

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:

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

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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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