

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 15 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: