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

I confirm that the above details are correct:

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