

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:

Long-acting Somatostatin Analogues

Initial application — Malignant Bowel Obstruction

Applications from any relevant practitioner. Approvals valid for 2 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> The patient has nausea* and vomiting* due to malignant bowel obstruction* and <input type="checkbox"/> Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has not been successful and <input type="checkbox"/> Treatment to be given for up to 4 weeks

Note: Indications marked with * are unapproved indications.

Renewal — Malignant Bowel Obstruction

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

Applications from any relevant practitioner. Approvals valid for 3 months.

Prerequisites(tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

Initial application — Acromegaly

Applications from any relevant practitioner. Approvals valid for 3 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> The patient has acromegaly and <table border="1"> <tr> <td> <input type="checkbox"/> Treatment with surgery and radiotherapy is not suitable or was unsuccessful or <input type="checkbox"/> Treatment is for an interim period while awaiting the beneficial effects of radiotherapy </td> </tr> </table> and <input type="checkbox"/> Treatment with a dopamine agonist has been unsuccessful	<input type="checkbox"/> Treatment with surgery and radiotherapy is not suitable or was unsuccessful or <input type="checkbox"/> Treatment is for an interim period while awaiting the beneficial effects of radiotherapy
<input type="checkbox"/> Treatment with surgery and radiotherapy is not suitable or was unsuccessful or <input type="checkbox"/> Treatment is for an interim period while awaiting the beneficial effects of radiotherapy	

Renewal — Acromegaly

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

Applications from any relevant practitioner. Approvals valid for 2 years.

Prerequisites(tick box where appropriate)

IGF1 levels have decreased since starting treatment

Note: In patients with acromegaly, treatment should be discontinued if IGF1 levels have not decreased 3 months after treatment. In patients treated with radiotherapy treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following treatment withdrawal for at least 4 weeks

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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Long-acting Somatostatin Analogues - continued

Initial application — pre-operative acromegaly

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

Patient has acromegaly
and
 Patient has a large pituitary tumour, greater than 10 mm at its widest
and
 Patient is scheduled to undergo pituitary surgery in the next six months

Initial application — Other Indications

Applications from any relevant practitioner. Approvals valid for 2 years.

Prerequisites(tick boxes where appropriate)

VIPomas and Glucagonomas - for patients who are seriously ill in order to improve their clinical state prior to definitive surgery
or
 Gastrinoma
and
 Surgery has been unsuccessful
or
 Patient has metastatic disease after treatment with H2 antagonist or proton pump inhibitors has been unsuccessful
or
 Insulinomas
and
 Surgery is contraindicated or has not been successful
or
 For pre-operative control of hypoglycaemia and for maintenance therapy
or
 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis)
and
 Disabling symptoms not controlled by maximal medical therapy

Note: The use of a long-acting somatostatin analogue in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded under Special Authority

Renewal — Other Indications

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

Applications from any relevant practitioner. Approvals valid for 2 years.

Prerequisites(tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

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