

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: .....

**Long-acting Somatostatin Analogues**

**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 not been successful
- and ☐ Treatment to be given 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 and radiotherapy is not suitable or was unsuccessful
- or ☐ Treatment is for an interim period while awaiting the beneficial effects of radiotherapy
- and ☐ Treatment with a dopamine agonist has been unsuccessful

**CONTINUATION – acromegaly**

**Prerequisites** (tick box where appropriate)

- ☐ Without reassessment for applications where IGF1 levels have decreased since starting treatment

Note: In patients with acromegaly, treatment should be discontinued if IGF1 levels have not decreased 3 months after treatment. In patients treated with radiotherapy treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following 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: .....

**Long-acting Somatostatin Analogues - 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
- ☐ Surgery has been unsuccessful
- or
- ☐ Patient has metastatic disease after treatment with H2 antagonist or proton pump inhibitors has been unsuccessful
- or
- ☐ Insulinomas
- and
- ☐ Surgery is contraindicated or has not been successful
- 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

**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

Note: The use of a long-acting somatostatin analogue in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded under Special Authority

I confirm that the above details are correct:

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