## 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:
COVID-19 vaccine	
INITIATION – initial dose Prerequisites (tick boxes where appropriate)	
One dose for previously unvaccinated people aged 12-15 ye  Or  Up to three doses for immunocompromised people aged 12-  or  Up to two doses for previously unvaccinated people 16-29 ye  or  Up to four doses for people aged 16-29 at high risk of severe  or  One dose for previously unvaccinated people aged 30 and o	15 years old ears old eillness
INITIATION – additional dose Prerequisites (tick box where appropriate)	
One additional dose every 6 months for people aged 30 years and	over, additional dose is given at least 6 months after last dose
CONTINUATION – additional dose Prerequisites (tick box where appropriate)  One additional dose every 6 months for people aged 30 years and	over, additional dose is given at least 6 months after last dose

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Signed.	Date:	
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