Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2622
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: .....

Rituximab (Mabthera)

Initial application — arthritis - rheumatoid - TNF inhibitors contraindicated
Applications from any relevant practitioner. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

- ☐ Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated

and

- ☐ Patient has had rheumatoid arthritis (either confirmed by radiologic imaging, or the patient is CCP antibody positive)

and

- ☐ Disease has not responded to at least 3 months of methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose, unless contraindicated

and

- ☐ Disease has not responded to at least 3 months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses), unless contraindicated

and

- ☐ Disease has not responded to at least 3 months of methotrexate in combination with the maximum tolerated dose of ciclosporin, unless contraindicated

or

- ☐ Disease has not responded to at least 3 months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate, unless contraindicated

and

- ☐ Patient has persistent symptoms of poorly controlled and active disease in at least 20 joints

or

- ☐ Patient has persistent symptoms of poorly controlled and active disease in at least 4 joints from the following: wrist, elbow, knee, ankle, shoulder, or hip

and

- ☐ Patient has CRP greater than 15 mg/L measured within one month before the application

or

- ☐ CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day received for more than 3 months

and

- ☐ Maximum of two 1000 mg infusions given two weeks apart

Initial application — arthritis - rheumatoid - prior TNF inhibitor use
Applications from any relevant practitioner. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has had a Special Authority approval for etanercept or adalimumab for rheumatoid arthritis

and

- ☐ Patient has experienced intolerable side effects

or

- ☐ Following at least a 4 month trial of adalimumab or etanercept, the renewal criteria for rheumatoid arthritis were not met

and

- ☐ Maximum of two 1000 mg infusions given two weeks apart

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: .....

Rituximab (Mabthera) - *continued*

Renewal — arthritis - rheumatoid - re-treatment for people who have experienced a partial response to rituximab

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

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- ☐ Following the initial course of rituximab the patient experienced between a 30% and 50% decrease in active joint count from baseline

or

- ☐ Following the second course of rituximab the patient experienced at least a 50% decrease in active joint count from baseline

or

- ☐ Following the third and subsequent courses of rituximab, the patient experienced at least a continuing 30% improvement in active joint count from baseline

and

☐ Rituximab re-treatment not to be given within 6 months of the previous course of treatment

and

☐ Maximum of two 1000 mg infusions given two weeks apart

Renewal — arthritis - rheumatoid - re-treatment for people who experience a response to rituximab

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

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- ☐ Following the initial course of rituximab infusions the patient experienced at least a 50% decrease in active joint count from baseline

or

- ☐ Following the second and subsequent courses of rituximab, the patient experienced at least a continuing 30% improvement in active joint count from baseline

and

☐ Rituximab re-treatment not to be given within 6 months of the previous course of treatment

and

☐ Maximum of two 1000 mg infusions per course given two weeks apart

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