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.

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: .....