

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 In patients treated with radiotherapy octreotide treatment should be withdrawn every 2 years, for 1 month, for assessment of remission.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

Renewal — Acromegaly - pandemic circumstances

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

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- Patient has acromegaly
and
 The patient is clinically benefiting from treatment and continued treatment remains appropriate
and
 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector

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

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 — 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)

<input type="checkbox"/> Patient has acromegaly and <input type="checkbox"/> Patient has a large pituitary tumour, greater than 10 mm at its widest and <input type="checkbox"/> 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