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: ....

Durvalumab

INITIATION – Non-small cell lung cancer
Re-assessment required after 3 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 histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC)

 and

 ○ Patient has received two or more cycles of platinum-based chemotherapy concurrently with definitive radiation therapy

 and

 ○ Patient has no disease progression following the second or subsequent cycle of platinum-based chemotherapy with definitive radiation therapy treatment

 and

 ○ Patient has a ECOG performance status of 0 or 1

 and

 ○ Patient has completed last radiation dose within 8 weeks of starting treatment with durvalumab

 and

 ○ Patient must not have received prior PD-1 or PD-L1 inhibitor therapy for this condition

 and

  ○ Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks

  or

  ○ Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks

 and

 ○ Treatment with durvalumab to cease upon signs of disease progression

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CONTINUATION – Non-small cell lung cancer
Re-assessment required after 3 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

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

 and

  ○ Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks

  or

  ○ Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks

 and

 ○ Treatment with durvalumab to cease upon signs of disease progression

 and

 ○ Total continuous treatment duration must not exceed 12 months

I confirm that the above details are correct:

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