HOSPITAL MEDICINES LIST
RESTRICTIONS CHECKLIST

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 Health NZ 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 Health NZ 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: .....