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

INITIATION – initial dose Prerequisites (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
	or 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