I confirm that the above details are correct:

Signed: Date:

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.

SCRIBER	PATIENT:
e:	Name:
:	NHI:
limus	
IATION	
requisites (tick box where appropriate)	
For rescue therapy for an organ trans: Rescue therapy defined as unresponsivement due to any of the following:	esplant recipient we to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor
GFR < 30 ml/min; or	
Rapidly progressive transplant vasculopath	ny; or
Rapidly progressive obstructive bronchioliti	is; or
HUS or TTP; or	
eukoencepthalopathy; or	
Significant malignant disease	
IATION – severe non-malignant lympho assessment required after 6 months	ovascular malformations*
requisites (tick boxes where appropriate)	
Patient has severe non-malign	nant lymphovascular malformation*
O Malformations are not ac	dequately controlled by sclerotherapy and surgery
Or Molformations are wides	spread/extensive and sclerotherapy and surgery are not considered clinically appropriate
or	
O Sirolimus is to be used to	to reduce malformation prior to consideration of surgery
and Patient is being treated by a gr	poolalist lymphoyacqular malformation multi-disciplinary toom
and	pecialist lymphovascular malformation multi-disciplinary team
O Patient has measurable diseas	se as defined by RECIST version 1.1 (see Note)
ITINUATION – severe non-malignant lyr assessment required after 12 months	mphovascular malformations*
requisites (tick boxes where appropriate)	
Patient's disease has ha according to RECIST ve	ad either a complete response or a partial response to treatment, or patient has stable disease ersion 1.1 (see Note)
or	abilised or responded clinically and disease response to treatment has been clearly documents in
patient notes	abilised of responded clinically and disease response to treatment has been clearly documents in
and	
No evidence of progressive dis	sease
O The treatment remains clinical	lly appropriate and the patient is benefitting from the treatment
e: Baseline assessment and disease responsive Eisenhauer et al. Eur J Cancer 2009;45:2 cations marked with * are unapproved indications.	
and anapproved man	

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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PRESCRIBER	PATIENT:
Name:	Name:
Nard:	NHI:
Sirolimus - continued	
INITIATION – renal angiomyolipoma(s) associated with tuberous scle Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a nephrologist or urologist, of Health NZ Hospital. and Patient has tuberous sclerosis complex* and Evidence of renal angiomyolipoma(s) measuring 3 cm or second complex.	or in accordance with a protocol or guideline that has been endorsed by the
CONTINUATION – renal angiomyolipoma(s) associated with tuberous Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)	s sclerosis complex*
Demonstrated stabilisation or improvement in renal function and	rrhage or significant adverse effects to sirolimus treatment
INITIATION – refractory seizures associated with tuberous sclerosis Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a neurologist, or in accordar Hospital. and	nce with a protocol or guideline that has been endorsed by the Health NZ
Patient has epilepsy with a background of documented tues and Vigabatrin has been trialled and has not adequated and Seizures are not adequately controlled by, or treatment with at least two of the following: so phenytoin sodium, and lacosamide (see Note)	quately controlled seizures the patient has experienced unacceptable side effects from, optimal odium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine,
	the patient has experienced unacceptable side effects from, optimal sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine,
benefit from mTOR inhibitor treatment prior to surgery	ppropriate for this patient, or the patient has been assessed and would
Note: Those of childbearing potential are not required to trial phenytoin so required to trial sodium valproate.	odium, sodium valproate, and topiramate. Those who can father children are not

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2025

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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)		
O 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		