Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2141
February 2023

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: ....

Azacitidine

Initial application
Applications only from a haematologist or medical practitioner on the recommendation of a haematologist. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

- ☐ The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome

  or
- ☐ The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder)

  or
- ☐ The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO)

and
- ☐ The patient has performance status (WHO/ECOG) grade 0-2

and
- ☐ The patient has an estimated life expectancy of at least 3 months

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

Applications only from a haematologist or medical practitioner on the recommendation of a haematologist. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

- ☐ No evidence of disease progression

and
- ☐ The treatment remains appropriate and patient is benefitting from treatment

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