Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2141
June 2024

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: .....

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