

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:

Pembrolizumab

INITIATION

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

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

and

Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV

and

Patient has measurable disease as defined by RECIST version 1.1

and

The patient has ECOG performance score of 0-2

and

Patient has not received funded nivolumab

or

Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance

and

The cancer did not progress while the patient was on nivolumab

and

Baseline measurement of overall tumour burden is documented (see Note)

and

Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses

CONTINUATION

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

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

and

Patient's disease has had a complete response to treatment according to RECIST criteria (see Note)

or

Patient's disease has had a partial response to treatment according to RECIST criteria (see Note)

or

Patient has stable disease according to RECIST criteria (see Note)

and

Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes

and

No evidence of progressive disease according to RECIST criteria (see Note)

and

The treatment remains clinically appropriate and the patient is benefitting from the treatment

or

Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression

and

Patient has signs of disease progression

and

Disease has not progressed during previous treatment with pembrolizumab

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

PATIENT:

Name:

Ward: NHI:

Pembrolizumab - continued

Note: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam. Target lesion measurements should be assessed using the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks.

Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

I confirm that the above details are correct:

Signed: Date: