

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

PATIENT:

Name:

Name:

Ward:

NHI:

Octreotide

INITIATION – Malignant bowel obstruction

Prerequisites (tick boxes where appropriate)

- The patient has nausea* and vomiting* due to malignant bowel obstruction*
and
 Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has failed
and
 Octreotide to be given at a maximum dose 1500 mcg daily for up to 4 weeks

Note: Indications marked with * are unapproved indications

INITIATION – acromegaly

Re-assessment required after 3 months

Prerequisites (tick boxes where appropriate)

- The patient has acromegaly
and
 Treatment with surgery, radiotherapy and a dopamine agonist has failed
or
 Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed
or
 The patient is unwilling, or unable, to undergo surgery and/or radiotherapy

CONTINUATION – acromegaly

Prerequisites (tick boxes where appropriate)

- IGF1 levels have decreased since starting octreotide
and
 The treatment remains appropriate and the patient is benefiting from treatment

Note: In patients with acromegaly octreotide treatment should be discontinued if IGF1 levels have not decreased after 3 months treatment. In patients treated with radiotherapy octreotide treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Octreotide treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following octreotide treatment withdrawal for at least 4 weeks.

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Octreotide - continued

INITIATION – Other indications

Prerequisites (tick boxes where appropriate)

VIPomas and glucagonomas - for patients who are seriously ill in order to improve their clinical state prior to definitive surgery

or

Gastrinoma

and

Patient has failed surgery

or

Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed

or

Insulinomas

and

Surgery is contraindicated or has failed

or

For pre-operative control of hypoglycaemia and for maintenance therapy

or

Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis)

and

Disabling symptoms not controlled by maximal medical therapy

Note: restriction applies only to the long-acting formulations of octreotide

INITIATION – pre-operative acromegaly

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

Patient has acromegaly

and

Patient has a large pituitary tumour, greater than 10 mm at its widest

and

Patient is scheduled to undergo pituitary surgery in the next six months

Note: Indications marked with * are unapproved indications

CONTINUATION – Acromegaly - pandemic circumstances

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

Patient has acromegaly

and

The patient is clinically benefiting from treatment and continued treatment remains appropriate

and

The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector

I confirm that the above details are correct:

Signed: Date: