

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**

**PATIENT:**

Name: .....

Ward: ..... NHI: .....

**Meningococcal (A, C, Y and W-135) conjugate vaccine**

**INITIATION**

**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 HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant
- or
- One dose for close contacts of meningococcal cases of any group
- or
- One dose for person who has previously had meningococcal disease of any group
- or
- A maximum of two doses for bone marrow transplant patients
- or
- A maximum of two doses for person pre and post-immunosuppression\*

- or
- Person is aged between 13 and 25 years, inclusive
  - and
  - One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons

Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.  
\*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

I confirm that the above details are correct:

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