

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)

- Prescribed by, or recommended by a relevant specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- 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

**INITIATION – Cytomegalovirus in immunocompromised patients**

**Prerequisites** (tick boxes where appropriate)

- Patient is immunocompromised

and

- 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: .....