

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
and
☐ Ciclosporin has been trialled 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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz