

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT</b> NHI: .....	<b>REFERRER</b> 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 trialled 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 trialled 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 trialled 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 Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT</b> NHI: .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

**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: .....

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