

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:

Multivitamin renal

INITIATION

Prerequisites (tick boxes where appropriate)

or

- The patient has chronic kidney disease and is receiving either peritoneal dialysis or haemodialysis
- The patient has chronic kidney disease grade 5, defined as patient with an estimated glomerular filtration rate of $< 15 \text{ ml/min}/1.73\text{m}^2$ body surface area (BSA)

I confirm that the above details are correct:

Signed: Date: