

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: .....

**Bevacizumab**

**INITIATION – unresectable hepatocellular carcinoma**

Re-assessment required after 6 months

**Prerequisites** (tick boxes where appropriate)

Patient is currently on treatment with bevacizumab, and met all remaining criteria prior to commencing treatment

or

Patient has locally advanced or metastatic, unresectable hepatocellular carcinoma

and

Patient has preserved liver function (Child-Pugh A)

and

Transarterial chemoembolisation (TACE) is unsuitable

and

Patient has not received prior systemic therapy for the treatment of hepatocellular carcinoma

or

Patient received funded lenvatinib before 1 March 2025

or

Patient has experienced treatment-limiting toxicity from treatment with lenvatinib

and

No disease progression since initiation of lenvatinib

and

Patient has an ECOG performance status of 0-2

and

To be given in combination with atezolizumab

**CONTINUATION – unresectable hepatocellular carcinoma**

Re-assessment required after 6 months

**Prerequisites** (tick box where appropriate)

No evidence of disease progression

**INITIATION – advanced or metastatic ovarian cancer**

Re-assessment required after 4 months

**Prerequisites** (tick boxes where appropriate)

The patient has FIGO Stage IV epithelial ovarian, fallopian tube, or primary peritoneal cancer

or

The patient has previously untreated advanced (FIGO Stage IIIB or IIIC) epithelial ovarian, fallopian tube, or primary peritoneal cancer

and

Debulking surgery is inappropriate

or

The cancer is sub-optimally debulked (maximum diameter of any gross residual disease greater than 1cm)

and

Bevacizumab to be administered at a maximum dose of 7.5 mg/kg every three weeks

and

18 weeks concurrent treatment with chemotherapy is planned

I confirm that the above details are correct:

Signed: ..... Date: .....

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**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Bevacizumab - continued**

**CONTINUATION – advanced or metastatic ovarian cancer**

Re-assessment required after 4 months

**Prerequisites** (tick box where appropriate)

- No evidence of disease progression

**INITIATION – Recurrent Respiratory Papillomatosis**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

- Maximum of 6 doses  
**and**  
 The patient has recurrent respiratory papillomatosis  
**and**  
 The treatment is for intra-lesional administration

**CONTINUATION – Recurrent Respiratory Papillomatosis**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

- 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  
**or**  
 Exudative ocular angiopathy

I confirm that the above details are correct:

Signed: ..... Date: .....