

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:

Everolimus

Initial application

Applications only from a neurologist or oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- Patient has tuberous sclerosis
- and
- Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment

Renewal

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

Applications only from a neurologist or oncologist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months
- and
- The treatment remains appropriate and the patient is benefiting from treatment
- and
- Everolimus to be discontinued at progression of SEGAs

Initial application — renal cell carcinoma

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

Prerequisites(tick boxes where appropriate)

- The patient has metastatic renal cell carcinoma
 - and
 - The disease is of predominant clear-cell histology
 - and
 - The patient has documented disease progression following one previous line of treatment
 - and
 - The patient has an ECOG performance status of 0-2
 - and
 - Everolimus is to be used in combination with lenvatinib
- or
- Patient has received funded treatment with nivolumab for the second line treatment of metastatic renal cell carcinoma
 - and
 - Patient has experienced treatment limiting toxicity from treatment with nivolumab
 - and
 - Everolimus is to be used in combination with lenvatinib
 - and
 - There is no evidence of 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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Everolimus - *continued*

Renewal — renal cell carcinoma

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

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

Prerequisites(tick box where appropriate)

There is no evidence of disease progression

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

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