

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> 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](mailto:customerservice@health.govt.nz)

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.....	Address: .....	.....
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Fax Number: .....	.....	Fax Number: .....

**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)

<p><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</p> <p><b>and</b></p> <p><input type="checkbox"/> Fibrinolytic therapy has not been given in the last 24 hours and is not planned</p>
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**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)

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

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

Signed: ..... Date: .....

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