HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER				PATIENT:
Name:				Name:
Ward:				NHI:
Tica	grel	or		
INITI Prer		sites Restr an S	ricted to	treatment of acute coronary syndromes specifically for patients who have recently (within the last 60 days) been diagnosed with on or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and
Re-a	sses	smer	ıt requii	osis prevention neurological stenting ad after 12 months ares where appropriate)
	and	or	0	ratient has had a neurological stenting procedure* in the last 60 days ratient is about to have a neurological stenting procedure performed* ratient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay or another appropriate platelet function assay and requires antiplatelet treatment with ticagrelor
		or	or	Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event Clopidogrel resistance has been demonstrated by the occurrence of transient ischemic attack symptoms referable to the stent.
Re-a	sses	smer	ıt requii	ombosis prevention neurological stenting ad after 12 months ares where appropriate)
	and	0		ent continues to be clinically appropriate
Re-a	sses	smer	ıt requii	neous coronary intervention with stent deployment after 12 months ses where appropriate)
	and	0	Patien	has undergone percutaneous coronary intervention has had a stent deployed in the previous 4 weeks is clopidogrel-allergic**
	equi	sites	(tick bo	rombosis x where appropriate) xperienced cardiac stent thrombosis whilst on clopidogrel
Re-a	sses equi	smer sites	t require (tick bo	lial infarction Id after 1 week If where appropriate
I confi				details are correct:

Signed: Date:

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PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:

Ticagrelor - continued

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

