

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:	
.....		
.....		

Itraconazole

Initial application

Applications only from an infectious disease specialist, clinical microbiologist, clinical immunologist, dermatologist or any relevant practitioner on the recommendation of a infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

☐	The patient has a congenital immune deficiency
or	
☐	The patient has tinea capitis or extensive cutaneous dermatophyte infection not sensitive to terbinafine confirmed on mycological culture, or by an equivalent validated molecular method
or	
☐	The patient has tinea capitis or extensive cutaneous dermatophyte infection confirmed with ectothrix hair invasion on microscopy
or	
☐	The patient has tinea capitis or extensive cutaneous dermatophyte infection which has not responded to 3 months of oral terbinafine
and	
☐	The patient is unable to swallow capsules

Renewal

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

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

Prerequisites(tick boxes where appropriate)

☐	The patient has a congenital immune deficiency
or	
☐	The patient has tinea capitis or extensive cutaneous dermatophyte infection not sensitive to terbinafine confirmed on mycological culture, or by an equivalent validated molecular method
or	
☐	The patient has tinea capitis or extensive cutaneous dermatophyte infection confirmed with ectothrix hair invasion on microscopy
or	
☐	The patient has tinea capitis or extensive cutaneous dermatophyte infection which has not responded to 3 months of oral terbinafine
and	
☐	The patient is unable to swallow capsules

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz