

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: