Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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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 t	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			
	9.00.1 g. 10.1			
Renewal — subsequent acute coronary s	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		Tion of elevation acute colonary syndrome		
Fibrinolytic therapy has not l	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 neu	rological stenting procedure* in the last 60 days			
	ve a neurological stenting procedure performed*			
and				
	ated clopidogrel resistance using the P2Y12 (VerifyNow) a tiplatelet treatment with ticagrelor	ssay or another appropriate platelet function		
Clopidogrel resi	stance has been demonstrated by the occurrence of a new	v cerebral ischemic event		
	stance has been demonstrated by the occurrence of transi	ent ischemic attack symptoms referable to the		
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 bene	,			
and Treatment continues to be c				

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

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Address:	DOB:	Address:	
	Address:		
Fax Number: Ticagrelor - continued		Fax Number:	
Initial application — Percutaneous coronary in Applications from any relevant practitioner. Appropries (tick boxes where appropriate)			
Patient has undergone percutane and Patient has had a stent deployed and Patient is clopidogrel-allergic**	·		
Renewal — Percutaneous coronary intervention Current approval Number (if known):	ovals valid for 6 months.		
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 hig Applications from any relevant practitioner. Appro 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	
Patient is expected to be a poor metaboliser of clopidogrel, with documented clinical rationale			
Patient is allergic to clopido	grel**		
and Ticagrelor to be prescribed for a r	naximum of 21 days following minor stroke or TIA		

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Address:	DOB:	Address:		
	Address:			
Fax Number:		Fax Number:		
Ticagrelor - continued				
Renewal — subsequent minor stroke or TIA, or Crescendo TIA				
Current approval Number (if known):				
Applications from any relevant practitioner. Approvemental Prerequisites (tick box where appropriate)	als valid for 1 month.			
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.

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