

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](#).

PREScriber

Name:

Ward: NHI:

Tamsulosin

INITIATION

Prerequisites (tick boxes where appropriate)

- and
- Patient has symptomatic benign prostatic hyperplasia
 - The patient is intolerant of non-selective alpha blockers or these are contraindicated

I confirm that the above details are correct:

Signed: Date: