

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

**Tacrolimus**

**Initial application — organ transplant**

Applications only from a relevant specialist. Approvals valid without further renewal unless notified.

**Prerequisites**(tick box where appropriate)

The patient is an organ transplant recipient

Note: Subsidy applies for either primary or rescue therapy.

**Initial application — non-transplant indications\***

Applications only from a relevant specialist. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/> Patient requires long-term systemic immunosuppression
<b>and</b>
<input type="checkbox"/> Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response
<b>or</b>
<input type="checkbox"/> Patient is a child with nephrotic syndrome*

Note: Indications marked with \* are unapproved indications

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

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

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)