HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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:	Name:
Ward:	NHI:

Meningococcal C conjugate vaccine

INITIATION - Children under 12 months of age Prerequisites (tick boxes where appropriate) \bigcirc Up to three doses 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 Two doses for close contacts of meningococcal cases of any group or Two doses for child 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 child pre- and post-immunosuppression*

Note: children under 12 months of age require two doses 8 weeks apart. Refer to the Immunisation Handbook for recommended booster schedules with meningococcal ACWY vaccine. *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: