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	R PATIENT:	PATIENT:			
Name:	Name:				
Ward:	NHI:				
Varenicline					
INITIATION Prerequisites	es (tick boxes where appropriate)				
and	O Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking and				
and	The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring				
The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, a which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy or					
	The patient has tried but failed to quit smoking using bupropion or nortriptyline				
and and	The patient has not had a Special Authority for varenicline approved in the last 6 months				
Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient h this					
and	The patient is not pregnant				
	The patient will not be prescribed more than 12 weeks' funded varenicline in	n a 12 month period			

I confirm that the above details are corre
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