Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1489
October 2021

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

Nilotinib

Initial application
Applications only from a haematologist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

☐ Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase

and

- ☐ Patient has documented CML treatment failure* with imatinib
- **or**
- ☐ Patient has experienced treatment limiting toxicity with imatinib precluding further treatment with imatinib

and

☐ Maximum nilotinib dose of 800 mg/day

and

☐ Subsidised for use as monotherapy only

Note: *treatment failure as defined by Leukaemia Net Guidelines.

Renewal

Current approval Number (if known):..

Applications only from a haematologist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

☐ Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines

and

☐ Nilotinib treatment remains appropriate and the patient is benefiting from treatment

and

☐ Maximum nilotinib dose of 800 mg/day

and

☐ Subsidised for use as monotherapy only

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