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			
Prerequisites (tick bo			ip to the age of 59 months
INITIATION – High-risk individuals 5 years of age or over			
Prerequisites (tick boxes where appropriate)			
O Perso	n is aged at least 5 years		
or O	Up to two doses and a booster every five years for patie (acquired or inherited)  Up to two doses and a booster every five years for patie (acquired or inherited)  Up to two doses and a booster every five years pre- or purple to two doses for close contacts of meningococcal calcalcalcalcalcalcalcalcalcalcalcalcalc	nts with functional or anatomic asplenia, post-solid organ transplant ses of any group ningococcal disease of any group	HIV, complement deficiency
INITIATION – Person is aged between 13 and 25 years (inclusive) Re-assessment required after 2 doses Prerequisites (tick boxes where appropriate)			
and Perso	n is aged between 13 and 25 years (inclusive)		
or	Two doses for individuals who are entering within the ne tertiary education halls of residence, military barracks, Y Two doses for individuals who turn 13 years of age while	outh Justice residences, or prisons	ring in boarding school hostels,
	The same of the sa		
Note: *Immunosuppression due to corticosteroid or other immunosuppressive therapy must be for a period of greater than 28 days.			