APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2455
December 2026

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

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