

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:

Ward:

PATIENT:

Name:

NHI:

Azacitidine

INITIATION

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome
- or
- The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder)
- or
- The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO)

and

- The patient has performance status (WHO/ECOG) grade 0-2

and

- The patient has an estimated life expectancy of at least 3 months

CONTINUATION

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- No evidence of disease progression
- and
- The treatment remains appropriate and patient is benefitting from treatment

I confirm that the above details are correct:

Signed: Date: