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: .....

## Meningococcal B multicomponent vaccine

**INITIATION – Primary immunisation for children up to 12 months of age**
Re-assessment required after 3 doses
**Prerequisites** (tick boxes where appropriate)

- ○ Three doses for children up to 12 months of age (inclusive) for primary immunisation

**or**

- ○ Up to three doses (dependent on age at first dose) for a catch-up programme for children from 13 months to 59 months of age (inclusive) for primary immunisation, from 1 March 2023 to 31 August 2025

**INITIATION – Person is one year of age or over**
**Prerequisites** (tick boxes where appropriate)

- ○ Up to two doses and a booster every five years for patients pre- and post-splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre- or post-solid organ transplant

**or**

- ○ Up to two doses for close contacts of meningococcal cases of any group

**or**

- ○ Up to two doses for person who has previously had meningococcal disease of any group

**or**

- ○ Up to two doses for bone marrow transplant patients

**or**

- ○ Up to two doses for person pre- and post-immunosuppression*

**INITIATION – Person is aged between 13 and 25 years (inclusive)**
Re-assessment required after 2 doses
**Prerequisites** (tick boxes where appropriate)

- ○ Person is aged between 13 and 25 years (inclusive)

**and**

- ○ Two doses for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, Youth Justice residences, or prisons

**or**

- ○ Two doses for individuals who turn 13 years of age while living in boarding school hostels

Note: *Immunosuppression due to corticosteroid or other immunosuppressive therapy must be for a period of greater than 28 days.



I confirm that the above details are correct:

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