

**APPLICATION FOR  
WAIVER OF RULE  
BY SPECIAL AUTHORITY**

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT</b> NHI: .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

**Clarithromycin**

**Initial application — Mycobacterial infections**

Applications only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

- ☐ Atypical mycobacterial infection
- or
- ☐ Mycobacterium tuberculosis infection where there is drug-resistance or intolerance to standard pharmaceutical agents

**Initial application — Helicobacter pylori eradication**

Applications from any relevant practitioner. Approvals valid for 3 months.

**Prerequisites**(tick boxes where appropriate)

- ☐ For the eradication of helicobacter pylori in a patient unable to swallow tablets
- and
- ☐ For use only in combination with omeprazole and amoxicillin as part of a triple therapy regimen

**Initial application — Prophylaxis of infective endocarditis**

Applications from any relevant practitioner. Approvals valid for 3 months.

**Prerequisites**(tick box where appropriate)

- ☐ Prophylaxis of infective endocarditis associated with surgical or dental procedures if amoxicillin is contra-indicated

**Renewal — Mycobacterial infections**

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

Applications only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years.

**Prerequisites**(tick box where appropriate)

- ☐ The treatment remains appropriate and the patient is benefiting 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 Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)