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 old

or

- ○ Up to three doses for immunocompromised people aged 12-15 years old

or

- ○ Up to two doses for previously unvaccinated people 16-29 years old

or

- ○ Up to four doses for people aged 16-29 at high risk of severe illness

or

- ○ One dose for previously unvaccinated people aged 30 and older

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

I confirm that the above details are correct:

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