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.

	PATIENT:
	Name:
	NHI:
ccine [Chickenpox vaccine]	
primary vaccinations It required after 1 dose (tick boxes where appropriate)	
Any infant born on or after 1 April 2016 For previously unvaccinated children turning 11 years old on (chickenpox)	or after 1 July 2017, who have not previously had a varicella infection
other conditions nt required after 2 doses (tick boxes where appropriate)	
 With deteriorating renal function before transplantation Prior to solid organ transplant Prior to any elective immunosuppression* For post exposure prophylaxis who are immune competition For patients at least 2 years after bone marrow transplantation For patients at least 6 months after completion of chemothera For HIV positive patients non immune to varicella with mild or For patients with inborn errors of metabolism at risk of major For household contacts of paediatric patients who are immune where the household contact has no clinical history of varicel 	tent inpatients n, on advice of their specialist apy, on advice of their specialist moderate immunosuppression on advice of HIV specialist metabolic decompensation, with no clinical history of varicella ocompromised, or undergoing a procedure leading to immune compromise
	crime [Chickenpox vaccine] rimary vaccinations t required after 1 dose (tick boxes where appropriate) Any infant born on or after 1 April 2016 For previously unvaccinated children turning 11 years old on (chickenpox) ther conditions t required after 2 doses (tick boxes where appropriate) for non-immune patients: With chronic liver disease who may in future be candida With deteriorating renal function before transplantation Prior to solid organ transplant Prior to any elective immunosuppression* For patients at least 2 years after bone marrow transplantation For patients at least 2 years after completion of chemotherer For patients at least 6 months after completion of chemotherer For patients with inborn errors of metabolism at risk of major For household contacts of paediatric patients who are immune

I confirm that the above details are correct:

Signed: Date: