Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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r insufficient benefit to esection of initial response)
initiated on biologic
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APPLICANT (stamp or sticker acceptable)		T (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:			
Reg No	o:		First Names:	First Names:			
Name:			Surname:	Surname:			
Address:			DOB:	Address:			
			Address:				
Fax Nu	ımbe	r:		Fax Number:			
Vedo	lizuı	mab - continued					
Initial application — Crohn's disease - children* Applications from any relevant practitioner. Approvals valid for 6 months. Prerequisites(tick boxes where appropriate)							
	and	Paediatric patient has active Crohi	n's disease				
		or meet renewal criteria (unless	proval for prior biologic therapy and has experienced s contraindicated) hn's Disease Activity Index (PCDAI) score of greater				
		Patient has extensive small	intestine disease				
	and		nced an inadequate response to (including lack of ini unomodulators and corticosteroids	tial response and/or loss of initial response)			
		Patient has experienced into	olerable side effects from immunomodulators and cor-	ticosteroids			
			ticosteroids are contraindicated				
Note:	Indic	cation marked with * is an unapproved in	ndication.				
Curre Applic	nt ap ation	— Crohn's disease - children* proval Number (if known): s from any relevant practitioner. Approvites (tick boxes where appropriate)					
		or PCDAI score is 15 or less	y 10 points from when the patient was initiated on bio				
	and	Vedolizumab to administered at a	dose no greater than 300mg every 8 weeks				
Note:	India	cation marked with * is an unapproved in	ndication.				

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Reg No:			First Names:	First Names:		
Name:			Surname:	Surname:		
Address:			DOB:	Address:		
			Address:			
				Fax Number:		
Vedolizumab - continued Initial application — ulcerative colitis Applications from any relevant practitioner. Approvals valid for 6 months. Prerequisites(tick boxes where appropriate) Patient has active ulcerative colitis						
	and		greater than or equal to 4	intolerable side effects or insufficient benefit to		
	Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response from prior therapy with immunomodulators and corticosteroids Patient has experienced intolerable side effects from immunomodulators and corticosteroids Immunomodulators and corticosteroids are contraindicated					
Note:	Indic	cation marked with * is an unapproved in	dication.			
Curre Applie	ent ap	ulcerative colitis oproval Number (if known): ns from any relevant practitioner. Approviites(tick boxes where appropriate)				
		or	ed by 2 points or more from the SCCAI score since in ed by 10 points or more from the PUCAI score since			
	and	Vedolizumab will be used at a dose	s			
Note:	ote: Indication marked with * is an unapproved indication.					