

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:

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:

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

INITIATION – Renal cell carcinoma

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient is currently on treatment with nivolumab and met all remaining criteria prior to commencing treatment

or

Patient has metastatic renal-cell carcinoma

and

The disease is of predominant clear-cell histology

and

Patient has an ECOG performance score of 0-2

and

Patient has documented disease progression following one or two previous regimens of antiangiogenic therapy

and

Nivolumab is to be used as monotherapy at a maximum dose of 240 mg every 2 weeks (or equivalent) and discontinued at disease progression

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

PATIENT:

Name:

Ward: NHI:

Nivolumab - continued

CONTINUATION – Renal cell carcinoma

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by any relevant practitioner, 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

No evidence of disease progression

and

Nivolumab is to be used as monotherapy at a maximum dose of 240 mg every 2 weeks (or equivalent) and discontinued at disease progression

I confirm that the above details are correct:

Signed: Date: