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.

PRESCRIB	ER PATIENT:
Name:	Name:
Ward:	NHI:
Casirivin	nab and imdevimab
Re-assess	N – Treatment of profoundly immunocompromised patients ment required after 2 weeks
Prerequis	ites (tick boxes where appropriate)
and	Patient has confirmed (or probable) COVID-19
and	The patient is in the community (treated as an outpatient) 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
una (	Casirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg
	d to moderate disease severity as described on the Ministry of Health Website s include B-cell depletive illnesses or patients receiving treatment that is B-Cell depleting.
Re-assess Prerequis	N – mild to moderate COVID-19-hospitalised patients ment required after 2 weeks ites (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 Health IZ Hospital.
and	Patient has confirmed (or probable) COVID-19
	Patient is an in-patient in hospital with mild to moderate disease severity*
and and	Patient's symptoms started within the last 10 days
and	Patient is not receiving high flow oxygen or assisted/mechanical ventilation
	O Age > 50
	O BMI > 30
	O Patient is Māori or Pacific ethnicity
	O Patient is at increased risk of severe illness from COVID-19, excluding pregnancy, as described on the Ministry of Health website (see Notes)
and	O Potient is very continued.
	O 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	Casirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg
**( <u>https://w</u>	d to moderate disease severity as described on the Ministry of Health Website ww.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-advice-
higher-risk	