Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 **Form SA2182** November 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:
at the time of commencing treatment and Patient has active Crohn's disconnected and Patient has had an initite effects or insufficient by and Patient meets the and	th ustekinumab commenced prior to 1 February 2023 nt	ase and has experienced intolerable side
Renewal — Crohn's disease - adults Current approval Number (if known):		
or therapy CDAI score is 150 or less, or or The patient has experienced	100 points, or HBI score has reduced by 3 points, from HBI is 4 or less an adequate response to treatment, but CDAI score a dose no greater than 90 mg every 8 weeks	

I confirm the above details are correct and that in signing this form I understand I may be audited.

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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:
Ustekinumab - continued		
at the time of commencing treatment or Patient has active Crohn's diand Patient has had an init benefit to meet renewate and Patient meets the and Patient meets the patient meets and meets and meets meets and meets meets and meets meets and meets meets meets and meets meets meets meets and meets me	th ustekinumab commenced prior to 1 February 2023 ant sease ial approval for prior biologic therapy and has experie al criteria ie initiation criteria for prior biologic therapies for Crol	enced intolerable side effects or insufficient
	uication.	
Renewal — Crohn's disease - children* Current approval Number (if known):		
Applications from any relevant practitioner. Approv Prerequisites(tick boxes where appropriate)		
or PCDAI score is 15 or less or The patient has experienced	or 10 points from when the patient was initiated on bio an adequate response to treatment, but CDAI score	
Ustekinumab to administered at a c	dose no greater than 90 mg every 8 weeks	

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Page 3 Form SA2182 November 2025

APPLICANT (stamp or sticker acceptal	ple) PATIENT NHI:	REFERRER Reg No:	
Reg No:	First Names:	First Names:	· ···
Name:	Surname:	Surname:	
Address:	DOB:	Address:	
	Address:		
Fax Number:			
Ustekinumab - continued			
at the time of commen Patient has active and Patient has active Patient has active Patient has active and Patient has active Patient has active and	oner. Approvals valid for 6 months. priate) treatment with ustekinumab commence cing treatment re ulcerative colitis	r biologic therapies for ulcerative colitis	
Renewal — ulcerative colitis Current approval Number (if known): Applications from any relevant practitic Prerequisites(tick boxes where appro-	oner. Approvals valid for 12 months.		_
or		m the SCCAI score since initiation on biologic therapy he PUCAI score since initiation on biologic therapy*	
	sed at a dose no greater than 90 mg int	ntravenously every 8 weeks	
Note: Criterion marked with * is for an	unapproved indication.		

I confirm the above details are correct and that in signing this form I understand I may be audited.