Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2598
December 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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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

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

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz