

APPLICATION FOR SUBSIDY 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:

Imiquimod

INITIAL APPLICATION

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites (tick boxes where appropriate)

- The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated)
- or
- The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site
- or
- The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate

Note:

Superficial basal cell carcinoma

- Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance.
- Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears.
- Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma.

External anogenital warts

- Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

RENEWAL

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

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites (tick boxes where appropriate)

- Inadequate response to initial treatment for anogenital warts
- or
- New confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate
- or
- Inadequate response to initial treatment for superficial basal cell carcinoma

Note:

Confirmation that the lesion is a superficial basal cell carcinoma should be obtained using a biopsy

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

Signed: Date: