

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Eltrombopag**

**INITIATION – idiopathic thrombocytopenic purpura - post-splenectomy**

Re-assessment required after 6 weeks

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

Patient has had a splenectomy

and

Two immunosuppressive therapies have been trialed 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

**INITIATION – idiopathic thrombocytopenic purpura - preparation for splenectomy**

Re-assessment required after 6 weeks

**Prerequisites** (tick box where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

The patient requires eltrombopag treatment as preparation for splenectomy

**CONTINUATION – idiopathic thrombocytopenic purpura - post-splenectomy**

Re-assessment required after 12 months

**Prerequisites** (tick box where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

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

**INITIATION – idiopathic thrombocytopenic purpura contraindicated to splenectomy**

Re-assessment required after 3 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

Patient has a significant and well-documented contraindication to splenectomy for clinical reasons

and

Two immunosuppressive therapies have been trialed 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

I confirm that the above details are correct:

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

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Eltrombopag - continued**

**CONTINUATION – idiopathic thrombocytopenic purpura contraindicated to splenectomy**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

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

**INITIATION – severe aplastic anaemia**

Re-assessment required after 3 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

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

**CONTINUATION – severe aplastic anaemia**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

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 that the above details are correct:

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