Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1273
May 2024

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: ....

Voriconazole

Initial application — invasive fungal infection
Applications only from a haematologist, infectious disease specialist or clinical microbiologist. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

☐ Patient is immunocompromised
and
☐ Applicant is part of a multidisciplinary team including an infectious disease specialist
and
- ☐ Patient has proven or probable invasive aspergillus infection
- **or** ☐ Patient has possible invasive aspergillus infection
- **or** ☐ Patient has fluconazole resistant candidiasis
- **or** ☐ Patient has mould strain such as Fusarium spp. and Scedosporium spp

Renewal — invasive fungal infection
Current approval Number (if known):..
Applications only from a haematologist, infectious disease specialist or clinical microbiologist. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

☐ Patient is immunocompromised
and
☐ Applicant is part of a multidisciplinary team including an infectious disease specialist
and
- ☐ Patient continues to require treatment for proven or probable invasive aspergillus infection
- **or** ☐ Patient continues to require treatment for possible invasive aspergillus infection
- **or** ☐ Patient has fluconazole resistant candidiasis
- **or** ☐ Patient has mould strain such as Fusarium spp. and Scedosporium spp

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