## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

August 2025

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Tacrolimus	
INITIATION – organ transplant recipients  Prerequisites (tick boxes where appropriate)  Or For use in organ transplant recipients or Or The individual is receiving induction therapy for an organ trans	eplant
INITIATION – non-transplant indications* Prerequisites (tick boxes where appropriate)  Or Prescribed by, or recommended by any specialist, or in accordance Hospital.	with a protocol or guideline that has been endorsed by the Health NZ
Patient requires long-term systemic immunosuppression	t because of unacceptable side effects or inadequate clinical response
Note: Indications marked with * are unapproved indications	

I confirm that the above details are correct:

0:	D - 1 - 1	
Zigneg.	i jate:	
Oigilica.	 Duic.	