HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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.

	PATIENT:
Name:	Name:
Nard:	NHI:
Sirolimus	
INITIATION	
Prerequisites (tick box where appropriate)	
O For rescue therapy for an organ transplant recipient Note: Rescue therapy defined as unresponsive to calcineurin inhib treatment due to any of the following:	itor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor
• GFR < 30 ml/min; or	
 Rapidly progressive transplant vasculopathy; or 	
Rapidly progressive obstructive bronchiolitis; or	
HUS or TTP; or	
Leukoencepthalopathy; or	
Significant malignant disease	
A Detiont bac covere non malignant lymphoyacoular r	
 Patient has severe non-malignant lymphovascular r and O Malformations are not adequately controlled to or O Malformations are widespread/extensive and O Sirolimus is to be used to reduce malformation and Patient is being treated by a specialist lymphovascular and O Patient has measurable disease as defined by REC 	by sclerotherapy and surgery sclerotherapy and surgery are not considered clinically appropriate In prior to consideration of surgery alar malformation multi-disciplinary team
and O Malformations are not adequately controlled to or O Malformations are widespread/extensive and or O Sirolimus is to be used to reduce malformation and O Patient is being treated by a specialist lymphovascular and O Patient has measurable disease as defined by REC CONTINUATION – severe non-malignant lymphovascular malfor Re-assessment required after 12 months	by sclerotherapy and surgery sclerotherapy and surgery are not considered clinically appropriate in prior to consideration of surgery alar malformation multi-disciplinary team CIST version 1.1 (see Note)
and O Malformations are not adequately controlled to or O Malformations are widespread/extensive and or O Sirolimus is to be used to reduce malformation and O Patient is being treated by a specialist lymphovascular and O Patient has measurable disease as defined by REC CONTINUATION – severe non-malignant lymphovascular malfor Re-assessment required after 12 months Prerequisites (tick boxes where appropriate) O Patient's disease has had either a complete r according to RECIST version 1.1 (see Note)	by sclerotherapy and surgery sclerotherapy and surgery are not considered clinically appropriate in prior to consideration of surgery alar malformation multi-disciplinary team CIST version 1.1 (see Note)
and O Malformations are not adequately controlled to or O Malformations are widespread/extensive and or O Sirolimus is to be used to reduce malformation and O Patient is being treated by a specialist lymphovascular and O Patient has measurable disease as defined by REC CONTINUATION – severe non-malignant lymphovascular malfor Re-assessment required after 12 months Prerequisites (tick boxes where appropriate) O Patient's disease has had either a complete r according to RECIST version 1.1 (see Note) O Patient's disease has stabilised or responded	esponse or a partial response to treatment, or patient has stable disease

Signed: Date: .	
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HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

	PATIENT:	
.me:	Name:	
ard:	NHI:	
limus - continued		
IITIATION – renal angiomyolipoma(s) associated wire- e-assessment required after 6 months rerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a nephrolog Health NZ Hospital.	th tuberous sclerosis complex*	
O Patient has tuberous sclerosis complex*		
O Evidence of renal angiomyolipoma(s) me	asuring 3 cm or greater and that have shown interval growth	
ONTINUATION – renal angiomyolipoma(s) associate e-assessment required after 12 months rerequisites (tick boxes where appropriate)		
and Demonstrated stabilisation or improveme	lipoma reduction or stability by magnetic resonance imaging (MRI) or ultrasound nt in renal function	
The patient has not experienced angiomy and The treatment remains appropriate and the	volipoma haemorrhage or significant adverse effects to sirolimus treatment	
ote: Indications marked with * are unapproved indication		
IITIATION – refractory seizures associated with tube e-assessment required after 6 months rerequisites (tick boxes where appropriate)	erous scierosis complex	
O Prescribed by, or recommended by a neurologi Hospital.	st, or in accordance with a protocol or guideline that has been endorsed by the Health NZ	
O Patient has epilepsy with a background o	f documented tuberous sclerosis complex*	
O Vigabatrin has been trialled a	and has not adequately controlled seizures controlled by, or the patient has experienced unacceptable side effects from, optimal the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine,	
or Vigabatrin is contraindicated and Seizures are not adequately	amide (see Note) controlled by, or the patient has experienced unacceptable side effects from, optimal of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine,	

Signed:	Date:	
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PRESCRIBER	PATIENT:		
Name:	Name:		
Ward:	NHI:		
Sirolimus - continued			
CONTINUATION – refractory seizures associated with tuberous sclerosis complex* Re-assessment required after 12 months			

Prerequisites (tick box where appropriate)

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

Demonstrated significant and sustained improvement in seizure rate (e.g. 50% reduction in seizure frequency) or severity and/or patient quality of life compared with baseline prior to starting sirolimus treatment Note: Indications marked with * are unapproved indications

I confirm that the above details are correct: