

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:

Ticagrelor

Initial application — acute coronary syndrome
Applications from any relevant practitioner. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome
and
 Fibrinolytic therapy has not been given in the last 24 hours and is not planned

Initial application — thrombosis prevention neurological stenting
Applications from any relevant practitioner. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

Patient has had a neurological stenting procedure* in the last 60 days
or
 Patient is about to have a neurological stenting procedure performed*

and

Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay or another appropriate platelet function assay and requires antiplatelet treatment with ticagrelor

or

Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event
or
 Clopidogrel resistance has been demonstrated by the occurrence of transient ischemic attack symptoms referable to the stent

Initial application — Percutaneous coronary intervention with stent deployment
Applications from any relevant practitioner. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

Patient has undergone percutaneous coronary intervention
and
 Patient has had a stent deployed in the previous 4 weeks
and
 Patient is clopidogrel-allergic**

Initial application — Stent thrombosis
Applications from any relevant practitioner. Approvals valid without further renewal unless notified.
Prerequisites(tick box where appropriate)

Patient has experienced cardiac stent thrombosis whilst on clopidogrel

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

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Ticagrelor - continued

Renewal — subsequent acute coronary syndrome

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

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome
and	
<input type="checkbox"/>	Fibrinolytic therapy has not been given in the last 24 hours and is not planned

Renewal — thrombosis prevention neurological stenting

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

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient is continuing to benefit from treatment
and	
<input type="checkbox"/>	Treatment continues to be clinically appropriate

Renewal — Percutaneous coronary intervention with stent deployment

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

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient has undergone percutaneous coronary intervention
and	
<input type="checkbox"/>	Patient has had a stent deployed in the previous 4 weeks
and	
<input type="checkbox"/>	Patient is clopidogrel-allergic**

Note: indications marked with * are unapproved indications.

Note: Note: ** Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

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

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