

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

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)

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

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)

Patient is continuing to benefit from treatment
and
 Treatment continues to be clinically appropriate

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

Signed: Date:

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Ticagrelor - continued

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**

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)

- 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

Initial application — acute minor stroke or high-risk transient ischemic attack (TIA)*

Applications from any relevant practitioner. Approvals valid for 1 month.

Prerequisites(tick boxes where appropriate)

- Patient has been diagnosed with a minor stroke (NIHSS† score 3 or less), high-risk TIA (ABCD2 score 4 or more) or Crescendo TIA
- and
 - Patient is expected to be a poor metaboliser of clopidogrel, with documented clinical rationale
 - or Patient is allergic to clopidogrel**
- and Ticagrelor to be prescribed for a maximum of 21 days following minor stroke or TIA

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

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Ticagrelor - *continued*

Renewal — subsequent minor stroke or TIA, or Crescendo TIA

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

Applications from any relevant practitioner. Approvals valid for 1 month.

Prerequisites(tick box where appropriate)

Patient has been diagnosed with a minor stroke (NIHSS score 3 or less) or high-risk transient ischemic attack (ABCD2 score 4 or more) or Crescendo TIA

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.

Note: Note:NIHSS† National Institutes of Health Stroke Scale.

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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