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: .....

COVID-19 vaccine

INITIATION – initial dose

Prerequisites (tick boxes where appropriate)

- ○ One dose for previously unvaccinated people aged 12-15 years and over 30 years old

or

- ○ Two doses for previously unvaccinated people aged 16-29 years old

or

- ○ Up to three doses for previously unvaccinated immunocompromised people from 12 years old

or

- ○ Up to four doses for people at risk of severe illness aged from 12-29 years

CONTINUATION – additional dose

Prerequisites (tick boxes where appropriate)

- ○ One additional dose with the most current variant-matched vaccine every 6 months, additional dose to be given at least 6 months after last dose

and

- ○ Previously vaccinated people aged 30 years and over

or

- ○ Previously vaccinated immunocompromised people from 12 years

or

- ○ Previously vaccinated people at high-risk of severe illness from 12 years

I confirm that the above details are correct:

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