

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:

Budesonide

INITIATION – Crohn's disease

Prerequisites (tick boxes where appropriate)

- ☐ Mild to moderate ileal, ileocaecal or proximal Crohn's disease
and
- ☐ Diabetes
or
☐ Cushingoid habitus
or
☐ Osteoporosis where there is significant risk of fracture
or
☐ Severe acne following treatment with conventional corticosteroid therapy
or
☐ History of severe psychiatric problems associated with corticosteroid treatment
or
☐ History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high
or
☐ Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated)

INITIATION – Collagenous and lymphocytic colitis (microscopic colitis)

Prerequisites (tick box where appropriate)

- ☐ Patient has a diagnosis of microscopic colitis (collagenous or lymphocytic colitis) by colonoscopy with biopsies

INITIATION – Gut Graft versus Host disease

Prerequisites (tick box where appropriate)

- ☐ Patient has gut Graft versus Host disease following allogenic bone marrow transplantation

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Budesonide - continued

INITIATION – non-cirrhotic autoimmune hepatitis

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- ☐ Patient has autoimmune hepatitis*
- and
- ☐ Patient does not have cirrhosis
- and
- ☐ Diabetes
- or
- ☐ Cushingoid habitus
- or
- ☐ Osteoporosis where there is significant risk of fracture
- or
- ☐ Severe acne following treatment with conventional corticosteroid therapy
- or
- ☐ History of severe psychiatric problems associated with corticosteroid treatment
- or
- ☐ History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high
- or
- ☐ Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated)
- or
- ☐ Adolescents with poor linear growth (where conventional corticosteroid use may limit further growth)

Note: Indications marked with * are unapproved indications.

CONTINUATION – non-cirrhotic autoimmune hepatitis

Re-assessment required after 6 months

Prerequisites (tick box where appropriate)

- ☐ Treatment remains appropriate and the patient is benefitting from the treatment

I confirm that the above details are correct:

Signed: Date: