I confirm that the above details are correct:

Signed: Date:

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.

	PATIENT:
lame:	
Vard:	NHI:
asirivimab aı	nd imdevimab
	atment of profoundly immunocompromised patients equired after 2 weeks
	k boxes where appropriate)
O Pa	atient has confirmed (or probable) COVID-19
	ne patient is in the community (treated as an outpatient) with mild to moderate disease severity*
	atient is profoundly immunocompromised** and is at risk of not having mounted an adequate response to vaccination against DVID-19 or is unvaccinated
	atient's symptoms started within the last 10 days
	atient is not receiving high flow oxygen or assisted/mechanical ventilation
	asirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg
	derate disease severity as described on the Ministry of Health Website de B-cell depletive illnesses or patients receiving treatment that is B-Cell depleting.
Prerequisites (tides) Prescribe NZ Hosp	equired after 2 weeks k boxes where appropriate) ed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health bital.
_	atient has confirmed (or probable) COVID-19
and	
_	tient is an in-patient in hospital with mild to moderate disease severity*
and Pa	atient is an in-patient in hospital with mild to moderate disease severity*
and Pa	
and Pa	atient's symptoms started within the last 10 days
and Pa and or	atient's symptoms started within the last 10 days stient is not receiving high flow oxygen or assisted/mechanical ventilation
and Parant Paran	attient's symptoms started within the last 10 days attient is not receiving high flow oxygen or assisted/mechanical ventilation Age > 50
and Pa and or	attient's symptoms started within the last 10 days attient is not receiving high flow oxygen or assisted/mechanical ventilation Age > 50 BMI > 30
and Parant Paran	attient's symptoms started within the last 10 days attient is not receiving high flow oxygen or assisted/mechanical ventilation Age > 50 BMI > 30 Patient is Māori or Pacific ethnicity Patient is at increased risk of severe illness from COVID-19, excluding pregnancy, as described on the Ministry of Health website (see Notes)
and Pa and Or Or Or Or	titient's symptoms started within the last 10 days Itient is not receiving high flow oxygen or assisted/mechanical ventilation Age > 50 BMI > 30 Patient is Māori or Pacific ethnicity Patient is at increased risk of severe illness from COVID-19, excluding pregnancy, as described on the Ministry of Health website (see Notes) Patient is unvaccinated Patient is seronegative where serology testing is readily available or strongly suspected to be seronegative where serology
and Para and Or	titient's symptoms started within the last 10 days titient is not receiving high flow oxygen or assisted/mechanical ventilation Age > 50 BMI > 30 Patient is Māori or Pacific ethnicity Patient is at increased risk of severe illness from COVID-19, excluding pregnancy, as described on the Ministry of Health website (see Notes) Patient is unvaccinated
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and Pa and Or	titient is not receiving high flow oxygen or assisted/mechanical ventilation Age > 50 BMI > 30 Patient is Māori or Pacific ethnicity Patient is at increased risk of severe illness from COVID-19, excluding pregnancy, as described on the Ministry of Health website (see Notes) Patient is seronegative where serology testing is readily available or strongly suspected to be seronegative where serology testing is not available asirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg decrate disease severity as described on the Ministry of Health Website atth govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-advice-