Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA2326**
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: ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |

## Fluticasone furoate with umeclidinium and vilanterol

**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 triple 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**