

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: Name:

Ward: 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
or
 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL)
or

The patient has a diagnosis of CML in chronic phase
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

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*
 Dasatinib treatment remains appropriate and the patient is benefiting from treatment

Note: *treatment failure for CML as defined by Leukaemia Net Guidelines.

I confirm that the above details are correct:

Signed: Date: