

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:

PATIENT:

Name:

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)

- Patient has undergone a solid organ transplant and received anti-thymocyte globulin and requires valganciclovir therapy for CMV prophylaxis

and

- Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following anti-thymocyte globulin

or

- 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)

- Patient has undergone a lung transplant

and

- The donor was cytomegalovirus positive and the patient is cytomegalovirus negative

or

- The recipient is cytomegalovirus positive

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)

- Patient has undergone a lung re-transplant

and

- The donor was cytomegalovirus positive and the patient is cytomegalovirus negative

or

- The recipient is cytomegalovirus positive

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:

PATIENT:

Name:

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

HOSPITAL

I confirm that the above details are correct:

Signed: Date: