

# Application information for renewal of candesartan tablets

The Special Authority for candesartan was changed on 1 July 2004. This altered Special Authority restricts the maximum funded doses as follows:

Tab 4mg. No more than 1.5 tabs per day

Tab 8mg. No more than 1.5 tabs per day

Tab 16mg. No more than 1 tab per day

Patients who were taking a higher dose prior to 1 July 2004 were able to remain on their higher dose and obtain funding for candesartan through the Exceptional Circumstances scheme. Patients were issued an authority number.

The following form should be used when applying for renewal of candesartan funding of such a previously issued Exceptional Circumstances authority number.

Note that patients commencing on higher doses after 1 July 2004 will not be funded through Exceptional Circumstances unless the usual Exceptional Circumstances criteria are met (please refer to the Pharmaceutical Schedule or the PHARMAC website for more information on Exceptional Circumstances).

Approvals will be granted for a fixed period, generally one year.

## CONTACT

Exceptional Circumstances  
Panel Co-ordinator  
PHARMAC  
PO Box 10-254  
Wellington

Phone: 04-916-7553  
Fax: 09-523-6870  
Email: [ecpanel@pharmac.govt.nz](mailto:ecpanel@pharmac.govt.nz)

# Renewal application form for candesartan tablets

Return completed to: Exceptional Circumstances  
 PHARMAC  
 PO Box 10-254  
 Wellington

Phone: 04-916-7553  
 Fax: 09-523-6870  
 Email: ecpanel@pharmac.govt.nz

Patient Details	Details of Applying Practitioner
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____ _____	Address: _____ _____
Gender: Male/Female _____	Phone: _____
Date of Birth: _____	Facsimile: _____ NZMC#: _____
NHI No: _____	Email: _____
Phone No: _____	Are you a GP <input type="checkbox"/> or Specialist <input type="checkbox"/> ?

**Medicine/treatment sought:**  
 Chemical Name: candesartan

**Cost:**  
 Cost will be reimbursed at Subsidy price

**1. Renewal Criteria:**

- Patient was on a dose of candesartan above 16 mg per day before 1 July 2004**  
 (Approvals are granted to enable patients to continue on these higher doses. Approvals cannot be granted for patients commencing on a higher dose after this date.)

**Current EC number** EXCP/ \_\_\_\_\_

**2. Dosage:**

Dosage to be used and anticipated cost per year (please tick the appropriate amount or enter an amount if another dose is required):

- 20 mg (2.5 x 8 mg tablet per day)
- 24 mg (1.5 x 16 mg tablet per day)
- 32 mg (2 x 16 mg tablet per day)
- Other dose \_\_\_\_\_

**3. Nominated Pharmacy:** (approval can only be granted if this is supplied)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**4. Consent:**

The patient has been consulted about this use of candesartan

**Signature of Medical Practitioner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

Practitioners Stamp: