Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2096
June 2022

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

Casirivimab and imdevimab

Initial application — Treatment of profoundly immunocompromised patients
Applications from any relevant practitioner. Approvals valid for 2 weeks.
Prerequisites(tick boxes where appropriate)

☐ Patient has confirmed (or probable) COVID-19

and ☐ The patient is in the community with mild to moderate disease severity*

and ☐ Patient is profoundly immunocompromised** and is at risk of not having mounted an adequate response to vaccination against COVID-19 or is unvaccinated

and ☐ Patient's symptoms started within the last 10 days

and ☐ Patient is not receiving high flow oxygen or assisted/mechanical ventilation

and ☐ Casirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg

Note: * Mild to moderate disease severity as described on the Ministry of Health Website
** Examples include B-cell depletive illnesses or patients receiving treatment that is B-Cell depleting.

I confirm the above details are correct and that in signing this form I understand I may be audited.

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

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz