

<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: .....

**Tolvaptan**

**Initial application — autosomal dominant polycystic kidney disease**

Applications only from a renal physician or any relevant practitioner on the recommendation of a renal physician. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	Patient has a confirmed diagnosis of autosomal dominant polycystic kidney disease
<b>and</b>	
<input type="checkbox"/>	Patient has an estimated glomerular filtration rate (eGFR) of greater than or equal to 25 ml/min/1.73 m <sup>2</sup> at treatment initiation
<b>and</b>	
<input type="checkbox"/>	Patient's disease is rapidly progressing, with a decline in eGFR of greater than or equal to 5 mL/min/1.73 m <sup>2</sup> within one-year
<b>or</b>	
<input type="checkbox"/>	Patient's disease is rapidly progressing, with an average decline in eGFR of greater than or equal to 2.5 mL/min/1.73 m <sup>2</sup> per year over a five-year period

**Renewal — autosomal dominant polycystic kidney disease**

Current approval Number (if known):.....

Applications only from a renal physician or any relevant practitioner on the recommendation of a renal physician. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	Patient has not developed end-stage renal disease, defined as an eGFR of less than 15 mL/min/1.73 m <sup>2</sup>
<b>and</b>	
<input type="checkbox"/>	Patient has not undergone a kidney transplant

**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](mailto:customerservice@health.govt.nz)