Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2031
October 2021

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: ....

Zoledronic acid inj 4 mg per 5 ml, vial

Initial application — bone metastases
Applications from any relevant practitioner. Approvals valid without further renewal unless notified.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has hypercalcaemia of malignancy

or

- ☐ Patient has bone metastases or involvement
- **and** ☐ Patient has severe bone pain resistant to standard first-line treatments

or

- ☐ Patient has bone metastases or involvement
- **and** ☐ Patient is at risk of skeletal-related events pathological fracture, spinal cord compression, radiation to bone or surgery to bone

Initial application — early breast cancer
Applications from any relevant practitioner. Approvals valid for 2 years.
Prerequisites(tick boxes where appropriate)

- ☐ Treatment to be used as adjuvant therapy for early breast cancer
- **and** ☐ Patient has been amenorrhoeic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state
- **and** ☐ Treatment to be administered at a minimum interval of 6-monthly for a maximum of 2 years

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 – email: customerservice@health.govt.nz