HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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	PATIENT:				
Name:	Name:				
Ward:	NHI:				
Casirivimab and imdevimab					
INITIATION – Treatment of profoundly immunocompromised patients Re-assessment required after 2 weeks Preservicities (ind become here where the indicated)					
Prerequisites (tick boxes where appropriate)					
O Patient has confirmed (or probable) CO and	VID-19				
O The patient is in the community (treated and	d as an outpatient) with mild to moderate disease severity*				
\sim	sed** and is at risk of not having mounted an adequate response to vaccination against				
O Patient's symptoms started within the la	ast 10 days				
Patient is not receiving high flow oxyger	n or assisted/mechanical ventilation				
And Casirivimab and imdevimab is to be add	ministered at a maximum dose of no greater than 2,400 mg				
Note: * Mild to moderate disease severity as described					
** Examples include B-cell depletive illnesses or patien	ts receiving treatment that is B-Cell depleting.				
INITIATION – mild to moderate COVID-19-hospitalis Re-assessment required after 2 weeks	ed patients				
Prerequisites (tick boxes where appropriate)					
Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.					
and O Patient has confirmed (or probable) CO	VID-19				
${igodoldoldoldoldoldoldoldoldoldoldoldoldol$	nild to moderate disease severity*				
And Patient's symptoms started within the la	ast 10 days				
and O Patient is not receiving high flow oxyger and	n or assisted/mechanical ventilation				
O Age > 50					
or O BMI > 30					
or O Patient is Māori or Pacific ethnicit	Ŋ				
O Patient is at increased risk of sever website (see Notes)	ere illness from COVID-19, excluding pregnancy, as described on the Ministry of Health				
and					

	and	and			
		or	0 0	Patient is unvaccinated Patient is seronegative where serology testing is readily available or strongly suspected to be seronegative where serology testing is not available	
	and	0	Casir	ivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg	
**(<u>ht</u>		/ww.	health	rate disease severity as described on the Ministry of Health Website .govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-advice-	
ingin		. p00			