Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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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:			
Alglucosidase Alfa Initial application Applications only from a metabolic physician. Approvals valid for 12 months. Prerequisites(tick boxes where appropriate)			
The patient is aged up to 24 months at the time of initial application and has been diagnosed with infantile Pompe disease and			
Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagnosis using chorionic villus biopsies and/or cultured amniotic cells Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides			
or mutation in the acid alpha-gli	Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene)		
Patient has not required long-term invasive ventilation for respiratory failure prior to starting enzyme replacement therapy (ERT) and Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by ERT or might be reasonably expected to compromise a response to ERT and Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks			
Renewal			
Current approval Number (if known):			
	The treatment remains appropriate for the patient and the patient is benefiting from treatment		
and	Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks		
Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates and			
	Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by ERT		
	Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT		
There is no evidence of life threate ventilation	There is no evidence of life threatening progression of respiratory disease as evidenced by the needed for > 14 days of invasive		
There is no evidence of new or progressive cardiomyopathy			

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