I confirm that the above details are correct:

Signed: Date:

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.

Name: Name: Nitriatrom Prerequisites (tick box where appropriate) For rescue therapy for an organ transplant recipient Note: Rescue therapy defined as unresponsive to calcineum inhibitor treatment as defined by refractory rejection: or intolerant to calcineum inhibitor treatment due to any of the following: GER < 30 ml/min; or Rapidly progressive transplant vasculopathy; or Rapidly progressive transplant vasculopathy; or Rapidly progressive transplant vasculopathy; or Rapidly progressive obstructive bronchiolitis; or HUS or TTP; or Laukencepthalopathy; or Significant malignant disease INITIATION - severe non-malignant lymphovascular malformations* Revascularies (tick boxes where appropriate) Patient has severe non-malignant lymphovascular malformation and Allomations are not adequately controlled by sclerotherapy and surgery or Malformations are not adequately controlled by sclerotherapy and surgery are not considered clinically appropriate or Sirolinus is to be used to reduce malformation prior to consideration of surgery and Patient is being treated by a specialist lymphovascular malformation multi-disciplinary team and Patient has measurable disease as defined by RECIST version 1.1 (see Note) CONTINUATION - severe non-malignant lymphovascular malformations* Reassessment required after 12 months Prerequisites (tick boxes where appropriate) Patient is disease has had either a complete response or a partial response to treatment, or patient has stable disease as according to RECIST version 1.1 (see Note) Patient's disease has had either a complete response or a partial response to treatment, or patient has been clearly documents in patient notes Allow by the patient in the patient is benefitting from the treatment. Note: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version indications marked with ' are unapproved indications.	PRESCRIBER		PATIENT:	
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I confirm that the above details are correct:

Signed: Date:

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:
Sirolimus - continued	
INITIATION – renal angiomyolipoma(s) ass	ociated with tuberous sclerosis complex*
Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)	
O Prescribed by, or recommended by Health NZ Hospital.	a nephrologist or urologist, or in accordance with a protocol or guideline that has been endorsed by the
Patient has tuberous sclerosis	complex*
O Evidence of renal angiomyolip	oma(s) measuring 3 cm or greater and that have shown interval growth
CONTINUATION – renal angiomyolipoma(s Re-assessment required after 12 months Prerequisites (tick boxes where appropriate)) associated with tuberous sclerosis complex*
	al angiomyolipoma reduction or stability by magnetic resonance imaging (MRI) or ultrasound
O Demonstrated stabilisation or and	improvement in renal function
	ed angiomyolipoma haemorrhage or significant adverse effects to sirolimus treatment
O The treatment remains approp	priate and the patient is benefitting from treatment
Note: Indications marked with * are unapprov	ed indications
INITIATION – refractory seizures associate Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by Hospital. and	a neurologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ
	ckground of documented tuberous sclerosis complex*
	en trialled and has not adequately controlled seizures
treatment with at	adequately controlled by, or the patient has experienced unacceptable side effects from, optimal east two of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, , and lacosamide (see Note)
or O Vigabatrin is conti	raindicated
treatment with at	adequately controlled by, or the patient has experienced unacceptable side effects from, optimal east three of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, , and lacosamide (see Note)
and Seizures have a significant im	pact on quality of life
Patient has been assessed ar benefit from mTOR inhibitor tr	nd surgery is considered inappropriate for this patient, or the patient has been assessed and would eatment prior to surgery
	required to trial phenytoin sodium, sodium valproate, and topiramate. Those who can father children are not

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HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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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:				
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 lote: Indications marked with * are unapproved indications					

I confirm that the above details are correct:	
Signed:	Date: