

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:

Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]

INITIATION – Children aged 14 years and under

Re-assessment required after 2 doses

Prerequisites (tick box where appropriate)

Children aged 14 years and under

INITIATION – other conditions

Prerequisites (tick boxes where appropriate)

Up to 3 doses for people aged 15 to 26 years inclusive
or
 People aged 9 to 26 years inclusive
and
 Up to 3 doses for confirmed HIV infection
or
 Up to 3 doses people with a transplant (including stem cell)
or
 Up to 4 doses for Post chemotherapy

INITIATION – Recurrent Respiratory Papillomatosis

Prerequisites (tick boxes where appropriate)

Maximum of two doses for children aged 14 years and under
or
 Maximum of three doses for people aged 15 years and over
and
 The person has recurrent respiratory papillomatosis
and
 The person has not previously had an HPV vaccine

I confirm that the above details are correct:

Signed: Date: