

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Temozolomide

Initial application — high grade gliomas
Applications only from a relevant specialist. Approvals valid for 12 months.
Prerequisites(tick boxes where appropriate)

Patient has newly diagnosed glioblastoma multiforme
or
 Patient has newly diagnosed anaplastic astrocytoma*

and
 Temozolomide is to be (or has been) given concomitantly with radiotherapy

and
 Following concomitant treatment temozolomide is to be used for a maximum of 5 days treatment per cycle, at a maximum dose of 200 mg/m² per day

Initial application — neuroendocrine tumours
Applications only from a relevant specialist. Approvals valid for 9 months.
Prerequisites(tick boxes where appropriate)

Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*

and
 Temozolomide is to be given in combination with capecitabine

and
 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day

and
 Temozolomide to be discontinued at disease progression

Initial application — ewing's sarcoma
Applications only from a relevant specialist. Approvals valid for 9 months.
Prerequisites(tick box where appropriate)

The patient has relapsed/refractory Ewing's sarcoma

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:
Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:
.....
Fax Number:	Fax Number:

Temozolomide - continued

Renewal — high grade gliomas

Current approval Number (if known):.....

Applications only from a relevant specialist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient has glioblastoma multiforme and <input type="checkbox"/> The treatment remains appropriate and the patient is benefitting from treatment
or
<input type="checkbox"/> Patient has anaplastic astrocytoma* and <input type="checkbox"/> The treatment remains appropriate and the patient is benefitting from treatment and <input type="checkbox"/> Adjuvant temozolomide is to be used for a maximum of 24 months

Renewal — neuroendocrine tumours

Current approval Number (if known):.....

Applications only from a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> No evidence of disease progression and <input type="checkbox"/> The treatment remains appropriate and the patient is benefitting from treatment

Renewal — ewing's sarcoma

Current approval Number (if known):.....

Applications only from a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> No evidence of disease progression and <input type="checkbox"/> The treatment remains appropriate and the patient is benefitting from treatment

Note: Indication marked with a * is an unapproved indication. Temozolomide is not subsidised for the treatment of relapsed high grade glioma.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz