

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  $\mu$ 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 allogenic 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: .....