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:
Deserves	

Posaconazole

INITIATION Re-assessment required after 6 weeks Prerequisites (tick boxes where appropriate)					
Prescribed by, or recommended by a haematologist or infectious disease specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.					
O Patient has acute myeloid leukaemia					
O Patient is planned to receive a stem cell transplant and is at high risk for aspergillus infection					
and O Patient is to be treated with high dose remission induction therapy or re-induction therapy					
CONTINUATION Re-assessment required after 6 weeks Prerequisites (tick boxes where appropriate)					
O Prescribed by, or recommended by a haematologist or infectious disease specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.					
O Patient has previously received posaconazole prophylaxis during remission induction therapy and					
O Patient is to be treated with high dose remission re-induction therapy					
O Patient is to be treated with high dose consolidation therapy					
or O Patient is receiving a high risk stem cell transplant					
INITIATION – Invasive fungal infection prophylaxis Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)					
O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.					
The patient is at risk of invasive fungal infection					
O Posaconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist					

Prescribing posaconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI) \bigcirc

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PRESCRIBER			PATIENT:			
Name	e:				Name:	
Ward:					NHI:	
Posaconazole - continued						
CONTINUATION – Invasive fungal infection prophylaxis Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.						
	(and	O The patient is at risk of invasive fungal infection and				
		or	0	Posaconazole is prescribed by, or recommended by a ha paediatric haematologist or paediatric oncologist	aematologist, transplant physician, infectious disease specialist,	
			0		ol or guideline that has been endorsed by the Health New Zealand - Te s a greater than 10% risk of invasive fungal infection (IFI)	