I confirm that the above details are correct:

Signed: Date:

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 Preso	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 Health I
Hosp and	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 cancer did not progress write the patient was on perinbiolizumab
and	Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses
NTINUATIO 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 at 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
NTINUATIO assessmen 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 at 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
NTINUATIO assessmen requisites Preso 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 at 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
NTINUATIO assessmen requisites Preso 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 it required after 4 months (tick boxes where appropriate) oribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health or O Patient's disease has had a complete response to treatment or O Patient's disease has had a partial response to treatment OR Patient's disease has had a partial response to treatment or O Patient has stable disease OR Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
NTINUATIO assessmen requisites Preso 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 in trequired after 4 months (tick boxes where appropriate) Oribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health vital. Original Patient's disease has had a complete response to treatment or Original Patient's disease has had a partial response to treatment or Original Patient has stable disease Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
NTINUATIO assessmen erequisites Preso 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 it required after 4 months (tick boxes where appropriate) Or ibed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health ittal. Or 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 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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PRESCRIBER					PATIENT:
Name:					
Ward:					NHI:
Nivolu	ıma	b - c	continu	ued	
Re-ass	sessr	ment	requir	ed af	nan 24 months on treatment ter 4 months vhere appropriate)
and	Prescribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Heat Hospital.				
a	O Patient has been on treatment for more than 24 months and				been on treatment for more than 24 months
				or 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
			and	\sim	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	and	0	Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression Patient has signs of disease progression Disease has not progressed during previous treatment with nivolumab
	l				

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Patient has metastatic renal-cell carcinoma and The disease is of predominant clear-cell histology and	
INITIATION - renal cell carcinoma, first line	
INITIATION – renal cell carcinoma, first line Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Patient is currently on treatment with nivolumab and met all remaining criteria prior to common or The patient has metastatic renal cell carcinoma and The patient has ECOG performance status 0-2 and The disease is predominantly of clear cell histology The patient has sarcomatoid histology The patient has patient had be lower limit of normal The patient has sarcomatoid histology The patient has patient had be lower limit of normal The patient has sarcomatoid histology The patient has patient had be lower limit of normal The disease is to be used in combination with ipilimumab for the first four treatment cy and Nivolumab is to be used at a maximum maintenance dose of 240 mg every 2 weeks INITIATION – renal cell carcinoma, second line Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Patient has metastatic renal-cell carcinoma and The disease is of predominant clear-cell histology	
Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Patient is currently on treatment with nivolumab and met all remaining criteria prior to common or The patient has metastatic renal cell carcinoma and The patient has ECOG performance status 0-2 and The disease is predominantly of clear cell histology and The patient has sarcomatoid histology Or Haemoglobin levels less than the lower limit of normal or Or Neutrophils greater than the upper limit of normal or Or Platelets greater than the upper limit of normal or Or Interval of less than 1 year from original diagnosis to the start of systemic there or Or Karnofsky performance score of less than or equal to 70 and Or Nivolumab is to be used in combination with ipilimumab for the first four treatment cy and Or Nivolumab is to be used at a maximum maintenance dose of 240 mg every 2 weeks INITIATION – renal cell carcinoma, second line Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Patient has metastatic renal-cell carcinoma and Or The disease is of predominant clear-cell histology and Or The disease is of predominant clear-cell histology and Or The disease is of predominant clear-cell histology and Or The disease is of predominant clear-cell histology	
The patient has metastatic renal cell carcinoma and The patient is treatment naive and The patient has ECOG performance status 0-2 and The disease is predominantly of clear cell histology The patient has sarcomatoid histology The disease is of predominant clear-cell histology The patient has metastatic renal cell carcinoma and The disease is of predominant clear-cell histology	
The patient has sarcomatoid histology or Haemoglobin levels less than the lower limit of normal or Corrected serum calcium level greater than 10 mg/dL (2.5 mmol/L) or Neutrophils greater than the upper limit of normal or Platelets greater than the upper limit of normal or Interval of less than 1 year from original diagnosis to the start of systemic thera or Karnofsky performance score of less than or equal to 70 and Nivolumab is to be used in combination with ipilimumab for the first four treatment cy and Nivolumab is to be used at a maximum maintenance dose of 240 mg every 2 weeks INITIATION – renal cell carcinoma, second line Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Patient has metastatic renal-cell carcinoma and The disease is of predominant clear-cell histology and	nencing treatment
Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) O Patient has metastatic renal-cell carcinoma and O The disease is of predominant clear-cell histology and	vcles at a maximum dose of 3 mg/kg
and The disease is of predominant clear-cell histology and	
Patient has ECOG performance status 0-2 and Patient has documented disease progression following one or two previous regimens of an and Patient has not previously received a funded immune checkpoint inhibitor and Nivolumab is to be used as monotherapy at a maximum dose of 240 mg every 2 weeks (o	

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PRES	CRIB	ER			PATIENT:
Name	:				Name:
Ward:					NHI:
Nivo	luma	ıb -	conti	inued	
Re-a	ssessi	men	t requ	enal cell carcinoma ired after 4 months poxes where appropriate)	
		or or	O O O	Patient's disease has had a complete response to treatment. Patient's disease has had a partial response to treatment. Patient has stable disease	
	and (and))	Nivol	vidence of disease progression umab is to be used as monotherapy at a maximum dose ression	of 240 mg every 2 weeks (or equivalent) and discontinued at disease

I confirm that the above details are correct:	
Signed:	Date: