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

Name: ....

Ward: ....

PATIENT:

Name: ....

NHI: ....

Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]

INITIATION – Children aged 14 years and under
Re-assessment required after 2 doses
Prerequisites (tick box where appropriate)

- ◯ Children aged 14 years and under

INITIATION – other conditions
Prerequisites (tick boxes where appropriate)

- ◯ Up to 3 doses for people aged 15 to 26 years inclusive

or

- ◯ People aged 9 to 26 years inclusive

  and

  - ◯ Up to 3 doses for confirmed HIV infection

    or

  - ◯ Up to 3 doses people with a transplant (including stem cell)

    or

  - ◯ Up to 4 doses for Post chemotherapy

INITIATION – Recurrent Respiratory Papillomatosis
Prerequisites (tick boxes where appropriate)

- ◯ Maximum of two doses for children aged 14 years and under

  or

- ◯ Maximum of three doses for people aged 15 years and over

and

- ◯ The person has recurrent respiratory papillomatosis

and

- ◯ The person has not previously had an HPV vaccine

I confirm that the above details are correct:

Signed: .... Date: ....

HOSPITAL