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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:			

Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]

INITIATION – Children aged 14 years and under Re-assessment required after 2 doses Prerequisites (tick box where appropriate)	
O Children aged 14 years and under	

or	Up to 3 doses for people aged 15 to 26 years inclusive
	O People aged 9 to 26 years inclusive
č	and O Up to 3 doses for confirmed HIV infection or
	O Up to 3 doses people with a transplant (including stem cell)
	O Up to 4 doses for Post chemotherapy
	– Recurrent Respiratory Papillomatosis
quisite	es (tick boxes where appropriate)

\cup	Maximum	of three	doses t	for people	e aged 1	5 vears and	over

 \bigcirc The person has recurrent respiratory papillomatosis

The person has not previously had an HPV vaccine