APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2421
November 2026

APPLICANT (stamp or sticker acceptable)

Reg No: .....

Name: .....

Address: .....

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PATIENT NHI: .....

First Names: .....

Surname: .....

DOB: .....

Address: .....

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REFERRER Reg No: .....

First Names: .....

Surname: .....

Address: .....

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Budesonide with glycopyrronium and eformoterol

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

☐ Patient has a diagnosis of COPD confirmed by spirometry or spirometry has been attempted and technically acceptable results are not possible

and

☐ Patient is currently receiving an inhaled corticosteroid with long acting beta-2 agonist (ICS/LABA) or a long acting muscarinic antagonist with long acting beta-2 agonist (LAMA/LABA)

and

Clinical criteria:

☐ Patient has a COPD Assessment Test (CAT) score greater than 10

or

☐ Patient has had 2 or more exacerbations in the previous 12 months

or

☐ Patient has had one exacerbation requiring hospitalisation in the previous 12 months

or

☐ Patient has had an eosinophil count greater than or equal to 0.3 × 10^9 cells/L in the previous 12 months

or

☐ Patient is currently receiving multiple inhaler triple therapy (inhaled corticosteroid with long-acting muscarinic antagonist and long-acting beta-2 agonist – ICS/LAMA/LABA) and met at least one of the clinical criteria above prior to commencing multiple inhaler therapy

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