Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2624
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: .....

Secukinumab

Initial application — plaque psoriasis
Applications from any relevant practitioner. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has "whole body" plaque psoriasis with a PASI score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis

  or

- ☐ Patient has plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis

  or

- ☐ Patient has localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a DLQI score greater than 10

and

☐ Patient has received insufficient benefit (see Note) or has experienced intolerable side effects from at least 3 of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin

and

☐ A PASI assessment or DLQI assessment has been completed for the most recent prior treatment course, within 1 month of stopping that treatment

and

☐ The most recent PASI or DQLI assessment is within 1 month before the application

or

☐ Patient has had a Special Authority approval for adalimumab, etanercept, or infliximab, for plaque psoriasis

and

- ☐ Patient has experienced intolerable side effects

  or

- ☐ Patient has received insufficient benefit to meet the renewal criteria for plaque psoriasis

and

☐ A PASI assessment or DLQI assessment has been completed for the most recent prior treatment within 1 month of stopping that treatment

and

☐ The most recent PASI or DQLI assessment is within 1 month before the application

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Insufficient benefit" is defined as: for whole body plaque psoriasis, a PASI score of greater than 10; for plaque psoriasis of the face, hand, foot, genital or flexural areas, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and for the face, palm of a hand or sole of a foot the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. As assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment

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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Secukinumab *- continued*

Renewal — plaque psoriasis

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

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient's PASI score has reduced by 75% or more compared to pre-secukinumab baseline

or

- ☐ Patient has a DLQI improvement of 5 or more, compared to pre-secukinumab baseline

or

- ☐ Patient had localised genital or flexural plaque psoriasis at the start of treatment

and

- ☐ Patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, compared to the pre-secukinumab baseline

or

- ☐ Patient has a DLQI improvement of 5 or more, compared to pre-secukinumab baseline

and

☐ Maximum dose 300 mg monthly

Initial application — ankylosing spondylitis – second-line biologic

Applications from any relevant practitioner. Approvals valid for 3 months.

Prerequisites(tick boxes where appropriate)

☐ Patient has had a Special Authority approval for adalimumab or etanercept for ankylosing spondylitis

and

- ☐ Patient has experienced intolerable side effects

or

- ☐ Patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis

Renewal — ankylosing spondylitis – second-line biologic

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

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

☐ BASDAI has improved from the pre-secukinumab baseline either by at least 4 points on a 10-point scale, or by at least 50%, whichever is less

and

☐ Maximum dose 300 mg monthly

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.....	.....	.....
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Secukinumab *- continued*

Initial application — arthritis - psoriatic
Applications from any relevant practitioner. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has had a Special Authority approval for adalimumab, etanercept or infliximab for psoriatic arthritis
- **and**
  - ☐ Patient has experienced intolerable side effects
  - **or**
  - ☐ Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis

or

- ☐ Patient has received insufficient benefit from at least 3 months of methotrexate at a maximum tolerated dose unless contraindicated
- **and**
- ☐ Patient has received insufficient benefit from at least 3 months of sulfasalazine or leflunomide at maximum tolerated doses unless contraindicated
- **and**
  - ☐ Patient has persistent symptoms of poorly controlled and active disease in at least 15 joints
  - **or**
  - ☐ Patient has persistent symptoms of poorly controlled and active disease in at least 4 joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip
- **and**
  - ☐ CRP greater than 15 mg/L measured within one month before the application
  - **or**
  - ☐ ESR greater than 25 mm per hour measured within one month before the application
  - **or**
  - ☐ ESR and CRP not measured as patient is receiving prednisone therapy greater than 5 mg per day received for more than 3 months

Renewal — arthritis - psoriatic

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

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

- ☐ Following initial treatment, at least a 50% decrease in active joint count from baseline
- **or**
- ☐ At least a continuing 30% improvement in active joint count from baseline

and

- ☐ Maximum dose 300 mg monthly

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