

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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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](mailto: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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