

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

**Eltrombopag**

**Initial application — idiopathic thrombocytopenic purpura - post-splenectomy**

Applications only from a haematologist. Approvals valid for 6 weeks.

**Prerequisites**(tick boxes where appropriate)

- Patient has had a splenectomy
- and
- Two immunosuppressive therapies have been trialed and failed after therapy of 3 months each (or 1 month for rituximab)
- and
- Patient has a platelet count of 20,000 to 30,000 platelets per microlitre and has evidence of significant mucocutaneous bleeding
- or
- Patient has a platelet count of less than or equal to 20,000 platelets per microlitre and has evidence of active bleeding
- or
- Patient has a platelet count of less than or equal to 10,000 platelets per microlitre

**Initial application — idiopathic thrombocytopenic purpura - preparation for splenectomy**

Applications only from a haematologist. Approvals valid for 6 weeks.

**Prerequisites**(tick box where appropriate)

- The patient requires eltrombopag treatment as preparation for splenectomy

**Initial application — idiopathic thrombocytopenic purpura contraindicated to splenectomy**

Applications only from a haematologist. Approvals valid for 3 months.

**Prerequisites**(tick boxes where appropriate)

- Patient has a significant and well-documented contraindication to splenectomy for clinical reasons
- and
- Two immunosuppressive therapies have been trialed and failed after therapy of 3 months each (or 1 month for rituximab)
- and
- Patient has immune thrombocytopenic purpura\* with a platelet count of less than or equal to 20,000 platelets per microliter
- or
- Patient has immune thrombocytopenic purpura\* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding

**Initial application — severe aplastic anaemia**

Applications only from a haematologist. Approvals valid for 3 months.

**Prerequisites**(tick boxes where appropriate)

- Two immunosuppressive therapies have been trialed and failed after therapy of at least 3 months duration
- and
- Patient has severe aplastic anaemia with a platelet count of less than or equal to 20,000 platelets per microliter
- or
- Patient has severe aplastic anaemia with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)

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Fax Number: .....      Fax Number: .....

**Eltrombopag - continued**

**Renewal — idiopathic thrombocytopenic purpura - post-splenectomy**

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

Applications only from a haematologist. Approvals valid for 12 months.

**Prerequisites**(tick box where appropriate)

- The patient has obtained a response (see Note) from treatment during the initial approval or subsequent renewal periods and further treatment is required

Note: Response to treatment is defined as a platelet count of > 30,000 platelets per microlitre.

**Renewal — idiopathic thrombocytopenic purpura contraindicated to splenectomy**

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

Applications only from a haematologist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- The patient's significant contraindication to splenectomy remains  
**and**  
 The patient has obtained a response from treatment during the initial approval period  
**and**  
 Patient has maintained a platelet count of at least 50,000 platelets per microlitre on treatment  
**and**  
 Further treatment with eltrombopag is required to maintain response

**Renewal — severe aplastic anaemia**

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

Applications only from a haematologist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- The patient has obtained a response from treatment of at least 20,000 platelets per microlitre above baseline during the initial approval period  
**and**  
 Platelet transfusion independence for a minimum of 8 weeks during the initial approval period

**I confirm the above details are correct and that in signing this form I understand I may be audited.**

Signed: ..... Date: .....

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