APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2423
March 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: .....

Gefitinib

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

☐ Patient has locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC)

and

☐ Patient is treatment naive

or

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

or

☐ The patient has discontinued osimertinib or erlotinib due to intolerance

and

☐ The cancer did not progress whilst on osimertinib or erlotinib

and

☐ There is documentation confirming that disease expresses activating mutations of EGFR

Renewal

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

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

☐ Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed

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