HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2025

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:
Nivolumab	
INITIATION – unresectable or metastatic melanoma Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a relevant specialist or any relevant accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or guideline that has been endorsed by the accordance with a protocol or accordance with a protocol or accordance with a protocol or ac	luding uveal) stage III or IV ed clinically and radiologically pority approval for pembrolizumab and has discontinued pembrolizumab erance was on pembrolizumab unresectable stage III or IV setting tive setting with a PD-1/PD-L1 inhibitor
and	nce while on treatment with that PD-1/PD-L1 inhibitor nce within six months of completing perioperative treatment with a

Signed: Date:

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER		BER	PATIENT:			
Name	e:					
Ward	:		NHI:			
Nivo	luma	ab - cor	ntinued			
Re-a	ssess equis	ment red i ites (tick	unresectable or metastatic melanoma, less than 24 months on treatment quired after 4 months boxes where appropriate) and by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in			
and	accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.					
			O The individual's disease has had a complete response to treatment O The individual's disease has had a partial response to treatment O The individual has stable disease			
		and	Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period			
	or	and and	The individual has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression The individual has signs of disease progression Disease has not progressed during previous treatment with nivolumab			
CONTINUATION – unresectable or metastatic melanoma, more than 24 months on treatment Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)						
and	Prescribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.					
The individual has been on treatment for more than 24 months and		e individual has been on treatment for more than 24 months				
		or	The individual's disease has had a complete response to treatment The individual's disease has had a partial response to treatment The individual 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 individual has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression The individual has signs of disease progression			
			O Disease has not progressed during previous treatment with nivolumab			

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PRESCRIBER		PATIENT:			
Name:		Name:			
Ward:		NHI:			
Nivolumab -	- continued				
Re-assessmer	renal cell carcinoma, first line nt required after 4 months (tick boxes where appropriate) Patient is currently on treatment with nivolumab and met all re The patient has metastatic renal cell carcinoma The patient is treatment naive The patient has ECOG performance status 0-2 The disease is predominantly of clear cell histology	rmal			
an	or O Interval of less than 1 year from original diagnosis O Karnofsky performance score of less than or equal of O Nivolumab is to be used in combination with ipilimumab	for the first four treatment cycles at a maximum dose of 3 mg/kg			
Re-assessmer	INITIATION – renal cell carcinoma, second line Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) O Patient has metastatic renal-cell carcinoma and The disease is of predominant clear-cell histology				
and on an analysis of an analysis o	Patient has documented disease progression following one or Patient has not previously received a funded immune checkpo				

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER		PATIENT:
Name:		Name:
Ward:		NHI:
Nivolumab -	continued	
Re-assessment	N – renal cell carcinoma required after 4 months tick boxes where appropriate)	
or or	O Patient's disease has had a complete response to treatment of Patient's disease has had a partial response to treatment of Patient has stable disease	
and	No evidence of disease progression Nivolumab is to be used as monotherapy at a maximum dose progression	of 240 mg every 2 weeks (or equivalent) and discontinued at disease

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