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 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)	
O Three doses for children up to 12 months of age (inclusive) fo	
Up to three doses (dependent on age at first dose) for a catch (inclusive) for primary immunisation, from 1 March 2023 to 31	h-up programme for children from 13 months to 59 months of age August 2025
INITIATION – Person is one year of age or over Prerequisites (tick boxes where appropriate)	
O Up to two doses and a booster every five years for patients pr asplenia, HIV, complement deficiency (acquired or inherited),	e- and post-splenectomy and for patients with functional or anatomic or pre- or post-solid organ transplant
O Up to two doses for close contacts of meningococcal cases o	f any group
O Up to two doses for person who has previously had meningoo	coccal disease of any group
or O Up to two doses for bone marrow transplant patients	
O Up to two doses for person pre- and post-immunosuppression	n*
INITIATION – Person is aged between 13 and 25 years (inclusive) Re-assessment required after 2 doses Prerequisites (tick boxes where appropriate)	
O Person is aged between 13 and 25 years (inclusive) and	

O 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

O 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.

or

Signed: Date: