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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Palivizumab

INITIATION
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ❍ Palivizumab to be administered during the annual RSV season

and

- ❍ Infant was born in the last 12 months

and

- ❍ Infant was born at less than 32 weeks zero days' gestation

or

- ❍ Child was born in the last 24 months

and

- ❍ Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community

or

- ❍ Child has haemodynamically significant heart disease

and

- ❍ Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B)

or

- ❍ Child has unoperated or surgically palliated complex congenital heart disease

or

- ❍ Child has severe pulmonary hypertension (see Note C)

or

- ❍ Child has moderate or severe left ventricular (LV) failure (see Note D)

or

- ❍ Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant

or

- ❍ Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist

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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Palivizumab *- continued*

CONTINUATION
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ○ Palivizumab to be administered during the annual RSV season

and

- ○ Child was born in the last 24 months

and

- ○ Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community

or

- ○ Child has haemodynamically significant heart disease

and

- ○ Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B)

or

- ○ Child has unoperated or surgically palliated complex congenital heart disease

or

- ○ Child has severe pulmonary hypertension (see Note C)

or

- ○ Child has moderate or severe left ventricular (LV) failure (see Note D)

or

- ○ Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant

or

- ○ Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist

Note:

a) Ventilatory/respiratory support includes those on home oxygen, CPAP/VPAP and those with tracheostomies in situ managed at home

b) Child requires/will require heart failure medication, and/or child has significant pulmonary hypertension, and/or infant will require surgical palliation/definitive repair within the next 3 months

c) Mean pulmonary artery pressure more than 25 mmHg

d) LV Ejection Fraction less than 40%

e) Inborn errors of immunity include, but are not limited to, IFNAR deficiencies

I confirm that the above details are correct:

Signed: ..... Date: .....