

Eltrombopag

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

Eltrombopag is listed on the High Cost Medicines Formulary for paediatric patients with immune thrombocytopaenia diagnosed for at least 6 months in whom at least three courses of steroids or IVIG have failed to achieve satisfactory haematological response.

Where:

- i. Steroid treatment is defined as prednisolone 4mg/kg (max 150mg/day) for 4 days
- ii. IVIG treatment is defined as a minimum of 0.8g/kg and up to 2g/kg cumulative dose in a single treatment episode
- iii. Unsatisfactory haematological response is platelet count < 30 and/or remission is sufficiently short that re-treatment is required within two weeks of prior treatment episode

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):

Patient eligibility for eltrombopag:

1. The patient has ITP of at least 6 month duration and has failed to respond to at least three courses of steroids or IVIG

Most recent platelet count:

Date:



Prescriber eligibility for eltrombopag: (both criteria must be met)

1. Consultant haematologist

and

2. Prescriber agrees to provide the following information at 6 months following initiation of treatment (or earlier if applicable):
- Haematological response (sustained platelet count > 80) achieved? (Yes/No)
 - Most recent platelet count
 - IVIG received over the treatment period with eltrombopag? (Yes/No). And, number of occasions on which it was required.
 - Splenectomy performed or planned? (Yes/No)

Please note eltrombopag is listed on the High Cost Medicines Formulary in accordance with the manufacturers prescribing information. This form is not intended to cover daily doses in excess of 75 mg. Please refer to the full prescribing information from Novartis Pharmaceuticals Corporation for detail

(<https://www.hcp.novartis.com/products/promacta/pediatric-chronic-immune-idiopathic-thrombocytopenia/>)

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 prior 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
-  8226 7083
-  SAMEP@sa.gov.au

For more information:

<http://www.sahealth.sa.gov.au/samep>