Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1986
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: .....

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

or

☐ Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides

or

☐ Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene)

or

☐ Documented urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides, and molecular genetic testing indicating a disease-causing mutation in the GAA gene

and

☐ 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):.....

Applications only from a metabolic physician. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

☐ 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

and

☐ 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

and

☐ Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT

and

☐ There is no evidence of life threatening progression of respiratory disease as evidenced by the needed for > 14 days of invasive ventilation

and

☐ 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.

Signed: ..... Date: .....
Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz