

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:

Enoxaparin sodium

Initial application — Pregnancy, Malignancy or Haemodialysis

Applications from any relevant practitioner. Approvals valid for 1 year.

Prerequisites(tick boxes where appropriate)

- ☐ Low molecular weight heparin treatment is required during a patients pregnancy
- or
- ☐ For the treatment of venous thromboembolism where the patient has a malignancy
- or
- ☐ For the prevention of thrombus formation in the extra-corporeal circulation during haemodialysis

Initial application — Venous thromboembolism other than in pregnancy or malignancy

Applications from any relevant practitioner. Approvals valid for 1 month.

Prerequisites(tick boxes where appropriate)

- ☐ For the short-term treatment of venous thromboembolism prior to establishing a therapeutic level of oral anti-coagulant treatment
- or
- ☐ For the prophylaxis and treatment of venous thromboembolism in high risk surgery
- or
- ☐ To enable cessation/re-establishment of existing oral anticoagulant treatment pre/post surgery
- or
- ☐ For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention
- or
- ☐ To be used in association with cardioversion of atrial fibrillation

Initial application — Short-term use during treatment of COVID-19 with nirmatrelvir with ritonavir

Applications from any relevant practitioner. Approvals valid for 2 weeks.

Prerequisites(tick boxes where appropriate)

- ☐ Patient is receiving an anticoagulation treatment that has drug/drug interactions with ritonavir that increases risk of bleeding
- and
- ☐ Patient meets the Access Criteria for COVID-19 antivirals published on the Pharmac website*
- and
- ☐ Other antiviral treatments for COVID-19 have been considered and are not clinically suitable options

Renewal — Pregnancy, Malignancy or Haemodialysis

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

Applications from any relevant practitioner. Approvals valid for 1 year.

Prerequisites(tick boxes where appropriate)

- ☐ Low molecular weight heparin treatment is required during a patient's pregnancy
- or
- ☐ For the treatment of venous thromboembolism where the patient has a malignancy
- or
- ☐ For the prevention of thrombus formation in the extra-corporeal circulation during haemodialysis

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

Signed: Date:

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

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Enoxaparin sodium - *continued*

Renewal — Venous thromboembolism other than in pregnancy or malignancy

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

Applications from any relevant practitioner. Approvals valid for 1 month.

Prerequisites(tick box where appropriate)

☐ Low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, ACS, cardioversion, or prior to oral anti-coagulation)

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

Signed: Date:

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