

<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: .....
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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

**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)

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

**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 benefit from treatment  
**and**  
 Treatment continues to be clinically appropriate

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)

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**Ticagrelor** - continued

**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\*\*

**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)

- 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

**Initial application — acute minor stroke or high-risk transient ischemic attack (TIA)\***

Applications from any relevant practitioner. Approvals valid for 1 month.

**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
- and
  - Patient is expected to be a poor metaboliser of clopidogrel, with documented clinical rationale
  - or  Patient is allergic to clopidogrel\*\*
- and  Ticagrelor to be prescribed for a maximum of 21 days following minor stroke or TIA

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**Ticagrelor** - *continued*

**Renewal — subsequent minor stroke or TIA, or Crescendo TIA**

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 1 month.

**Prerequisites**(tick box where appropriate)

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

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