

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

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Emicizumab

Initial application

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

Prerequisites(tick boxes where appropriate)

Patient has severe congenital haemophilia A and history of bleeding and bypassing agent usage within the last six months

and

Patient has had greater than or equal to 6 documented and treated spontaneous bleeds within the last 6 months if on an on-demand bypassing agent regimen

or

Patient has had greater than or equal to 2 documented and treated spontaneous bleeds within the last 6 months if on a bypassing agent prophylaxis regimen

and

Patient has a high-titre inhibitor to Factor VIII (greater than or equal to 5 Bethesda units per ml) which has persisted for six months or more

and

There is no immediate plan for major surgery within the next 12 months

and

Patient has failed immune tolerance induction (ITI) after an initial period of 12 months

or

The Haemophilia Treaters Group considers the patient is not a suitable candidate for ITI

and

Treatment is to be administered at a maximum dose of 3 mg/kg weekly for 4 weeks followed by the equivalent of 1.5 mg/kg weekly

Renewal

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

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

Prerequisites(tick boxes where appropriate)

Patient has had no more than two spontaneous and clinically significant treated bleeds after the end of the loading dose period (i.e. after the first four weeks of treatment until the end of the 24-week treatment period)

and

The treatment remains appropriate and the patient is benefiting from treatment

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