

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: ..... Name: .....

Ward: ..... NHI: .....

**Pneumococcal (PCV13) conjugate vaccine**

**INITIATION – Primary course for previously unvaccinated children aged under 5 years**

Re-assessment required after 3 doses

**Prerequisites** (tick box where appropriate)

A primary course of three doses for previously unvaccinated children up to the age of 59 months inclusive

**INITIATION – High risk individuals who have received PCV10**

Re-assessment required after 2 doses

**Prerequisites** (tick box where appropriate)

Two doses are funded for high risk individuals (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10

**INITIATION – High risk children aged under 5 years**

Re-assessment required after 4 doses

**Prerequisites** (tick boxes where appropriate)

Up to an additional four doses (as appropriate) are funded for the (re)immunisation of high-risk children aged under 5 years  
and

On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response  
or  
 Primary immune deficiencies  
or  
 HIV infection  
or  
 Renal failure, or nephrotic syndrome  
or  
 Are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant)  
or  
 Cochlear implants or intracranial shunts  
or  
 Cerebrospinal fluid leaks  
or  
 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater  
or  
 Chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy)  
or  
 Pre term infants, born before 28 weeks gestation  
or  
 Cardiac disease, with cyanosis or failure  
or  
 Diabetes  
or  
 Down syndrome  
or  
 Who are pre-or post-splenectomy, or with functional asplenia

I confirm that the above details are correct:

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

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**PREScriber**

Name: .....

Ward: ..... NHI: .....

**Pneumococcal (PCV13) conjugate vaccine** - *continued*

**INITIATION – High risk individuals 5 years and over**

Re-assessment required after 4 doses

**Prerequisites** (tick box where appropriate)

Up to an additional four doses (as appropriate) are funded for the (re-)immunisation of individuals 5 years and over with HIV, pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, intracranial shunts, cerebrospinal fluid leaks or primary immunodeficiency

**INITIATION – Testing for primary immunodeficiency diseases**

**Prerequisites** (tick box where appropriate)

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

I confirm that the above details are correct:

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