

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:

Valganciclovir

INITIATION – Transplant cytomegalovirus prophylaxis

Re-assessment required after 3 months

Prerequisites (tick box where appropriate)

- ☐ Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis

CONTINUATION – Transplant cytomegalovirus prophylaxis

Re-assessment required after 3 months

Prerequisites (tick boxes where appropriate)

- ☐ Patient has undergone a solid organ transplant and received anti-thymocyte globulin and requires valganciclovir therapy for CMV prophylaxis
and
☐ Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following anti-thymocyte globulin

or

- ☐ Patient has received pulse methylprednisolone for acute rejection and requires further valganciclovir therapy for CMV prophylaxis
and
☐ Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following pulse methylprednisolone

INITIATION – Lung transplant cytomegalovirus prophylaxis

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- ☐ Patient has undergone a lung transplant
and
☐ The donor was cytomegalovirus positive and the patient is cytomegalovirus negative
or
☐ The recipient is cytomegalovirus positive
and
☐ Patient has a high risk of CMV disease

CONTINUATION – Lung transplant cytomegalovirus prophylaxis

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- ☐ Patient has undergone a lung re-transplant
and
☐ The donor was cytomegalovirus positive and the patient is cytomegalovirus negative
or
☐ The recipient is cytomegalovirus positive
and
☐ Patient has a high risk of CMV disease

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Valganciclovir - *continued*

INITIATION – Cytomegalovirus in immunocompromised patients

Prerequisites (tick boxes where appropriate)

☐ Patient is immunocompromised
and

- or**
- ☐ Patient has cytomegalovirus syndrome or tissue invasive disease
 - or**
 - ☐ Patient has rapidly rising plasma CMV DNA in absence of disease
 - or**
 - ☐ Patient has cytomegalovirus retinitis

I confirm that the above details are correct:

Signed: Date: