Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2182
June 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: .....

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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.....	Address:	.....
.....	.....	.....
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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Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
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: .....
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