Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY
BY SPECIAL AUTHORITY

Form SA2530

February 2026

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

Ticagrelor

Initial application — acute coronary syndrome
Applications from any relevant practitioner. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

and
- ☐ Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome
- ☐ Fibrinolytic therapy has not been given in the last 24 hours and is not planned

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Renewal — subsequent acute coronary syndrome

Current approval Number (if known):...

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

and
- ☐ Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome
- ☐ Fibrinolytic therapy has not been given in the last 24 hours and is not planned

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Initial application — thrombosis prevention neurological stenting
Applications from any relevant practitioner. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

or
- ☐ Patient has had a neurological stenting procedure* in the last 60 days
- ☐ Patient is about to have a neurological stenting procedure performed*

and

or
- ☐ Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay or another appropriate platelet function assay and requires antiplatelet treatment with ticagrelor

  or
  - ☐ Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event
  - ☐ Clopidogrel resistance has been demonstrated by the occurrence of transient ischemic attack symptoms referable to the stent

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Renewal — thrombosis prevention neurological stenting

Current approval Number (if known):...

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

and
- ☐ Patient is continuing to benefit from treatment
- ☐ Treatment continues to be clinically appropriate

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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Ticagrelor - continued

Initial application — Percutaneous coronary intervention with stent deployment
Applications from any relevant practitioner. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

and
☐ Patient has undergone percutaneous coronary intervention

and
☐ Patient has had a stent deployed in the previous 4 weeks

☐ Patient is clopidogrel-allergic**

Renewal — Percutaneous coronary intervention with stent deployment

Current approval Number (if known):..

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

and
☐ Patient has undergone percutaneous coronary intervention

and
☐ Patient has had a stent deployed in the previous 4 weeks

☐ Patient is clopidogrel-allergic**

Initial application — Stent thrombosis
Applications from any relevant practitioner. Approvals valid without further renewal unless notified.
Prerequisites(tick box where appropriate)

☐ Patient has experienced cardiac stent thrombosis whilst on clopidogrel

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Initial application — acute minor stroke or high-risk transient ischemic attack (TIA)*
Applications from any relevant practitioner. Approvals valid for 1 month.
Prerequisites(tick boxes where appropriate)

and
☐ Patient has been diagnosed with a minor stroke (NIHSS† score 3 or less), high-risk TIA (ABCD2 score 4 or more) or Crescendo TIA

or
☐ Patient is expected to be a poor metaboliser of clopidogrel, with documented clinical rationale

☐ Patient is allergic to clopidogrel**

and
☐ Ticagrelor to be prescribed for a maximum of 21 days following minor stroke or TIA

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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....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

Ticagrelor - continued

Renewal — subsequent minor stroke or TIA, or Crescendo TIA

Current approval Number (if known):...

Applications from any relevant practitioner. Approvals valid for 1 month.

Prerequisites(tick box where appropriate)

☐ Patient has been diagnosed with a minor stroke (NIHSS score 3 or less) or high-risk transient ischemic attack (ABCD2 score 4 or more) or Crescendo TIA

Note: indications marked with * are unapproved indications.
Note: Note:** Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.
Note: Note:NIHSS† National Institutes of Health Stroke Scale.

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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