

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 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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz