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	PATIENT:
Name:	Name:
Ward:	NHI:
Azacitidine	
INITIATION Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)	
The individual has intermediate or high risk MDS based The individual has chronic myelomonocytic leukaemia (I recognised scoring system or 10%-29% marrow blasts of the individual has acute myeloid leukaemia according to the individual has an estimated life expectancy of at least 3 m	passed on an intermediate or high risk score from an internationally without myeloproliferative disorder) b World Health Organisation (WHO) Classification
CONTINUATION Re-assessment required after 12 months Prerequisites (tick box where appropriate) O No evidence of disease progression	

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