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.

SCRIBER	PATIENT:
ne:	
d:	NHI:
olumab	
erequisites O Pres	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 Te Wha
Ora l	Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV
and	Baseline measurement of overall tumour burden is documented clinically and radiologically The patient has ECOG performance score of 0-2
and	O Patient has not received funded pembrolizumab
	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
	The same and het progress mine the patient has on period same
and	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses
INTINUATIO -assessmer erequisites	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 Te What
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NTINUATIO assessmer erequisites Ora	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 (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 Te Wh Hospital. O Patient's disease has had a complete response to treatment or O Patient's disease has had a partial response to treatment or O Patient has stable disease Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
Pres Ora	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 Te What Hospital. O 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 accordand	ordance with a protocol or guideline that has been endorsed by the Te Whatu
Patient has been on treatment for more than 24 months and	
Patient's disease has had a complete responsor Patient's disease has had a partial responsor Patient has stable disease	
Response to treatment in target lesions has been the most recent treatment period and The treatment remains clinically appropriate and	the patient is benefitting from the treatment
	th nivolumab for reasons other than severe toxicity or disease
Disease has not progressed during previous treater	tment with nivolumab

I confirm that the above details are correct:

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