

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:

Hypoplastic and Haemolytic

Initial application — chronic renal failure

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient in chronic renal failure
and	
<input type="checkbox"/>	Haemoglobin is less than or equal to 100g/L
and	
<input type="checkbox"/>	Patient does not have diabetes mellitus
and	
<input type="checkbox"/>	Glomerular filtration rate is less than or equal to 30ml/min
or	
<input type="checkbox"/>	Patient has diabetes mellitus
and	
<input type="checkbox"/>	Glomerular filtration rate is less than or equal to 45ml/min
or	
<input type="checkbox"/>	Patient is on haemodialysis or peritoneal dialysis

Initial application — myelodysplasia

Applications from any specialist. Approvals valid for 2 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient has a confirmed diagnosis of myelodysplasia (MDS)*
and	
<input type="checkbox"/>	Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent
and	
<input type="checkbox"/>	Patient has very low, low or intermediate risk MDS based on the WHO classification based prognostic scoring system for myelodysplastic syndrome (WPSS)
and	
<input type="checkbox"/>	Other causes of anaemia such as B12 and folate deficiency have been excluded
and	
<input type="checkbox"/>	Patient has a serum epoetin level of < 500 IU/L
and	
<input type="checkbox"/>	The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week

Note: Indication marked with * is an unapproved indication

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

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Hypoplastic and Haemolytic - *continued*

Renewal — myelodysplasia

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

Applications from any specialist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<p><input type="checkbox"/></p> <p>and</p> <p><input type="checkbox"/></p> <p>and</p> <p><input type="checkbox"/></p>	<p>The patient's transfusion requirement continues to be reduced with erythropoietin treatment</p> <p>Transformation to acute myeloid leukaemia has not occurred</p> <p>The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week</p>
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