

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:

Azithromycin

INITIAL APPLICATION

Applications only from a respiratory specialist or paediatrician. Approvals valid without further renewal unless notified.

Prerequisites (tick boxes where appropriate)

- The applicant is part of multidisciplinary team experienced in the management of cystic fibrosis
and
 The patient has been definitively diagnosed with cystic fibrosis*
and
 The patient has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas* related gram negative organisms as defined by two positive respiratory tract cultures at least three months apart*
and
 The patient has negative cultures for non-tuberculous mycobacteria

Note:

Caution is advised if using azithromycin as an antibiotic in the treatment of cystic fibrosis patients with pneumonia.

Testing for non-tuberculosis mycobacteria should occur annually.

Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6).

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