HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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:	Name:	
Ward:	NHI:	
Nilotinih		

Nilotinib

INITIATION Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)		
O Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.		
	and	O Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, high risk chronic phase, or in chronic phase
		O Patient has documented CML treatment failure* with a tyrosine kinase inhibitor (TKI)
		O Patient has experienced treatment limiting toxicity with a tyrosine kinase inhibitor (TKI) precluding further treatment
	and (and	O Maximum nilotinib dose of 800 mg/day
		O Subsidised for use as monotherapy only
Note: *treatment failure as defined by Leukaemia Net Guidelines.		
CONTINUATION Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)		
O Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.		
	(and	O Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines
	and	O Nilotinib treatment remains appropriate and the patient is benefiting from treatment
	and	O Maximum nilotinib dose of 800 mg/day
	and (O Subsidised for use as monotherapy only