Ministry of Health
Phone 0800 243 666

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA0957
November 2009

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

Valaciclovir

INITIAL APPLICATION - recurrent genital herpes
Applications from any medical practitioner. Approvals valid for 12 months.

Prerequisites (tick box where appropriate)

- [ ] The patient has genital herpes with 2 or more breakthrough episodes in any 6 month period while treated with aciclovir 400 mg twice daily

RENEWAL - recurrent genital herpes

Current approval Number (if known):..

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

Prerequisites (tick box where appropriate)

- [ ] The treatment remains appropriate and the patient is benefiting from treatment

INITIAL APPLICATION - ophthalmic zoster
Applications from any medical practitioner. Approvals valid without further renewal unless notified.

Prerequisites (tick box where appropriate)

- [ ] The patient has previous history of ophthalmic zoster and the patient is at risk of vision impairment

INITIAL APPLICATION - CMV prophylaxis
Applications from any medical practitioner. Approvals valid for 3 months.

Prerequisites (tick box where appropriate)

- [ ] The patient has undergone organ transplantation

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