

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:

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 for transplant (including stem cell) patients
- 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 patient has recurrent respiratory papillomatosis
- and
- The patient has not previously had an HPV vaccine

I confirm that the above details are correct:

Signed: Date: