Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2139
June 2025

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: .....

Antiretrovirals

Initial application — Confirmed HIV
Applications only from a named specialist. Approvals valid without further renewal unless notified.
Prerequisites(tick box where appropriate)

☐ The patient has confirmed HIV infection

Note: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.
Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

Renewal — Confirmed HIV

Current approval Number (if known):.....

Applications only from a named specialist. Approvals valid without further renewal unless notified.
Prerequisites(tick box where appropriate)

☐ The treatment remains appropriate and the patient is benefiting from treatment

Initial application — Prevention of maternal transmission
Applications only from a named specialist. Approvals valid for 1 year.
Prerequisites(tick boxes where appropriate)

☐ Prevention of maternal foetal transmission

or

☐ Treatment of the newborn for up to eight weeks

Note: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.
Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.
Some antiretrovirals are unapproved or contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.

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

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Fax Number:	.....	Fax Number: .....

Antiretrovirals *- continued*

Initial application — post-exposure prophylaxis following exposure to HIV
Applications from any relevant practitioner. Approvals valid for 4 weeks.
Prerequisites(tick boxes where appropriate)

☐ Treatment course to be initiated within 72 hours post exposure

and

☐ Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml

or

☐ Patient has shared intravenous injecting equipment with a known HIV positive person

or

☐ Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required

or

☐ Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown

Note: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.
Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.
Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.ashm.org.au

Renewal — second or subsequent post-exposure prophylaxis

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 4 weeks.
Prerequisites(tick boxes where appropriate)

☐ Treatment course to be initiated within 72 hours post exposure

and

☐ Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml

or

☐ Patient has shared intravenous injecting equipment with a known HIV positive person

or

☐ Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required

or

☐ Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown

Initial application — Percutaneous exposure
Applications only from a named specialist. Approvals valid for 6 weeks.
Prerequisites(tick box where appropriate)

☐ The patient has percutaneous exposure to blood known to be HIV positive

Note: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.
Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

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

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Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
Fax Number:	.....	Fax Number: .....

Antiretrovirals *- continued*

Renewal — Second or subsequent percutaneous exposure

Current approval Number (if known):.....

Applications only from a named specialist. Approvals valid for 6 weeks.

Prerequisites(tick box where appropriate)

☐ The patient has percutaneous exposure to blood known to be HIV positive

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