

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: .....

**Valganciclovir**

**INITIATION – Transplant cytomegalovirus prophylaxis**

Re-assessment required after 3 months

**Prerequisites** (tick box where appropriate)

Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis

**CONTINUATION – Transplant cytomegalovirus prophylaxis**

Re-assessment required after 3 months

**Prerequisites** (tick boxes where appropriate)

and  Patient has undergone a solid organ transplant and received anti-thymocyte globulin and requires valganciclovir therapy for CMV prophylaxis  
 or  and  Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following anti-thymocyte globulin

and  or  and  Patient has received pulse methylprednisolone for acute rejection and requires further valganciclovir therapy for CMV prophylaxis  
 and  Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following pulse methylprednisolone

**INITIATION – Lung transplant cytomegalovirus prophylaxis**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

and  Patient has undergone a lung transplant  
 or  and  The donor was cytomegalovirus positive and the patient is cytomegalovirus negative  
 and  Patient has a high risk of CMV disease

**CONTINUATION – Lung transplant cytomegalovirus prophylaxis**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

and  Patient has undergone a lung re-transplant  
 or  and  The donor was cytomegalovirus positive and the patient is cytomegalovirus negative  
 and  Patient has a high risk of CMV disease

I confirm that the above details are correct:

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

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**PREScriBER**

Name: .....

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

**Valganciclovir - continued**

**INITIATION – Cytomegalovirus in immunocompromised patients**

Prerequisites (tick boxes where appropriate)

Patient is immunocompromised  
and  
 Patient has cytomegalovirus syndrome or tissue invasive disease  
or  
 Patient has rapidly rising plasma CMV DNA in absence of disease  
or  
 Patient has cytomegalovirus retinitis

I confirm that the above details are correct:

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