# Streamlined Individual Patient Use (IPU) Request

# Eltrombopag

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

Eltrombopag is NOT listed on the South Australian Medicines Formulary but is available as a streamlined Individual Patient Use (IPU) request for adult patients with persistent thrombocytopenia following allogeneic haematopoietic stem cell transplant in compliance with criteria below.

Treatment should be initiated at a dose of 50 mg oral once daily and adjusted to maintain platelet count greater than 50 x $10^9$ /L. Do not exceed 150mg oral per day. Use half-dosages in patients of East /Southeast-Asian Ancestry.

This form covers an initial 12-week treatment course (Section One) and if required, a continuing 12-week treatment course (Section Two) in patients who have shown partial recovery. If treatment is required beyond the two 12- week courses authorised, an IPU application must be submitted to your Local Health Network Drug & Therapeutics Committee.

The following information is required to be provided by the **prescriber** prior to dispensing of the high cost medicine:
**Hospital**:
**Patient name**:
**Patient UR number**:
**Patient date of birth:**
**Patient weight:**

**Prescriber eligibility for eltrombopag:**
1. ☐ Consultant haematologist in the transplant team at the Royal Adelaide Hospital

**SECTION ONE: Patients who have never received eltrombopag**

**Patient eligibility for eltrombopag:** (All criteria must be met)

1. ☐ Patient has been diagnosed with thrombocytopenia (platelet count < 20,000 /mL)
2. ☐ Patient is dependent on platelet transfusion after 6 weeks post allogenic stem cell transplant
3. ☐ Patient does not show evidence of primary disease relapse
4. ☐ Patient presents full or increasing donor chimerism
5. ☐..Eltrombopag use in this patient has been discussed at a transplant team meeting, date:…/ /
6. ☐..Liver function is monitored regularly during and after therapy
7. ☐. Patient understands that the use of eltrombopag in this indication has not been approved by the Therapeutic Goods Administration for this indication
8. ☐ Documentation of the explanations given to the patient on this off-label use and informed consent have been recorded in the case notes

**SECTION TWO: Patients who have received a previous course of eltrombopag and who have shown partial recovery.**

1. ☐ Patient thrombocytopenia has improved (platelet count > 20,000 /mL without the need for platelet transfusion in the last 7 days) but has still not normalised (platelet count < 50,000 /mL)
2. ☐ Outcomes will be monitored and reassessed after a year

**OUTCOME ASSESSMENT (after initial course or second course)**

1. ☐ Prescriber agrees to provide the following information at the end of treatment (or earlier if applicable) to the SAMEP executive officer:

• For how long has the patient received eltrombopag and at what dose?

• Has a haematological response been achieved? (YES/NO) Please describe (platelet count, need for transfusion etc):

• If not, what is the planned future treatment?

I certify that the above information is correct:

_____

(Prescribers signature)

Date:

Name:

Position:

Department:

Contact/pager number:

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 1, 101 Grenfell St
Adelaide 5000
☎ (08) 7117 9805
💻 SAMEP@sa.gov.au


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

Government of South Australia
SA Health



Version: August 2020