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.

PRES	SCRIBER	PATIENT:		
Name	x	Name:		
Ward		NHI:		
Beva	acizumab			
Re-a	ATION – Recurrent Respiratory Papillomatosis ssessment required after 12 months equisites (tick boxes where appropriate)  Prescribed by, or recommended by an otolaryngologist, or in accord	lance with a protocol or guideline that has been endorsed by the Health NZ		
and	Hospital.	, and a second s		
anu	Maximum of 6 doses  and The patient has recurrent respiratory papillomatosis and The treatment is for intra-lesional administration			
Re-a	TINUATION – Recurrent Respiratory Papillomatosis ssessment required after 12 months equisites (tick boxes where appropriate)  Prescribed by, or recommended by an otolaryngologist, or in accord Hospital.	lance with a protocol or guideline that has been endorsed by the Health NZ		
anu	Maximum of 6 doses  and The treatment is for intra-lesional administration and There has been a reduction in surgical treatments or disease	regrowth as a result of treatment		
INITIATION – ocular conditions Prerequisites (tick boxes where appropriate)				
	Ocular neovascularisation  O Exudative ocular angiopathy			

I confirm that the above details are correct:

C:	D-1	
Signed.	Date:	
Oigilica.	 Daic.	