

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:

Meningococcal B multicomponent vaccine

INITIATION – Infants under one year of age

Prerequisites (tick boxes where appropriate)

- Up to three doses and a booster every five years for patients pre- and post-splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre- or post-solid organ transplant
- or
- Up to three doses for close contacts of meningococcal cases of any group
- or
- Up to three doses for child who or has previously had meningococcal disease of any group
- or
- Up to three doses for bone marrow transplant patients
- or
- Up to three doses for person pre- and post-immunosuppression*

INITIATION – Person is one year of age or over

Prerequisites (tick boxes where appropriate)

- Up to two doses and a booster every five years for patients pre- and post-splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre- or post-solid organ transplant
- or
- Up to two doses for close contacts of meningococcal cases of any group
- or
- Up to two doses for person who has previously had meningococcal disease of any group
- or
- Up to two doses for bone marrow transplant patients
- or
- Up to two doses for person pre- and post-immunosuppression*

Note: *Immunosuppression due to corticosteroid or other immunosuppressive therapy must be for a period of greater than 28 days.

I confirm that the above details are correct:

Signed: Date: