

Section 5 - PRE-APPROVED INDICATIONS

- Prem with BPD/CLD(O2 or CPAP more than 28d) **AND** DoB on or after 01 Nov 2018 **AND** On continuous O2 on or after 01 July 2019
- GA at birth below 29w + 0 days **AND** discharged home on or after 01 Sep 2019
- GA at birth 29w + 0d to 34w + 6d **AND** discharged home on or after 01 Oct 2019 **AND** risk factor score greater than 41 points*
- Tracheostomy / continuous home oxygen / ventilation on or after 01 Nov 2019 **AND** born on or after 01 Nov 2017
- Multiple of approved child **AND** qualifying twin qualifies under prematurity
- Hemodynamically significant CHD **AND** DoB on or after 01 Nov 2018 (clinical details/name of supporting cardiologist below)
- Down Syndrome **AND** DoB on or after 01 April 2019

Section 6 - INDICATIONS REQUIRING ADJUDICATION

- Progressive neuromuscular disease with inability to clear secretions **AND** DoB on or after 01 Nov 2017 (clinical details below)
- **Severe immunodeficiency (e.g., stem cell transplantation) **AND** DoB on or after 01 Nov 2017
- **Significant cardiopulmonary disability (pulmonary hypertension, pulmonary malformations, severe BPD, symptomatic CF, cardiac palliation, other) **AND** DoB on or after 01 Nov 2017 (clinical details below)

* The risk factors below will be important to facilitate adjudication in all borderline cases
 ** Summarize clinical course and level of disability in the space below or in separate sheet

Section 7 - ADDITIONAL CLINICAL INFORMATION REQUIRED (to be completed for ALL requests)

Risk factors present in this child at discharge:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Will attend daycare regularly during first 3 months after discharge	22 pts
<input type="checkbox"/>	<input type="checkbox"/>	Discharged home in Dec or Jan or Feb	20 pts
<input type="checkbox"/>	<input type="checkbox"/>	Discharged home in Nov or Mar	10 pts
<input type="checkbox"/>	<input type="checkbox"/>	Gestational age at birth 29 weeks + 0 days to 30 weeks + 6 days	10 pts
<input type="checkbox"/>	<input type="checkbox"/>	Other child younger than 5 years living at home (not including multiples of applicant)	14 pts
<input type="checkbox"/>	<input type="checkbox"/>	6 or more people at home (including applicant and multiples of applicant)	12 pts
<input type="checkbox"/>	<input type="checkbox"/>	Remote residence (Over 1 hour travel time or >100 km in Google maps to the nearest hospital)	10 pts
<input type="checkbox"/>	<input type="checkbox"/>	Girl not receiving breastmilk, or Boy (any)	8 pts
<input type="checkbox"/>	<input type="checkbox"/>	SGA (BW less than 10th percentile)	8 pts
<input type="checkbox"/>	<input type="checkbox"/>	2 or more smokers living at home	8 pts
			TOTAL:

Summarize clinical course to date with current/proposed Rx below or on separate sheet *Adjudicator comments will be e-mailed*

AUTHORIZATION FOR ADMINISTRATION OF PALIVIZUMAB AND FOLLOW-UP

The benefits and risks of this medication have been explained to parent/guardian and information provided on reducing the risk of respiratory infections. Parent/guardian CONSENTS DECLINES child receiving Palivizumab as per the BC RSV immunoprophylaxis program guidelines and to contact for follow-up.

Application form details and contact information are confirmed, and patient meets pre-approval criteria for funded prophylaxis.

If consent not obtained above, or adjudication required, a separate authorization for treatment and follow up must be submitted following approval. (Telephone consent is ok).

Signature of health-care provider

Date

Printed name

Contact number