

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 — unresectable or metastatic melanoma

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)

- ☐ The individual 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 individual has ECOG performance 0-2
- and
- ☐ The individual has not received funded pembrolizumab
- or
- ☐ The individual 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 individual was on pembrolizumab
- and
- ☐ The individual has been diagnosed in the metastatic or unresectable stage III or IV setting
- or
- ☐ The individual did not receive treatment in the perioperative setting with a PD-1/PD-L1 inhibitor
- or
- ☐ The individual received treatment in the perioperative setting with a PD-1/PD-L1 inhibitor

and

☐ The individual did not experience disease recurrence while on treatment with that PD-1/PD-L1 inhibitor

and

☐ The individual did not experience disease recurrence within six months of completing perioperative treatment with a PD-1/PD-L1 inhibitor

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

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 - continued

Renewal — unresectable or metastatic melanoma, less than 24 months on treatment

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)

- ☐ The individual's disease has had a complete response to treatment
- or
- ☐ The individual's disease has had a partial response to treatment
- or
- ☐ 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

- ☐ The individual has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression
- and
- ☐ The individual 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

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 - continued

Renewal — unresectable or metastatic melanoma, more than 24 months on treatment

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)

☐ The individual has been on treatment for more than 24 months					
and					
<table border="1"><tr><td>☐ The individual's disease has had a complete response to treatment</td></tr><tr><td>or</td></tr><tr><td>☐ The individual's disease has had a partial response to treatment</td></tr><tr><td>or</td></tr><tr><td>☐ The individual has stable disease</td></tr></table>	☐ The individual's disease has had a complete response to treatment	or	☐ The individual's disease has had a partial response to treatment	or	☐ The individual has stable disease
☐ The individual's disease has had a complete response to treatment					
or					
☐ The individual's disease has had a partial response to treatment					
or					
☐ The individual 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					
or					
<table border="1"><tr><td>☐ The individual has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression</td></tr><tr><td>and</td></tr><tr><td>☐ The individual has signs of disease progression</td></tr><tr><td>and</td></tr><tr><td>☐ Disease has not progressed during previous treatment with nivolumab</td></tr></table>	☐ The individual has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression	and	☐ The individual has signs of disease progression	and	☐ Disease has not progressed during previous treatment with nivolumab
☐ The individual has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression					
and					
☐ The individual 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

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 - continued

Initial application — renal cell carcinoma, first line

Applications from any relevant practitioner. 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
- ☐ 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

and

☐ 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 therapy

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 cycles at a maximum dose of 3 mg/kg

and

☐ Nivolumab is to be used as monotherapy at a maximum maintenance dose of 240 mg every 2 weeks (or equivalent)

Initial application — Renal cell carcinoma, second line

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient has metastatic renal-cell carcinoma
- 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 antiangiogenic therapy
- 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 (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

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 - *continued*

Renewal — Renal cell carcinoma

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

Applications from any relevant practitioner. 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

☐ No evidence of disease progression

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