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:		
Pneumococcal (PCV13) conjugate vaccine		
INITIATION – Primary course for previously unvaccinated children aged under 5 years Re-assessment required after 3 doses Prerequisites (tick box where appropriate)		
O A primary course of three doses for previously unvaccinated children up to the age of 59 months inclusive		
INITIATION - High risk individuals who have received PCV10 Re-assessment required after 2 doses Prerequisites (tick box where appropriate) O Two doses are funded for high risk individuals (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10		
INITIATION – High risk children aged under 5 years Re-assessment required after 4 doses Prerequisites (tick boxes where appropriate) O Up to an additional four doses (as appropriate) are funded for the (re)immunisation of high-risk children aged under 5 years		
and or or or or or or or or or or or or or	 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response Primary immune deficiencies HIV infection Renal failure, or nephrotic syndrome Are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant) Cochlear implants or intracranial shunts Cerebrospinal fluid leaks Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater Chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy) Pre term infants, born before 28 weeks gestation Cardiac disease, with cyanosis or failure Diabetes Down syndrome Who are pre-or post-splenectomy, or with functional asplenia 	

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PRESCRIBER	PATIENT:	
Name:	Name:	
Ward:	NHI:	
Pneumococcal (PCV13) conjugate vaccine - continued		
INITIATION – High risk individuals 5 years and over Re-assessment required after 4 doses Prerequisites (tick box where appropriate) O Up to an additional four doses (as appropriate) are funded for the (reference)	e-)immunisation of individuals 5 years and over with HIV, pre or post post splenectomy; functional asplenia, pre- or post- solid organ transplant, ar implants, intracranial shunts, cerebrospinal fluid leaks or primary	
INITIATION – Testing for primary immunodeficiency diseases Prerequisites (tick box where appropriate)		
O For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician		
Note: Please refer to the Immunisation Handbook for the appropriate schedu	le for catch up programmes	