

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 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:

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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: