

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:

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 In patients treated with radiotherapy octreotide treatment should be withdrawn every 2 years, for 1 month, for assessment of remission.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: