

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:

Hypoplastic and Haemolytic

Initial application — chronic renal failure

Applications from any specialist. Approvals valid for 2 years.

Prerequisites(tick boxes where appropriate)

- Patient in chronic renal failure
- and
- Haemoglobin is less than or equal to 100g/L
- and
- Patient does not have diabetes mellitus
- and
- Glomerular filtration rate is less than or equal to 30ml/min
- or
- Patient has diabetes mellitus
- and
- Glomerular filtration rate is less than or equal to 45ml/min
- or
- Patient is on haemodialysis or peritoneal dialysis

Note: Epoetin alfa is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

Initial application — myelodysplasia

Applications from any specialist. Approvals valid for 2 months.

Prerequisites(tick boxes where appropriate)

- Patient has a confirmed diagnosis of myelodysplasia (MDS)*
- and
- Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent
- and
- Patient has very low, low or intermediate risk MDS based on the WHO classification based prognostic scoring system for myelodysplastic syndrome (WPSS)
- and
- Other causes of anaemia such as B12 and folate deficiency have been excluded
- and
- Patient has a serum epoetin level of < 500 IU/L
- and
- The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week

Note: Indication marked with * is an unapproved indication

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

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Hypoplastic and Haemolytic - continued

Renewal — chronic renal failure

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

Applications from any specialist. Approvals valid for 2 years.

Prerequisites(tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

Note: Epoetin alfa is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

Renewal — myelodysplasia

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

Applications from any specialist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	The patient's transfusion requirement continues to be reduced with erythropoietin treatment
and	
<input type="checkbox"/>	Transformation to acute myeloid leukaemia has not occurred
and	
<input type="checkbox"/>	The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week

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