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.

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Casirivimab and imdevimab	
INITIATION – Treatment of profoundly immunocompromised patients Re-assessment required after 2 weeks	
Prerequisites (tick boxes where appropriate)	
O Patient has confirmed (or probable) COVID-19	
The patient is in the community (treated as an outpatient) w	vith mild to moderate disease severity*
Patient is profoundly immunocompromised** and is at risk of COVID-19 or is unvaccinated	of not having mounted an adequate response to vaccination against
Patient's symptoms started within the last 10 days	
Patient is not receiving high flow oxygen or assisted/mecha	nical ventilation
Casirivimab and imdevimab is to be administered at a maxi	imum dose of no greater than 2,400 mg
Note: * Mild to moderate disease severity as described on the Ministry of Examples include B-cell depletive illnesses or patients receiving treatment	
O Prescribed by, or recommended by any relevant practitioner, or in NZ Hospital.	accordance with a protocol or guideline that has been endorsed by the Health
O Patient has confirmed (or probable) COVID-19	
Patient is an in-patient in hospital with mild to moderate disc	ease severity*
Patient's symptoms started within the last 10 days	
O Patient is not receiving high flow oxygen or assisted/mecha and	nical ventilation
O Age > 50	
or O BMI > 30	
O Patient is Māori or Pacific ethnicity	
Patient is at increased risk of severe illness from COV website (see Notes)	/ID-19, excluding pregnancy, as described on the Ministry of Health
and Patient is unvaccinated	
or O	
Patient is seronegative where serology testing is reactesting is not available	dily available or strongly suspected to be seronegative where serology
and Casirivimab and imdevimab is to be administered at a maxi	imum dose of no greater than 2,400 mg
Note: * Mild to moderate disease severity as described on the Ministry of F **(https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-nd	Health Website
higher-risk-people)	ovor coronavirus/coviu-13-imormation-specific-audiences/coviu-13-auvice-