Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1273
July 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: .....

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