
Name:
NHI:
cordance with a protocol or guideline that has been endorsed by the Health urses of sodium valproate, clobazam and at least two of the following:
e or topiramate. Those who can father children are not required to trial
cordance with a protocol or guideline that has been endorsed by the Health seizure frequency from baseline

I confirm that the above details are correct:

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