## 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:				
Voriconazole					
INITIATION – Proven or probable aspergillus infection Prerequisites (tick boxes where appropriate)					
Prescribed by, or recommended by a clinical microbiologist, haema guideline that has been endorsed by the Health NZ Hospital.					
Patient is immunocompromised  O Patient has proven or probable invasive aspergillus infection					
INITIATION – Possible aspergillus infection Prerequisites (tick boxes where appropriate)					
Prescribed by, or recommended by a clinical microbiologist, haematologist or infectious disease specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.					
O Patient is immunocompromised					
Patient has possible invasive aspergillus infection					
A multidisciplinary team (including an infectious disease phys	sician) considers the treatment to be appropriate				
INITIATION – Resistant candidiasis infections and other moulds  Prerequisites (tick boxes where appropriate)  O Prescribed by, or recommended by a clinical microbiologist, haematologist or infectious disease specialist, or in accordance with a protocol or					
guideline that has been endorsed by the Health NZ Hospital.					
O Patient is immunocompromised and					
O Patient has fluconazole resistant candidiasis or					
O Patient has mould strain such as Fusarium spp. and S	cedosporium spp				
A multidisciplinary team (including an infectious disease physical)	sician or clinical microbiologist) considers the treatment to be appropriate				
INITIATION – Invasive fungal infection prophylaxis Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)  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					
The patient is at risk of invasive fungal infection					
Voriconazole is prescribed by, or recommended by a hapaediatric haematologist or paediatric oncologist	aematologist, transplant physician, infectious disease specialist,				
	ol or guideline that has been endorsed by the Health New Zealand - Te is a greater than 10% risk of invasive fungal infection (IFI)				

I confirm that the above details are correct:

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Siurieu.	 Date.	

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PRES	CRIB	ER			PATIENT:
Name	:				Name:
Ward:					NHI:
Vorid	ona	zole	• - co	ontinued	
Re-a	ssess <b>equis</b> i	ment ites ( Presci	requi		cordance with a protocol or guideline that has been endorsed by the Health
	( and	The patient is at risk of invasive fungal infection			
		or	0	Voriconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist	
		Oi	0	Prescribing voriconazole is in accordance with a protocol Whatu Ora Hospital in the specific settings where there is	or guideline that has been endorsed by the Health New Zealand - Te s a greater than 10% risk of invasive fungal infection (IFI)
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