July 2024

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:
Bacillus calmette-guerin vaccine	
INITIATION Prerequisites (tick boxes where appropriate)	
For infants at increased risk of tuberculosis defined as:	
O Living in a house or family with a person with current or past history of TB	
Having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer	
O During their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000	

Note: A list of countries with high rates of TB are available at http://www.health.govt.nz/tuberculosis (Search for Downloads) or www.bcgatlas.org/index.php

I confirm that the above details are correct: Signed: Date: