Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1845
December 2026

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

Varenicline tartrate

Note: a maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval.
This includes the 4-week 'starter' pack.

Initial application
Applications from any relevant practitioner. Approvals valid for 5 months.
Prerequisites(tick boxes where appropriate)

- ☐ Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking

and

- ☐ The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring

and

- ☐ The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy

or

- ☐ The patient has tried but failed to quit smoking using bupropion or nortriptyline

and

- ☐ The patient has not had a Special Authority for varenicline approved in the last 6 months

and

- ☐ Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this

and

- ☐ The patient is not pregnant

and

- ☐ The patient will not be prescribed more than 12 weeks' funded varenicline (see note)

Renewal

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

Applications from any relevant practitioner. Approvals valid for 5 months.
The patient must not have had an approval in the past 6 months.
Prerequisites(tick boxes where appropriate)

- ☐ Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking

and

- ☐ The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring

and

- ☐ It has been 6 months since the patient's previous Special Authority was approved

and

- ☐ Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this

and

- ☐ The patient is not pregnant

and

- ☐ The patient will not be prescribed more than 12 weeks' funded varenicline (see note)

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