## SA Health

## Streamlined Individual Patient Use (IPU) Request: Eltrombopag

25 mg, 50 mg, 75 mg and 100 mg tablets

**Eltrombopag** is <u>not</u> listed on the High Cost Medicines formulary but is available as a streamlined Individual Patient Use (IPU) request for <u>first-line treatment in combination with ciclosporin (CsA) and horse anti-thymocyte globulin (h-ATG)</u> in paediatric patients with severe aplastic anaemia (SAA) in compliance with criteria below.

Where SAA is defined as marrow cellularity <25% (or 25 –50% with < 30% residual haematopoietic cells), plus at least 2 of:

- (i) neutrophils<0.5 x10<sup>9</sup>/l,
- (ii) platelets <20 x 109/l
- (iii) reticulocyte count<20 x 10<sup>9</sup>/l

The following information is required to be provided by the **prescriber** prior to dispensing. **Patient details:** 

Patient name:
Patient UR number:
Patient Date of Birth:
Patient location (site/hospital): The Women's and Children's Hospital

Patient eligibility for eltrombopag: (all criteria must be met)

- □ Patient has been diagnosed with SAA and is a paediatric patient

  and
- 2. 

  □ Patient has not previously received immunosuppressive treatment for SAA

and

3. □ Patient is to receive eltrombopag in combination with ciclosporin and horse anti-thymocyte globulin



Prescriber eligibility for eltrombopag: (both criteria must be met)
Consultant haematologist
and
<ol> <li>Prescriber agrees to provide the following information at 6 months following initiation of treatment (or earlier if applicable):</li> </ol>
<ul> <li>Haematological response achieved (Yes/No)</li> </ul>
i. If not, planned future treatment?
I certify that the above information is correct  Date:  Prescriber Name:  Position:  Clinical unit:
Telephone No: Pager No:
This form must be completed and returned to Pharmacy <u>prior</u> to supply

## Information for pharmacy

This form should be retained in the pharmacy department and a copy forwarded to:

The Executive Officer
 South Australian Medicines Evaluation Panel
 Medicines and Technology Policy and Programs
 Level 8, Citicentre
 11 Hindmarsh Sq
 Adelaide 5000

**2** 8226 7083

SAMEP@health.sa.gov.au

For more information: http://www.sahealth.sa.gov.au/samep

