

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: NHI:

Varicella vaccine [Chickenpox vaccine]

INITIATION – primary vaccinations

Re-assessment required after 1 dose

Prerequisites (tick boxes where appropriate)

or

- Any infant born on or after 1 April 2016
- For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox)

INITIATION – other conditions

Re-assessment required after 2 doses

Prerequisites (tick boxes where appropriate)

for non-immune patients:

- With chronic liver disease who may in future be candidates for transplantation
- or With deteriorating renal function before transplantation
- or Prior to solid organ transplant
- or Prior to any elective immunosuppression*
- or For post exposure prophylaxis who are immune competent inpatients

or For patients at least 2 years after bone marrow transplantation, on advice of their specialist

or For patients at least 6 months after completion of chemotherapy, on advice of their specialist

or For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist

or For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella

or For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella

or For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

I confirm that the above details are correct:

Signed: Date: