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	SCRIE	BER		PATIENT:
Name	e:			
Ward	:			NHI:
Den	osun	nab		
INIT	IATIO	N – (Osteo	porosis
Prer	equis	ites	(tick b	poxes where appropriate)
	and	0	The	patient has established osteoporosis
		or	0	History of one significant osteoporotic fracture demonstrated radiologically, with a documented T-Score less than or equal to -2.5, that incorporates BMD measured using dual-energy x-ray absorptiometry (DEXA)
		or	0	History of one significant osteoporotic fracture, demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of logistical, technical or pathophysiological reasons
		or	0	History of two significant osteoporotic fractures demonstrated radiologically
		or	\circ	Documented T-Score less than or equal to -3.0
			0	A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm that incorporates BMD measured using DEXA
	and			
		or	\circ	Bisphosphonates are contraindicated because the patient's creatinine clearance or eGFR is less than 35 mL/min
		or	0	The patient has experienced at least two symptomatic new fractures or a BMD loss greater than 2% per year, after at least 12 months' continuous therapy with a funded antiresorptive agent
		01	\circ	Bisphosphonates result in intolerable side effects
		or	0	Intravenous bisphosphonates cannot be administered due to logistical or technical reasons
				poxes where appropriate)
	and	0	Patie	ent has hypercalcaemia of malignancy
		\circ	Patie	ent has severe renal impairment