Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR WAIVER OF RULE BY SPECIAL AUTHORITY

Form SA1857
March 2026

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: .....

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