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: .....

Pneumococcal (PCV13) conjugate vaccine

INITIATION – Primary course for previously unvaccinated children aged under 5 years
Re-assessment required after 3 doses
Prerequisites (tick box where appropriate)

- ○ A primary course of three doses for previously unvaccinated children up to the age of 59 months inclusive

INITIATION – High risk individuals who have received PCV10
Re-assessment required after 2 doses
Prerequisites (tick box where appropriate)

- ○ Two doses are funded for high risk individuals (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10

INITIATION – High risk children aged under 5 years
Re-assessment required after 4 doses
Prerequisites (tick boxes where appropriate)

- ○ Up to an additional four doses (as appropriate) are funded for the (re)immunisation of high-risk children aged under 5 years

and

- ○ On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response

or

- ○ Primary immune deficiencies

or

- ○ HIV infection

or

- ○ Renal failure, or nephrotic syndrome

or

- ○ Are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant)

or

- ○ Cochlear implants or intracranial shunts

or

- ○ Cerebrospinal fluid leaks

or

- ○ Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater

or

- ○ Chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy)

or

- ○ Pre term infants, born before 28 weeks gestation

or

- ○ Cardiac disease, with cyanosis or failure

or

- ○ Diabetes

or

- ○ Down syndrome

or

- ○ Who are pre-or post-splenectomy, or with functional asplenia

I confirm that the above details are correct:

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

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: .....

Pneumococcal (PCV13) conjugate vaccine *- continued*

INITIATION – High risk individuals 5 years and over
Re-assessment required after 4 doses
Prerequisites (tick box where appropriate)

- ❍ Up to an additional four doses (as appropriate) are funded for the (re-)immunisation of individuals 5 years and over with HIV, pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, intracranial shunts, cerebrospinal fluid leaks or primary immunodeficiency

INITIATION – Testing for primary immunodeficiency diseases
Prerequisites (tick box where appropriate)

- ❍ For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

I confirm that the above details are correct:

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