Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER 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 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		
Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response or		
Patient is a child with nephro	tic 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.