

**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: .....

**Pemetrexed**

**Initial application — mesothelioma**

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months.

**Prerequisites**(tick boxes where appropriate)

- Patient has been diagnosed with mesothelioma  
**and**  
 Pemetrexed to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles

**Renewal — mesothelioma**

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months.

**Prerequisites**(tick boxes where appropriate)

- No evidence of disease progression  
**and**  
 The treatment remains appropriate and the patient is benefitting from treatment  
**and**  
 Pemetrexed to be administered at a dose of 500mg/m<sup>2</sup> every 21 days for a maximum of 6 cycles

**Initial application — non-small cell lung carcinoma**

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months.

**Prerequisites**(tick boxes where appropriate)

- Patient has locally advanced or metastatic non-squamous non-small cell lung carcinoma  
**and**
- Patient has chemotherapy-naïve disease  
**and**  
 Pemetrexed is to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles
- or**
- Patient has had first-line treatment with platinum based chemotherapy  
**and**  
 Patient has not received prior funded treatment with pemetrexed  
**and**  
 Pemetrexed is to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days for a maximum of 6 cycles

**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](mailto: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: .....

**Pemetrexed** - *continued*

**Renewal — non-small cell lung carcinoma**

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

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months.

**Prerequisites**(tick boxes where appropriate)

- No evidence of disease progression
- and**  The treatment remains appropriate and the patient is benefitting from treatment
- and**  Pemetrexed is to be administered at a dose of 500mg/m<sup>2</sup> every 21 days

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](mailto:customerservice@health.govt.nz)