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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Nilotinib

INITIATION
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ○ Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, high risk chronic phase, or in chronic phase

and

- ○ Patient has documented CML treatment failure* with a tyrosine kinase inhibitor (TKI)

or

- ○ Patient has experienced treatment limiting toxicity with 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)

- ○ Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines

and

- ○ Nilotinib treatment remains appropriate and the patient is benefiting from treatment

and

- ○ Maximum nilotinib dose of 800 mg/day

and

- ○ Subsidised for use as monotherapy only

I confirm that the above details are correct:

Signed: ..... Date: .....