

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 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: