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	PATIENT:
Name:	Name:
Ward:	NHI:
Varicella vaccine [Chickenpox vaccine]	

		infants between 9 and 12 months of age nt required after 2 doses					
		(tick boxes where appropriate)					
		for non-immune patients:					
		O With chronic liver disease who may in future be candidates for transplantation					
	or	O With deteriorating renal function before transplantation					
	or	O Prior to solid organ transplant					
	or	O Prior to any elective immunosuppression*					
		O For post exposure prophylaxis who are immune competent inpatients					
or	m O For patients at least 2 years after bone marrow transplantation, on advice of their specialist						
	Ο	For patients at least 6 months after completion of chemotherapy, on advice of their specialist					
or	0	O For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist					
or	O For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella						
	Ο	For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella					
or	0	For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella					

Note: *	immunosuppression due to steroid or other	immunosuppressive t	therapy must be for a treatment period	of
greater	than 28 days			