

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

PATIENT:

Name:

Ward: NHI:

Nivolumab

INITIATION

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV

and

Baseline measurement of overall tumour burden is documented clinically and radiologically

and

The patient has ECOG performance score of 0-2

and

Patient has not received funded pembrolizumab

or

Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance

and

The cancer did not progress while the patient was on pembrolizumab

and

Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses

CONTINUATION – less than 24 months on treatment

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient's disease has had a complete response to treatment

or

Patient's disease has had a partial response to treatment

or

Patient has stable disease

and

Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

and

The treatment remains clinically appropriate and the patient is benefitting from the treatment

or

Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression

and

Patient has signs of disease progression

and

Disease has not progressed during previous treatment with nivolumab

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

PATIENT:

Name: Name:

Ward: NHI:

Nivolumab - continued

CONTINUATION – more than 24 months on treatment

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has been on treatment for more than 24 months

and

Patient's disease has had a complete response to treatment

or

Patient's disease has had a partial response to treatment

or

Patient has stable disease

and

Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period

and

The treatment remains clinically appropriate and the patient is benefitting from the treatment

or

Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression

and

Patient has signs of disease progression

and

Disease has not progressed during previous treatment with nivolumab

I confirm that the above details are correct:

Signed: Date: