

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

PATIENT:

Name:

Name:

Ward:

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: