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:	
Baci	Bacillus calmette-guerin vaccine			
INITIATION Prerequisites (tick boxes where appropriate)				
	For infants at increased risk of tuberculosis defined as:			
	O	O Living in a house or family with a person with current or past history of TB		
And Having one or more household members or carers who within the last 5 years lived in a country with a rate of 1 100,000 for 6 months or longer		the last 5 years lived in a country with a rate of TB > or equal to 40 per		
	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		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: