Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2598
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: ....

Everolimus

Initial application
Applications only from a neurologist or oncologist. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

☐ Patient has tuberous sclerosis
and
☐ Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment

Renewal
Current approval Number (if known):..

Applications only from a neurologist or oncologist. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

☐ Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months
and
☐ The treatment remains appropriate and the patient is benefiting from treatment
and
☐ Everolimus to be discontinued at progression of SEGAs

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

☐ The patient has metastatic renal cell carcinoma
and
☐ The disease is of predominant clear-cell histology
and
☐ The patient has documented disease progression following one previous line of treatment
and
☐ The patient has an ECOG performance status of 0-2
and
☐ Everolimus is to be used in combination with lenvatinib

or

☐ Patient has received funded treatment with nivolumab for the second line treatment of metastatic renal cell carcinoma
and
☐ Patient has experienced treatment limiting toxicity from treatment with nivolumab
and
☐ Everolimus is to be used in combination with lenvatinib
and
☐ There is no evidence of disease progression

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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First Names: ....

Surname: ....

Address: ....

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....

Fax Number: ....

Everolimus *- continued*

Renewal — renal cell carcinoma

Current approval Number (if known):...

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

☐ There is no evidence of disease progression

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: .... Date: ....