

APPLICATION FOR WAIVER OF RULE BY SPECIAL AUTHORITY

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:

Clarithromycin

INITIAL APPLICATION - Helicobacter pylori infections

Applications only from a general practitioner or relevant specialist. Approvals valid for 6 months.

Prerequisites (tick boxes where appropriate)

Eradication of Helicobacter pylori in patient with proven infection

and

Peptic ulcer disease proven by endoscopy

Note:

Maximum of two prescriptions (two courses) per patient.

INITIAL APPLICATION - Mycobacterial infections

Applications only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years.

Prerequisites (tick boxes, and write the data requested in the space provided where appropriate)

Mycobacterium Avium Intracellulare Complex infections in patient with AIDS

or

Atypical and drug-resistant mycobacterial infection

or

Prophylaxis against disseminated Mycobacterium Avium Intracellulare Complex infection

and

HIV infection

and

CD4 count: ≤ 50 cells/mm³

RENEWAL - Mycobacterial infections

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

Applications only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years.

Prerequisites (tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – Fax: 0800 100 131