## 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.

CRIBER	PATIENT:
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:	NHI:
lumab	
ATION	
	nt required after 4 months (tick boxes where appropriate)
Proc	cribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health
Hosp	
and	Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV
О	Baseline measurement of overall tumour burden is documented clinically and radiologically
and and	The patient has ECOG performance score of 0-2
or	O Patient has not received funded pembrolizumab
	O 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 second did not one over while the notifications are not by Provided
and	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses
ITINUATIO	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be
ITINUATIO ssessmen	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses  ON – less than 24 months on treatment
ITINUATIO ssessment equisites	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses  ON – less than 24 months on treatment nt required after 4 months (tick boxes where appropriate)  cribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healti
ITINUATION SSESSMEIN EQUISITES  Pres	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses  ON – less than 24 months on treatment nt required after 4 months (tick boxes where appropriate)  cribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt bital.
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ITINUATION SSESSMEIN EQUISITES  Pres	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses  DN – less than 24 months on treatment  Intercuired after 4 months  (tick boxes where appropriate)  cribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt bital.  O Patient's disease has had a complete response to treatment  O Patient's disease has had a partial response to treatment
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ITINUATION SSESSMEIN EQUISITES HOSE	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses  ON – less than 24 months on treatment nt required after 4 months (tick boxes where appropriate)  cribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt pital.  O Patient's disease has had a complete response to treatment or O Patient's disease has had a partial response to treatment O Patient has stable disease  O Patient has stable disease
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ITINUATION SSESSMEIN Press Hosp	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses  ON – less than 24 months on treatment nt required after 4 months (tick boxes where appropriate)  cribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt bital.  O Patient's disease has had a complete response to treatment or O Patient's disease has had a partial response to treatment O Patient has stable disease  Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
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TINUATION SSESSMEIN EQUISITES HOSPITATION AT A TOT	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses  ON – less than 24 months on treatment nt required after 4 months (tick boxes where appropriate)  cribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt or O Patient's disease has had a complete response to treatment O Patient's disease has had a partial response to treatment  O Patient has stable disease  Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period  The treatment remains clinically appropriate and the patient is benefitting from the treatment
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TINUATION SSESSMEIN EQUISITES HOSPITATION AT A TOT	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses  DN – less than 24 months on treatment it required after 4 months (tick boxes where appropriate)  cribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health point or Patient's disease has had a complete response to treatment or Patient's disease has had a partial response to treatment Patient has stable disease  Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period  The treatment remains clinically appropriate and the patient is benefitting from the treatment  Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression  Patient has signs of disease progression

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)							
O 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.							
Patient has been on treatment for more than 24 months and							
Patient's disease has had a complete response or Patient's disease has had a partial response or Patient has stable disease							
Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period  The treatment remains clinically appropriate and the patient is benefitting from the treatment  or							
	h nivolumab for reasons other than severe toxicity or disease						
O Disease has not progressed during previous treat	ment with nivolumab						

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