



**Australian Government**

**Department of Health**

**Meningococcal Vaccination Certificate for initial application or reapplication for subsidised treatment for Paroxysmal Nocturnal Haemoglobinuria (PNH) through the Life Saving Drugs Program (LSDP)**

Soliris® (eculizumab) increases the risk of meningococcal infections.

The patient must receive meningococcal vaccination prior to, or at the time of initiating eculizumab. Revaccination must occur in accordance with the current version of the Australian Immunisation Handbook. For patients stabilised on eculizumab and receiving maintenance therapy, and for whom additional vaccination is warranted, careful consideration should be given to the timing of vaccination (or booster in patients previously vaccinated against meningococcal infections) relative to the administration of eculizumab.

Eligibility to receive eculizumab through the Life Saving Drugs Program (LSDP) is subject to current meningococcal vaccination or a commitment from the prescriber to vaccinate patients prior to, or at the time of initiating eculizumab and initiating prophylactic antibiotics from at least the first day of commencing eculizumab therapy until 2 weeks following vaccination. For those patients where vaccination is currently not indicated, the physician will commit to initiating prophylactic antibiotics treatment from at least the first day of Soliris treatment (until 2 weeks after vaccination).

Applications for eculizumab must include this form.

**Treating Physician Details**

Name of Treating physician \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Hospital Name \_\_\_\_\_

Hospital Address \_\_\_\_\_



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**Department of Health**

**Patient Information**

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Sex Male / Female

Date of Birth (dd/mm/yyyy) \_\_\_\_\_

**Vaccination Confirmation**

I, the undersigned treating physician, hereby certify that I have explained Soliris treatment to the above mentioned patient/parent(s)/legal guardian(s) and commit that patients eligible for vaccination, will be vaccinated prior to, or at the time of initiating Soliris and will initiate prophylactic antibiotic treatment (from at least the first day of Soliris treatment until 2 weeks after vaccination). For those where vaccination is not currently indicated, I will commit to initiating prophylactic antibiotic treatment (from at least the first day of Soliris until 2 weeks after vaccination). Revaccination must occur in accordance with the current version of the Australian Immunisation Handbook.

Vaccine administration date \_\_\_\_\_ (dd/mm/yyyy)

Vaccine product administered \_\_\_\_\_ Lot Number \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Print Name Signature Date (dd/mm/yyyy)

**Please fax to the LSDP on 02 6289 8537 or scan and email to [lsdp@health.gov.au](mailto:lsdp@health.gov.au)**