APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2269
November 2026

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

Gemtuzumab ozogamicin

Initial application
Applications only from a haematologist, paediatric haematologist or paediatric oncologist. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has not received prior chemotherapy for this condition

and

- ☐ Patient has de novo CD33-positive acute myeloid leukaemia

and

- ☐ Patient does not have acute promyelocytic leukaemia

and

- ☐ Gemtuzumab ozogamicin will be used in combination with standard anthracycline and cytarabine (AraC)

and

- ☐ Patient is being treated with curative intent

and

- ☐ Patient's disease risk has been assessed by cytogenetic testing to be good or intermediate

and

- ☐ Patient must be considered eligible for standard intensive remission induction chemotherapy with standard anthracycline and cytarabine (AraC)

and

- ☐ Gemtuzumab ozogamicin to be funded for one course only (one dose at 3 mg per m^2 body surface area or up to 2 vials of 5 mg as separate doses)

Note: Acute myeloid leukaemia excludes acute promyelocytic leukaemia and acute myeloid leukaemia that is secondary to another haematological disorder (eg myelodysplasia or myeloproliferative disorder).

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