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:			
Casirivimab and imdevimab			
INITIATION – Treatment of profoundly immunocompro Re-assessment required after 2 weeks	mised patients		
Prerequisites (tick boxes where appropriate)			
And Patient has confirmed (or probable) COVIE			
The patient is in the community (treated as an outpatient) with mild to moderate disease severity*			
 Patient is profoundly immunocompromised** and is at risk of not having mounted an adequate response to vaccination against COVID-19 or is unvaccinated 			
O Patient's symptoms started within the last 10 days			
Patient is not receiving high flow oxygen or assisted/mechanical ventilation			
And Casirivimab and imdevimab is to be admin	m O Casirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg		
Note: * Mild to moderate disease severity as described on ** Examples include B-cell depletive illnesses or patients r			
INITIATION – mild to moderate COVID-19-hospitalised	patients		
Re-assessment required after 2 weeks Prerequisites (tick boxes where appropriate)			
O Prescribed by, or recommended by any relevant NZ Hospital.	practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health		
O Patient has confirmed (or probable) COVID-19			
And O Patient is an in-patient in hospital with mild to moderate disease severity*			
And O Patient's symptoms started within the last 10 days			
and O Patient is not receiving high flow oxygen or assisted/mechanical ventilation and			
O Age > 50			
or O BMI > 30			
or O Patient is Māori or Pacific ethnicity			

A Patient is at increased risk of severe illness from COVID-19, excluding pregnancy, as described on the Ministry of Health website (see Notes) and Patient is unvaccinated or 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 Note: * Mild to moderate disease severity as described on the Ministry of Health Website **(https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-advice-higher-risk-people)

or

Signed: Date:	Signed: .	əd:	Date:
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