

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**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Ursodeoxycholic acid**

**INITIATION – Alagille syndrome or progressive familial intrahepatic cholestasis**

**Prerequisites** (tick boxes where appropriate)

- Patient has been diagnosed with Alagille syndrome  
or  
 Patient has progressive familial intrahepatic cholestasis

**INITIATION – Chronic severe drug induced cholestatic liver injury**

**Prerequisites** (tick boxes where appropriate)

- Patient has chronic severe drug induced cholestatic liver injury  
and  
 Cholestatic liver injury not due to Total Parenteral Nutrition (TPN) use in adults  
and  
 Treatment with ursodeoxycholic acid may prevent hospital admission or reduce duration of stay

**INITIATION – Primary biliary cholangitis**

**Prerequisites** (tick boxes where appropriate)

- Primary biliary cholangitis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative by liver biopsy  
and  
 Patient not requiring a liver transplant (bilirubin > 100  $\mu\text{mol/l}$ ; decompensated cirrhosis)

**INITIATION – Pregnancy**

**Prerequisites** (tick box where appropriate)

- Patient diagnosed with cholestasis of pregnancy

**INITIATION – Haematological transplant**

**Prerequisites** (tick boxes where appropriate)

- Patient at risk of veno-occlusive disease or has hepatic impairment and is undergoing conditioning treatment prior to allogeneic stem cell or bone marrow transplantation  
and  
 Treatment for up to 13 weeks

**INITIATION – Total parenteral nutrition induced cholestasis**

**Prerequisites** (tick boxes where appropriate)

- Paediatric patient has developed abnormal liver function as indicated on testing which is likely to be induced by TPN  
and  
 Liver function has not improved with modifying the TPN composition

**INITIATION – prevention of sinusoidal obstruction syndrome**

**Prerequisites** (tick box where appropriate)

- The individual has leukaemia/lymphoma and requires prophylaxis for medications/therapies with a high risk of sinusoidal obstruction syndrome

I confirm that the above details are correct:

Signed: ..... Date: .....