Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1743
December 2026

APPLICANT (stamp or sticker acceptable)	**PATIENT** NHI:	**REFERRER** Reg No: .....
Reg No:	First Names:	First Names: .....
Name:	Surname:	Surname: .....
Address:	DOB:	Address: .....
.....	Address:	.....
.....	.....	.....
.....	.....	.....

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

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.....	Address:	.....
.....	.....	.....
.....	.....	.....

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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