Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2072
October 2021

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: .....

Octreotide long-acting

Initial application — Malignant Bowel Obstruction
Applications from any relevant practitioner. Approvals valid for 2 months.
Prerequisites(tick boxes where appropriate)

- ☐ The patient has nausea* and vomiting* due to malignant bowel obstruction*

and

- ☐ Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has failed

and

- ☐ Octreotide to be given at a maximum dose 1500 mcg daily for up to 4 weeks

Note: Indications marked with * are unapproved indications.

Renewal — Malignant Bowel Obstruction

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

Applications from any relevant practitioner. Approvals valid for 3 months.
Prerequisites(tick box where appropriate)

- ☐ The treatment remains appropriate and the patient is benefiting from treatment

Initial application — Acromegaly
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

- ☐ The patient has acromegaly

and

- ☐ Treatment with surgery, radiotherapy and a dopamine agonist has failed

or

- ☐ Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed

or

- ☐ The patient is unwilling, or unable, to undergo surgery and/or radiotherapy

Renewal — Acromegaly

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years.
Prerequisites(tick boxes where appropriate)

- ☐ IGF1 levels have decreased since starting octreotide

and

- ☐ The treatment remains appropriate and the patient is benefiting from treatment

Note: In patients with Acromegaly octreotide treatment should be discontinued if IGF1 levels have not decreased after 3 months treatment. In patients treated with radiotherapy octreotide treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Octreotide treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following octreotide treatment withdrawal for at least 4 weeks

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

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: .....

Octreotide long-acting *- continued*

Initial application — Other Indications
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years.
Prerequisites(tick boxes where appropriate)

- ☐ VIPomas and Glucagonomas - for patients who are seriously ill in order to improve their clinical state prior to definitive surgery

or

- ☐ Gastrinoma

and

- ☐ Patient has failed surgery

or

- ☐ Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed

or

- ☐ Insulinomas

and

- ☐ Surgery is contraindicated or has failed

or

- ☐ For pre-operative control of hypoglycaemia and for maintenance therapy

or

- ☐ Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis)

and

- ☐ Disabling symptoms not controlled by maximal medical therapy

Note: The use of octreotide in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded as a Special Authority item

Renewal — Other Indications

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years.
Prerequisites(tick box where appropriate)

- ☐ The treatment remains appropriate and the patient is benefiting from treatment

Initial application — pre-operative acromegaly
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has acromegaly

and

- ☐ Patient has a large pituitary tumour, greater than 10 mm at its widest

and

- ☐ Patient is scheduled to undergo pituitary surgery in the next six months

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