## 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.

PRESC	CRIBER	PATIENT:
Name:		Name:
Ward:		NHI:
Siltuximab		
INITIATION Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)  Prescribed by, or recommended by a haematologist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.  Patient has severe HHV-8 negative idiopathic multicentric Castleman's Disease and  Treatment with an adequate trial of corticosteroids has proven ineffective and  Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks		
CONTINUATION Re-assessment required after 12 months Prerequisites (tick box where appropriate)  Or Prescribed by, or recommended by a haematologist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.  The treatment remains appropriate and the patient has sustained improvement in inflammatory markers and functional status		