210

Tacrolimus Capsules

Part A

Prescriber Criteria: Consultant Gastroenterologist
Consultant Paediatrician

Outpatient and Inpatient use:

1. Chronic Liver Disease

Patients requiring immunosuppression therapy following orthotopic liver transplant. Treatment initiated abroad.

Duration of Approval: 5 years

Part B

Prescriber Criteria: Consultant Nephrologist

Inpatient use only:
Pre-transplant immunosuppression in Living-Kidney Donor transplantation

Part C

Prescriber Criteria: Consultant Cardiologist
Consultant Cardiothoracic Surgeon
Consultant Nephrologist

Outpatient and Inpatient use:

1. Chronic Kidney Disease
2. Secondary Immunodeficiency Disorder

- Patients who have undergone kidney or heart transplantation and require long-term immunosuppressive therapy to prevent graft rejection.
- Treatment of primary glomerular disease including focal segmental glomerulosclerosis (FSGS), minimal change disease (MCD), and membranous nephropathy (MN)
- Treatment of primary and secondary glomerular disease refractory to standard therapy

Duration of Approval: 5 years

Part D

Prescriber Criteria: Consultant Respiratory Physician

Outpatient and Inpatient use:

1. Dermatomyositis/Polymyositis
2. Secondary Immunodeficiency Disorder

- Patients who have undergone lung transplantation and require long-term immunosuppressive therapy to prevent graft rejection.
- Patients suffering from interstitial lung disease associated with polymyositis/ dermatomyositis.

Duration of Approval: 5 years