

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: ..... Name: .....

Ward: ..... NHI: .....

**Dornase alfa**

**INITIATION – cystic fibrosis**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by a respiratory physician or paediatrician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has a confirmed diagnosis of cystic fibrosis

and

Patient has previously undergone a trial with, or is currently being treated with, hypertonic saline

and

Patient has required one or more hospital inpatient respiratory admissions in the previous 12 month period

or

Patient has had 3 exacerbations due to CF, requiring oral or intravenous (IV) antibiotics in the previous 12 month period

or

Patient has had 1 exacerbation due to CF, requiring oral or IV antibiotics in the previous 12 month period and a Brasfield score of < 22/25

or

Patient has a diagnosis of allergic bronchopulmonary aspergillosis (ABPA)

**CONTINUATION – cystic fibrosis**

**Prerequisites** (tick box where appropriate)

Prescribed by, or recommended by a respiratory physician or paediatrician, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

The treatment remains appropriate and the patient continues to benefit from treatment

**INITIATION – significant mucus production**

Re-assessment required after 4 weeks

**Prerequisites** (tick boxes where appropriate)

Patient is an in-patient

and

The mucus production cannot be cleared by first line chest techniques

**INITIATION – pleural emphyema**

Re-assessment required after 3 days

**Prerequisites** (tick boxes where appropriate)

Patient is an in-patient

and

Patient diagnoses with pleural emphyema

I confirm that the above details are correct:

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