Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 **Form SA2419** December 2025

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:
Initial application Applications from any rele Prerequisites(tick boxes of the property of the	where appropriate) ab to be administered du Infant was born in the Infant was born at less Child was born in the Child has sever support (see No and and Child has	last 12 months s than 32 weeks zero days' gestation last 24 months le lung, airway, neurological or neuromuscular diseasete A) in the community chaemodynamically significant heart disease	with significant left to right shunt (see Note
	or Chor Chor Child has sever transplant	ild has unoperated or surgically palliated complex could have severe pulmonary hypertension (see Note C) ild has moderate or severe left ventricular (LV) failure e combined immune deficiency, confirmed by an importance of immunity (see Note E) that increase susce	e (see Note D) munologist, but has not received a stem cell

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

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Fax Number:		Fax Number:		
Palivizumab - continued				
Current approval Number (if known):				
Child has inborn errors of im confirmed by an immunologi	munity (see Note E) that increase susceptibility to life st	t-threatening viral respiratory infections,		

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.