Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2628
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:	.....
.....	.....	.....
.....	.....	.....

Enoxaparin sodium

Initial application — Pregnancy, Malignancy or Haemodialysis
Applications from any relevant practitioner. Approvals valid for 1 year.
Prerequisites(tick boxes where appropriate)

- ☐ Low molecular weight heparin treatment is required during a patients pregnancy

or

- ☐ For the treatment of venous thromboembolism where the patient has a malignancy

or

- ☐ For the prevention of thrombus formation in the extra-corporeal circulation during haemodialysis

Initial application — Venous thromboembolism other than in pregnancy or malignancy
Applications from any relevant practitioner. Approvals valid for 1 month.
Prerequisites(tick boxes where appropriate)

- ☐ For the short-term treatment of venous thromboembolism prior to establishing a therapeutic level of oral anti-coagulant treatment

or

- ☐ For the prophylaxis and treatment of venous thromboembolism in high risk surgery

or

- ☐ To enable cessation/re-establishment of existing oral anticoagulant treatment pre/post surgery

or

- ☐ For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention

or

- ☐ To be used in association with cardioversion of atrial fibrillation

Initial application — Short-term use during treatment of COVID-19 with nirmatrelvir with ritonavir
Applications from any relevant practitioner. Approvals valid for 2 weeks.
Prerequisites(tick boxes where appropriate)

- ☐ Patient is receiving an anticoagulation treatment that has drug/drug interactions with ritonavir that increases risk of bleeding

and

- ☐ Patient meets the Access Criteria for COVID-19 antivirals published on the Pharmac website*

and

- ☐ Other antiviral treatments for COVID-19 have been considered and are not clinically suitable options

Renewal — Pregnancy, Malignancy or Haemodialysis

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

Applications from any relevant practitioner. Approvals valid for 1 year.
Prerequisites(tick boxes where appropriate)

- ☐ Low molecular weight heparin treatment is required during a patient's pregnancy

or

- ☐ For the treatment of venous thromboembolism where the patient has a malignancy

or

- ☐ For the prevention of thrombus formation in the extra-corporeal circulation during haemodialysis

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)

Reg No: .....

Name: .....

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Enoxaparin sodium *- continued*

Renewal — Venous thromboembolism other than in pregnancy or malignancy

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

Applications from any relevant practitioner. Approvals valid for 1 month.

Prerequisites(tick box where appropriate)

☐ Low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, ACS, cardioversion, or prior to oral anti-coagulation)

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

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