

# 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 - 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/mm<sup>3</sup>

### 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**