

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: .....

**Palivizumab**

**INITIATION**

Re-assessment required after 12 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

and

Infant is to be administered palivizumab within a single calendar year

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**

**PATIENT:**

Name: .....

Ward: ..... 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: .....