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 Health NZ Hospital.

and

- ○ 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

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 Health NZ 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 Health NZ 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 Health NZ Hospital.

and

- ○ 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

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 Health NZ 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 Health NZ 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 Health NZ 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: .....