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

 	initial dose s (tick boxes where appropriate)
0	One dose for previously unvaccinated people aged 12-15 years old
or O	Up to three doses for immunocompromised people aged 12-15 years old
or O	Up to two doses for previously unvaccinated people 16-29 years old
°r O	Up to four doses for people aged 16-29 at high risk of severe illness
or O	One dose for previously unvaccinated people aged 30 and older

INITIATION – additional dose

Prerequisites (tick box where appropriate)

O 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)

O 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: