

| | | |
|--|---------------------------|-------------------------------|
| APPLICANT (stamp or sticker acceptable) | PATIENT NHI: | REFERRER Reg No: |
| Reg No: | First Names: | First Names: |
| Name: | Surname: | Surname: |
| Address: | DOB: | Address: |
| | Address: | |
| | | |
| Fax Number: | | Fax Number: |

Palivizumab

Initial application

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Palivizumab to be administered during the annual RSV season |
| and | |
| <input type="checkbox"/> | Infant was born in the last 12 months |
| and | |
| <input type="checkbox"/> | Infant was born at less than 32 weeks zero days' gestation |
| or | |
| <input type="checkbox"/> | Child was born in the last 24 months |
| and | |
| <input type="checkbox"/> | Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community |
| or | |
| <input type="checkbox"/> | Child has haemodynamically significant heart disease |
| and | |
| <input type="checkbox"/> | Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B) |
| or | |
| <input type="checkbox"/> | Child has unoperated or surgically palliated complex congenital heart disease |
| or | |
| <input type="checkbox"/> | Child has severe pulmonary hypertension (see Note C) |
| or | |
| <input type="checkbox"/> | Child has moderate or severe left ventricular (LV) failure (see Note D) |
| or | |
| <input type="checkbox"/> | Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant |
| or | |
| <input type="checkbox"/> | Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist |

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

| | | |
|--|---------------------------|-------------------------------|
| APPLICANT (stamp or sticker acceptable) | PATIENT NHI: | REFERRER Reg No: |
| Reg No: | First Names: | First Names: |
| Name: | Surname: | Surname: |
| Address: | DOB: | Address: |
| | Address: | |
| | | |
| Fax Number: | | Fax Number: |

Palivizumab - continued

Renewal

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Palivizumab to be administered during the annual RSV season |
| and | |
| <input type="checkbox"/> | Child was born in the last 24 months |
| and | |
| <input type="checkbox"/> | Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community |
| or | |
| <input type="checkbox"/> | Child has haemodynamically significant heart disease |
| and | |
| <input type="checkbox"/> | Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B) |
| or | |
| <input type="checkbox"/> | Child has unoperated or surgically palliated complex congenital heart disease |
| or | |
| <input type="checkbox"/> | Child has severe pulmonary hypertension (see Note C) |
| or | |
| <input type="checkbox"/> | Child has moderate or severe left ventricular (LV) failure (see Note D) |
| or | |
| <input type="checkbox"/> | Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant |
| or | |
| <input type="checkbox"/> | 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 the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz