Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2460
September 2025

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: .....

Inotuzumab ozogamicin

Initial application
Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has relapsed or refractory CD22-positive B-cell acute lymphoblastic leukaemia/lymphoma, including minimal residual disease
- **and** ☐ Patient has ECOG performance status of 0-2
- **and**
  - ☐ Patient has Philadelphia chromosome positive B-Cell ALL
  - **and** ☐ Patient has previously received a tyrosine kinase inhibitor
  - **or** ☐ Patient has received one prior line of treatment involving intensive chemotherapy
- **and** ☐ Treatment is to be administered for a maximum of 3 cycles

Renewal

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

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient is not proceeding to a stem cell transplant
- **and**
  - ☐ Patient has experienced complete disease response
  - **or** ☐ Patient has experienced complete remission with incomplete haematological recovery
- **and** ☐ Treatment with inotuzumab ozogamicin is to cease after a total duration of 6 cycles

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