Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA2182**
February 2026

| **APPLICANT** (stamp or sticker acceptable) | **PATIENT** NHI: ..... | **REFERRER** Reg No: ..... |
|---|---|---|
| Reg No: ..... | First Names: ..... | First Names: ..... |
| Name: ..... | Surname: ..... | Surname: ..... |
| Address: ..... | DOB: ..... | Address: ..... |
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| ..... | ..... | ..... |
| 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

**or**

- ☐ 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)

- ☐ 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**

- ☐ Ustekinumab to be administered at 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.**

Signed: ..... Date: .....

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

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| 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

**or**

- ☐ Patient has active Crohn's disease

**and**

- ☐ Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria

**or**

- ☐ 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):.....

Applications from any relevant practitioner. Approvals valid for 12 months.
**Prerequisites**(tick boxes where appropriate)

- ☐ PCDAI score has reduced by 10 points from when the patient was initiated on biologic therapy

**or**

- ☐ PCDAI score is 15 or less

**or**

- ☐ The patient has experienced an adequate response to treatment, but CDAI score cannot be assessed

**and**

- ☐ Ustekinumab to administered at a dose no greater than 90 mg every 8 weeks

Note: Indication marked with * is an unapproved indication.

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

Signed: ..... Date: .....
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| ..... | ..... | ..... |
| Fax Number: ..... | ..... | Fax Number: ..... |

## Ustekinumab *- continued*

**Initial application — ulcerative colitis**
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 ulcerative colitis

**and**

- ☐ Patient has had an initial approval for prior biologic therapy for ulcerative colitis and has experienced intolerable side effects or insufficient benefit to meet renewal criteria

**or**

- ☐ Patient meets the initiation criteria for prior biologic therapies for ulcerative colitis

**and**

- ☐ Other biologics for ulcerative colitis are contraindicated

**Renewal — ulcerative colitis**

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

Applications from any relevant practitioner. Approvals valid for 12 months.
**Prerequisites**(tick boxes where appropriate)

- ☐ The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy

**or**

- ☐ PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy*

**and**

- ☐ Ustekinumab will be used at a dose no greater than 90 mg intravenously 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.**

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