

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> 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)

<input type="checkbox"/> Patient has been diagnosed with mesothelioma <b>and</b> <input type="checkbox"/> 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)

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

<input type="checkbox"/> Patient has locally advanced or metastatic non-squamous non-small cell lung carcinoma <b>and</b> <table border="1"> <tr> <td> <input type="checkbox"/> Patient has chemotherapy-naïve disease  <b>and</b>  <input type="checkbox"/> 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           </td> </tr> <tr> <td> <b>or</b>  <input type="checkbox"/> Patient has had first-line treatment with platinum based chemotherapy  <b>and</b>  <input type="checkbox"/> Patient has not received prior funded treatment with pemetrexed  <b>and</b>  <input type="checkbox"/> Pemetrexed is to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days for a maximum of 6 cycles           </td> </tr> </table>	<input type="checkbox"/> Patient has chemotherapy-naïve disease <b>and</b> <input type="checkbox"/> 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	<b>or</b> <input type="checkbox"/> Patient has had first-line treatment with platinum based chemotherapy <b>and</b> <input type="checkbox"/> Patient has not received prior funded treatment with pemetrexed <b>and</b> <input type="checkbox"/> Pemetrexed is to be administered at a dose of 500 mg/m <sup>2</sup> every 21 days for a maximum of 6 cycles
<input type="checkbox"/> Patient has chemotherapy-naïve disease <b>and</b> <input type="checkbox"/> 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		
<b>or</b> <input type="checkbox"/> Patient has had first-line treatment with platinum based chemotherapy <b>and</b> <input type="checkbox"/> Patient has not received prior funded treatment with pemetrexed <b>and</b> <input type="checkbox"/> 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)

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> 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)

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