HOSPITAL MEDICINES LIST
RESTRICTIONS CHECKLIST

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: .....

PATIENT:

Name: .....

NHI: .....

Influenza vaccine Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)

INITIATION – All children under 59 months

Prerequisites (tick box where appropriate)

- ○ All children under 59 months inclusive

INITIATION – People over 65

Prerequisites (tick box where appropriate)

- ○ The patient is 65 years of age or over

INITIATION – cardiovascular disease

Prerequisites (tick boxes where appropriate)

- ○ Ischaemic heart disease

or

- ○ Congestive heart failure

or

- ○ Rheumatic heart disease

or

- ○ Congenital heart disease

or

- ○ Cerebro-vascular disease

Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

INITIATION – chronic respiratory disease

Prerequisites (tick boxes where appropriate)

- ○ Asthma, if on a regular preventative therapy

or

- ○ Other chronic respiratory disease with impaired lung function

Note: asthma not requiring regular preventative therapy is excluded from funding.

HOSPITAL

I confirm that the above details are correct:

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

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PRESCRIBER

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Influenza vaccine Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) *- continued*

INITIATION – Other conditions

Prerequisites (tick boxes where appropriate)

- ○ Diabetes

or

- ○ Chronic renal disease

or

- ○ Any cancer, excluding basal and squamous skin cancers if not invasive

or

- ○ Autoimmune disease

or

- ○ Immune suppression or immune deficiency

or

- ○ HIV

or

- ○ Transplant recipient

or

- ○ Neuromuscular and CNS diseases/ disorders

or

- ○ Haemoglobinopathies

or

- ○ Is a child on long term aspirin

or

- ○ Has a cochlear implant

or

- ○ Errors of metabolism at risk of major metabolic decompensation

or

- ○ Pre and post splenectomy

or

- ○ Down syndrome

or

- ○ Is pregnant

or

- ○ Patients in a long-stay inpatient mental health care unit or who are compulsorily detained long-term in a forensic unit within a Public Hospital

INITIATION – Serious mental health conditions or addiction

Prerequisites (tick boxes where appropriate)

- ○ Schizophrenia

or

- ○ Major depressive disorder

or

- ○ Bipolar disorder

or

- ○ Schizoaffective disorder

or

- ○ Person is currently accessing secondary or tertiary mental health and addiction services

I confirm that the above details are correct:

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

HOSPITAL