Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2301
December 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: .....

Nilotinib

Initial application
Applications only from a haematologist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, high risk chronic phase, or in chronic phase

and

- ☐ Patient has documented CML treatment failure* with a tyrosine kinase inhibitor (TKI)

or

- ☐ Patient has experienced treatment limiting toxicity with a tyrosine kinase inhibitor (TKI) precluding further treatment

and

- ☐ Maximum nilotinib dose of 800 mg/day

and

- ☐ Subsidised for use as monotherapy only

Note: *treatment failure as defined by Leukaemia Net Guidelines.

Renewal

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

Applications only from a haematologist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

- ☐ Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines

and

- ☐ Nilotinib treatment remains appropriate and the patient is benefiting from treatment

and

- ☐ Maximum nilotinib dose of 800 mg/day

and

- ☐ Subsidised for use as monotherapy only

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