

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: .....

**Dasatinib**

**INITIATION**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Prescribed by, or recommended by a haematologist or any relevant practitioner on the recommendation of a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

- ☐ The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase  
and  
☐ Maximum dose of 140 mg/day

or

- ☐ The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL)  
and  
☐ Maximum dose of 140 mg/day

or

- ☐ The patient has a diagnosis of CML in chronic phase  
and  
☐ Maximum dose of 100 mg/day

and

- ☐ Patient has documented treatment failure\* with imatinib  
or  
☐ Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib  
or  
☐ Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system  
or  
☐ Patients is enrolled in the KISS study\*\* and requires dasatinib treatment according to the study protocol

**CONTINUATION**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

- ☐ Prescribed by, or recommended by a haematologist or any relevant practitioner on the recommendation of a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Te Whatu Ora Hospital.

and

- ☐ Lack of treatment failure while on dasatinib\*  
and  
☐ Dasatinib treatment remains appropriate and the patient is benefiting from treatment  
and  
☐ Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML

Note: \*treatment failure for CML as defined by Leukaemia Net Guidelines. \*\*Kinase-Inhibition Study with Sprycel  
Start-up <https://www.cancertrialsnz.ac.nz/kiss/>

I confirm that the above details are correct:

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