

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

**Pegaspargase**

**Initial application — Acute lymphoblastic leukaemia**  
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months.  
**Prerequisites**(tick boxes where appropriate)

The patient has newly diagnosed acute lymphoblastic leukaemia  
**and**  
 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol

**Initial application — Lymphoma**  
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.  
**Prerequisites**(tick box where appropriate)

The patient has lymphoma requiring L-asparaginase containing protocols (e.g. SMILE)

**Renewal — Acute lymphoblastic leukaemia**  
Current approval Number (if known):.....  
Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months.  
**Prerequisites**(tick boxes where appropriate)

The patient has relapsed acute lymphoblastic leukaemia  
**and**  
 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol

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)