

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:

Gemtuzumab ozogamicin

INITIATION

Prerequisites (tick boxes where appropriate)

- ☐ Patient has not received prior chemotherapy for this condition
and
☐ Patient has de novo CD33-positive acute myeloid leukaemia
and
☐ Patient does not have acute promyelocytic leukaemia
and
☐ Gemtuzumab ozogamicin will be used in combination with standard anthracycline and cytarabine (AraC)
and
☐ Patient is being treated with curative intent
and
☐ Patient's disease risk has been assessed by cytogenetic testing to be good or intermediate
and
☐ Patient must be considered eligible for standard intensive remission induction chemotherapy with standard anthracycline and cytarabine (AraC)
and
☐ Gemtuzumab ozogamicin to be funded for one course only (one dose at 3 mg per m² body surface area or up to 2 vials of 5 mg as separate doses)

Note: Acute myeloid leukaemia excludes acute promyelocytic leukaemia and acute myeloid leukaemia that is secondary to another haematological disorder (eg myelodysplasia or myeloproliferative disorder).

I confirm that the above details are correct:

Signed: Date: