Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2418
January 2026

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: .....

Osimertinib

Initial application — NSCLC – first line
Applications from any relevant practitioner. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

☐ Patient is currently on treatment with osimertinib and met all remaining criteria prior to commencing treatment

or

☐ Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC)

and

☐ Patient is treatment naïve

or

☐ Patient has received prior chemotherapy in the adjuvant setting and/or while awaiting EGFR results

or

☐ The patient has discontinued gefitinib or erlotinib due to intolerance

and

☐ The cancer did not progress while on gefitinib or erlotinib

and

☐ There is documentation confirming that the cancer expresses activating mutations of EGFR

and

☐ Patient has an ECOG performance status 0-3

and

☐ Baseline measurement of overall tumour burden is documented clinically and radiologically

Renewal — NSCLC – first line

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

Applications from any relevant practitioner. Approvals valid for 6 months.
Prerequisites(tick box where appropriate)

☐ Response to or stable disease with treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

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

Signed: ..... Date: .....
Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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: .....

Osimertinib *- continued*

Initial application — NSCLC – second line
Applications from any relevant practitioner. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

☐ Patient is currently on treatment with osimertinib and met all remaining criteria prior to commencing treatment

or

☐ Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC)

and

☐ Patient has an ECOG performance status 0-3

and

☐ The patient must have received previous treatment with erlotinib or gefitinib

and

☐ There is documentation confirming that the cancer expresses T790M mutation of EGFR following progression on or after erlotinib or gefitinib

and

☐ The treatment must be given as monotherapy

and

☐ Baseline measurement of overall tumour burden is documented clinically and radiologically

Renewal — NSCLC – second line

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

Applications from any relevant practitioner. Approvals valid for 6 months.
Prerequisites(tick box where appropriate)

☐ Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

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

Signed: ..... Date: .....
Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz