

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Nivolumab

Initial application

Applications only from a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

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

Renewal — less than 24 months on treatment

Current approval Number (if known):.....

Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

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 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

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Nivolumab - continued

Renewal — more than 24 months on treatment

Current approval Number (if known):.....

Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

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

Initial application — Renal cell carcinoma

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

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 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

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Nivolumab - *continued*

Renewal — Renal cell carcinoma

Current approval Number (if known):.....

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient's disease has had a complete response to treatment or <input type="checkbox"/> Patient's disease has had a partial response to treatment or <input type="checkbox"/> Patient has stable disease
and
<input type="checkbox"/> No evidence of disease progression
and
<input type="checkbox"/> 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 the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

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