Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2453
February 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: .....

Bevacizumab

Initial application — unresectable hepatocellular carcinoma
Applications from any relevant practitioner. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

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

or

☐ Patient has locally advanced or metastatic, unresectable hepatocellular carcinoma

and

☐ Patient has preserved liver function (Child-Pugh A)

and

☐ Transarterial chemoembolisation (TACE) is unsuitable

and

☐ Patient has not received prior systemic therapy for the treatment of hepatocellular carcinoma

or

☐ Patient received funded lenvatinib before 1 March 2025

or

☐ Patient has experienced treatment-limiting toxicity from treatment with lenvatinib

and

☐ No disease progression since initiation of lenvatinib

and

☐ Patient has an ECOG performance status of 0-2

and

☐ To be given in combination with atezolizumab

Renewal — unresectable hepatocellular carcinoma

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

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

☐ There is no evidence of disease progression

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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.....	.....	.....
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Bevacizumab *- continued*

Initial application — advanced or metastatic ovarian cancer
Applications from any relevant practitioner. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

- ☐ The patient has FIGO Stage IV epithelial ovarian, fallopian tube, or primary peritoneal cancer

or

- ☐ The patient has previously untreated advanced (FIGO Stage IIIB or IIIC) epithelial ovarian, fallopian tube, or primary peritoneal cancer

and

- ☐ Debulking surgery is inappropriate

or

- ☐ The cancer is sub-optimally debulked (maximum diameter of any gross residual disease greater than 1cm)

and

☐ Bevacizumab to be administered at a maximum dose of 15 mg/kg every three weeks

and

☐ 18 weeks concurrent treatment with chemotherapy is planned

Renewal — advanced or metastatic ovarian cancer

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

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

☐ There is no evidence of disease progression

Initial application — Recurrent Respiratory Papillomatosis
Applications from any relevant practitioner. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

☐ Maximum of 6 doses

and

☐ The patient has recurrent respiratory papillomatosis

and

☐ The treatment is for intra-lesional administration

Renewal — Recurrent Respiratory Papillomatosis

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

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

☐ Maximum of 6 doses

and

☐ The treatment is for intra-lesional administration

and

☐ There has been a reduction in surgical treatments or disease regrowth as a result of treatment

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.....	.....	.....
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Bevacizumab *- continued*

Initial application — Ocular Conditions
Applications from any relevant practitioner. Approvals valid without further renewal unless notified.
Prerequisites(tick boxes where appropriate)

☐ Ocular neovascularisation

or

☐ Exudative ocular angiopathy

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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