

|  |                           |                               |
|--|---------------------------|-------------------------------|
| <b>APPLICANT</b> (stamp or sticker acceptable) | <b>PATIENT NHI:</b> ..... | <b>REFERRER</b> Reg No: ..... |
| Reg No: .....                                  | First Names: .....        | First Names: .....            |
| Name: .....                                    | Surname: .....            | Surname: .....                |
| Address: .....                                 | DOB: .....                | Address: .....                |
| .....  | .....                     | .....                         |
| Fax Number: .....                              | .....                     | Fax Number: .....             |

### **Nilotinib**

#### **Initial application**

Applications only from a haematologist. Approvals valid for 6 months.

#### **Prerequisites**(tick boxes where appropriate)

|                              |  |
|------------------------------|--|
| <input type="checkbox"/> and | Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, high risk chronic phase, or in chronic phase                         |
| <input type="checkbox"/> or  | <input type="checkbox"/> Patient has documented CML treatment failure* with a tyrosine kinase inhibitor (TKI)                                    |
|                              | <input type="checkbox"/> Patient has experienced treatment limiting toxicity with a tyrosine kinase inhibitor (TKI) precluding further treatment |
| <input type="checkbox"/> and | <input type="checkbox"/> Maximum nilotinib dose of 800 mg/day  |
| <input type="checkbox"/> and | <input type="checkbox"/> Subsidised for use as monotherapy only  |

Note: \*treatment failure as defined by Leukaemia Net Guidelines.

#### **Renewal**

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

Applications only from a haematologist. Approvals valid for 6 months.

#### **Prerequisites**(tick boxes where appropriate)

|                              |  |
|------------------------------|--|
| <input type="checkbox"/> and | Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines  |
| <input type="checkbox"/> and | Nilotinib treatment remains appropriate and the patient is benefiting from treatment |
| <input type="checkbox"/> and | <input type="checkbox"/> Maximum nilotinib dose of 800 mg/day                        |
| <input type="checkbox"/> and | <input type="checkbox"/> Subsidised for use as monotherapy only                      |

**I confirm the above details are correct and that in signing this form I understand I may be audited.**

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

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)