

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Palivizumab

Initial application — RSV prophylaxis for the 2022/2023 RSV seasons, in the context of COVID-19

Applications only from a paediatrician. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

Infant was born in the last 2 years and has severe lung, airway, neurological or neuromuscular disease that requires ongoing, life-sustaining community ventilation

or

Infant was born in the last 12 months

and

Patient was born at less than 28 weeks gestation

or

Patient was born at less than 32 weeks gestation

and

Patient has chronic lung disease

or

Patient is Māori or any Pacific ethnicity

or

Patient has haemodynamically significant heart disease

and

Patient has unoperated simple congenital heart disease with significant left to right shunt (see note a)

or

Patient has unoperated or surgically palliated complex congenital heart disease

or

Patient has severe pulmonary hypertension (see note b)

or

Patient has moderate or severe LV failure (see note c)

Note:

- a) Patient requires/will require heart failure medication, and/or patient has significant pulmonary hypertension, and/or patient will require surgical palliation/definitive repair within the next 3 months.
- b) Mean pulmonary artery pressure more than 25 mmHg.
- c) LV Ejection Fraction less than 40%.

Renewal — RSV prophylaxis for the 2022/2023 RSV seasons, in the context of COVID-19

Current approval Number (if known):.....

Applications only from a paediatrician. Approvals valid for 6 months.

Prerequisites(tick box where appropriate)

Patient still meets initial criteria

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