Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 **Form SA2182** December 2025

Reg No: First Names: First Names: First Names: Surname: Surname: Surname: Address: DOB: Address: Addre	APPLICANT (stamp or sticker acceptable)				PATIENT NHI:	REFERRER Reg No:
Address:  Address:  Address:  Address:  Address:  Address:  Bax Number:  Fax Number:  Ustekinumab  Initial application — Crohn's disease - adults  Applications from any relevant practitioner. Approvals valid for 6 months.  Prerequisites(tick boxes where appropriate)  Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment or Patient has active Crohn's disease  Patient has active Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria  Patient meets the initiation criteria for prior biologic therapies for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria  Patient meets the initiation criteria for prior biologic therapies for Crohn's disease  Renewal — Crohn's disease - adults  Current approval Number (if known):  Applications from any relevant practitioner. Approvals valid for 12 months.  Prerequisites(tick boxes where appropriate)  CDAI score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy or CDAI score is 150 or less, or HBI is 4 or less or The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed and	Reg No:				First Names:	First Names:
Address:    Fax Number:   Fax Number:   Fax Number:	Name:				Surname:	Surname:
Fax Number: Fax Number:  Ustekinumab  Initial application — Crohn's disease - adults Applications from any relevant practitioner. Approvals valid for 6 months.  Prerequisites(tick boxes where appropriate)  Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment  or Patient has active Crohn's disease  and Patient has had an initial approval for prior biologic therapy for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria  Patient meets the initiation criteria for prior biologic therapies for Crohn's disease and Other biologics for Crohn's disease are contraindicated  Renewal — Crohn's disease - adults  Current approval Number (if known):  Applications from any relevant practitioner. Approvals valid for 12 months.  Prerequisites(tick boxes where appropriate)  Oblications from any relevant practitioner. Approvals valid for 12 months.  Prerequisites(tick boxes where appropriate)  Ocal score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy  CDAI score is 150 or less, or HBI is 4 or less  or The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed  and	Addre	ess:			DOB:	Address:
Fax Number: Fax Nu					Address:	
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Current approval Number (if known):	Appl	equis	ns from any ites(tick bo	relevant practitioner. Approving the search of the search	ith ustekinumab commenced prior to 1 February 2023 ent isease tial approval for prior biologic therapy for Crohn's dise benefit to meet renewal criteria ne initiation criteria for prior biologic therapies for Croh	ase and has experienced intolerable side
The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed	Curr Appl	ent ap icatior	proval Num ns from any ites(tick bo	relevant practitioner. Approves where appropriate)  CDAI score has reduced by therapy	vals valid for 12 months.  100 points, or HBI score has reduced by 3 points, from	om when the patient was initiated on biologic
		and				and/or HBI score cannot be assessed

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

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Page 2 Form SA2182 December 2025

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Name:	Surname:	Surname:					
Address:	DOB:	Address:					
	Address:						
Fax Number:		Fax Number:					
Ustekinumab - continued							
Initial application — Crohn's disease - children* Applications from any relevant practitioner. Approvals valid for 6 months.  Prerequisites(tick boxes where appropriate)  Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment  Patient has active Crohn's disease  Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria  Patient meets the initiation criteria for prior biologic therapies for Crohn's disease  and  Other biologics for Crohn's disease are contraindicated  Note: Indication marked with * is an unapproved indication.							
Renewal — Crohn's disease - children*  Current approval Number (if known):							
or PCDAI score is 15 or less	y 10 points from when the patient was initiated on bio						
and Ustekinumab to administered at a dose no greater than 90 mg every 8 weeks  Note: Indication marked with * is an unapproved indication.							

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Page 3 **Form SA2182** December 2025

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Name:	Surname:	Surname:					
Address:	DOB:	Address:					
	Address:						
Fax Number:		Fax Number:					
Ustekinumab - continued							
at the time of commencing treatm  Patient has active ulcerative and  Patient has had an in effects or insufficient  Or  Patient meets t	with ustekinumab commenced prior to 1 February 202: ent	plitis and has experienced intolerable side					
Renewal — ulcerative colitis  Current approval Number (if known):							
or	ced by 2 points or more from the SCCAI score since in by 10 points or more from the PUCAI score since initial						
	se no greater than 90 mg intravenously every 8 weeks	3					
Note: Criterion marked with * is for an unapprove	d indication.						

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