

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

**Tacrolimus**

**Initial application — organ transplant**

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

**Prerequisites**(tick boxes where appropriate)

- The individual is an organ transplant recipient  
**or**  
 The individual is receiving induction therapy for an organ transplant

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)

- Patient requires long-term systemic immunosuppression  
**and**  
 Ciclosporin has been trialed and discontinued treatment because of unacceptable side effects or inadequate clinical response  
**or**  
 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)