Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2302
June 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: ....

Sacubitril with valsartan

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

☐ Patient has heart failure

and

- ☐ Patient is in NYHA/WHO functional class II
- **or** ☐ Patient is in NYHA/WHO functional class III
- **or** ☐ Patient is in NYHA/WHO functional class IV

and

- ☐ Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%
- **or** ☐ An ECHO is not reasonably practical, and in the opinion of the treating practitioner the patient would benefit from treatment

and ☐ Patient is receiving concomitant optimal standard chronic heart failure treatments

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