

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: .....

**Pneumococcal (PCV13) conjugate vaccine**

**INITIATION – High risk children who have received PCV10**

Re-assessment required after 1 dose

**Prerequisites** (tick box where appropriate)

- Two doses are funded for high risk children (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10

**INITIATION – High risk children aged under 5 years**

Re-assessment required after 4 doses

**Prerequisites** (tick boxes where appropriate)

- Up to an additional four doses (as appropriate) are funded for children aged under 5 years for (re-)immunisation
- and
- On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response
  - or
  - With primary immune deficiencies
  - or
  - With HIV infection
  - or
  - With renal failure, or nephrotic syndrome
  - or
  - Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant)
  - or
  - With cochlear implants or intracranial shunts
  - or
  - With cerebrospinal fluid leaks
  - or
  - Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater
  - or
  - With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy)
  - or
  - Pre term infants, born before 28 weeks gestation
  - or
  - With cardiac disease, with cyanosis or failure
  - or
  - With diabetes
  - or
  - With Down syndrome
  - or
  - Who are pre-or post-splenectomy, or with functional asplenia

**INITIATION – High risk adults and children 5 years and over**

Re-assessment required after 4 doses

**Prerequisites** (tick box where appropriate)

- Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients 5 years and over with HIV, for patients pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, intracranial shunts, cerebrospinal fluid leaks or primary immunodeficiency

**INITIATION – Testing for primary immunodeficiency diseases**

**Prerequisites** (tick box where appropriate)

- For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician

I confirm that the above details are correct:

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

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**PRESCRIBER**

**PATIENT:**

Name: .....

Name: .....

Ward: .....

NHI: .....

**Pneumococcal (PCV13) conjugate vaccine** - *continued*

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

HOSPITAL

I confirm that the above details are correct:

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