RS2127 - Pembrolizumab

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PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Pembrolizumab	
INITIATION – stage III or IV resected melanoma - neoadjuvant Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a relevant specialist or any relevance accordance with a protocol or guideline that has been endorsed by tand	
The individual is currently on treatment with pembrolizumab and The individual has resected stage IIIB, IIIC, IIID or IV me	elanoma (excluding uveal) (see note) eatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV
Note: Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Con	nmittee on Cancer (AJCC) 8th Edition

June 2025

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INITIATION – stage III or IV resected melanoma - adjuvant Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant special accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment or The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a) The individual has received neoadjuvant treatment with pembrolizumab and Adjuvant treatment with pembrolizumab is required The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV and Treatment must be in addition to complete surgical resection	
INITIATION – stage III or IV resected melanoma - adjuvant Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant special accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment or The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a) The individual has received neoadjuvant treatment with pembrolizumab and Adjuvant treatment with pembrolizumab is required The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV and Treatment must be in addition to complete surgical resection	
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The individual has received neoadjuvant treatment with pembrolizumab and Adjuvant treatment with pembrolizumab is required and The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV and Treatment must be in addition to complete surgical resection and	t
and Adjuvant treatment with pembrolizumab is required and The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV and Treatment must be in addition to complete surgical resection and	
The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV and Treatment must be in addition to complete surgical resection and	
Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-srecovery (see note b)	
and Pembrolizumab must be administered as monotherapy and The individual has ECOG performance score 0-2 and Pembrolizumab to be administered at a fixed dose of 200 mg every 3 weeks (or equivalent)	
Note:	
a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition	
b) Initiating treatment within 13 weeks of complete surgical resection means either 13 weeks after resection (primary or lymphadenector prior to the scheduled date of the resection (primary or lymphadenectomy)	my) or 13 weeks
CONTINUATION – stage III or IV resected melanoma - adjuvant Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)	
Prescribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant special accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.	alist, or in
No evidence of disease recurrence and Pembrolizumab must be administered as monotherapy and Pembrolizumab to be administered at a fixed dose of 200 mg every three weeks (or equivalent) for a maximum of 12 montreatment course, including any systemic neoadjuvant treatment Treatment to be discontinued at signs of disease recurrence or at completion of 12 months total treatment course (equivalence) and course are considered as monotherapy and Treatment to be discontinued at signs of disease recurrence or at completion of 12 months total treatment course (equivalence) and course (equival	

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Pembrolizumab - continued	
	onths
Baseline measurem	metastatic or unresectable melanoma (excluding uveal) stage III or IV nent of overall tumour burden is documented clinically and radiologically ECOG performance 0-2
or The ind	lividual has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within ks of starting treatment due to intolerance Incer did not progress while the individual was on nivolumab
or The individual or The indiv	It has been diagnosed in the metastatic or unresectable stage III or IV setting It did not receive treatment in the perioperative setting with a PD-1/PD-L1 inhibitor It did not received treatment in the perioperative setting with a PD-1/PD-L1 inhibitor It did not experience disease recurrence while on treatment with that PD-1/PD-L1 inhibitor It did not experience disease recurrence within six months of completing perioperative treatment with a D-L1 inhibitor

Signed: Date:

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

RESCRI	IDEN	PATIENT:
lame:		
Vard:		NHI:
embro	lizum	nab - continued
Re-asses	ssment	N – unresectable or metastatic melanoma, less than 24 months on treatment required after 4 months tick boxes where appropriate)
O and		ribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in lance with a protocol or guideline that has been endorsed by the Health NZ Hospital.
		O The individual's disease has had a complete response to treatment or
		O The individual's disease has had a partial response to treatment O The individual has stable disease
	and	
		O Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
or		
	and	The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression
		O The individual has signs of disease progression
	and	O Disease has not progressed during previous treatment with pembrolizumab
	and	
Re-asses	UATION ssment	
Re-asses Prerequi	UATION ssment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months
Re-asses	UATION ssment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) iibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in
Re-asses Prerequi	UATION ssment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) ibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in lance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months
Re-asses Prerequi	UATION ssment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) ibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in lance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months On The individual's disease has had a complete response to treatment or
Re-asses Prerequi	UATION ssment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) iibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in lance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months O 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's disease has had a partial response to treatment
Re-asses Prerequi	UATION ssment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) iibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in lance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months O The individual's disease has had a complete response to treatment or O The individual has stable disease The individual has stable disease
Re-asses Prerequi	UATION ssment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) iibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in dance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months O The individual's disease has had a complete response to treatment or O The individual's disease has had a partial response to treatment or O The individual has stable disease and O Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period
Re-asses Prerequi	UATION sesment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) iibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in lance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months Or 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 Or Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following
Re-asses Prerequi	UATION ssment isites (t	N - unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) ibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in lance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months The individual's disease has had a complete response to treatment or Or The individual's disease has had a partial response to treatment or Or The individual has stable disease and Or Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period The treatment remains clinically appropriate and the individual is benefitting from the treatment The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression
Re-asses Prerequi	UATION sesment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) sibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in lance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months O The individual's disease has had a complete response to treatment or O The individual's disease has had a partial response to treatment or O The individual has stable disease and O Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period The treatment remains clinically appropriate and the individual is benefitting from the treatment O The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression The individual has signs of disease progression
Re-asses Prerequi	UATION sesment isites (t	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment required after 4 months tick boxes where appropriate) sibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in lance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months O The individual's disease has had a complete response to treatment or O The individual's disease has had a partial response to treatment or O The individual has stable disease and O Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period The treatment remains clinically appropriate and the individual is benefitting from the treatment O The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression

June 2025

PRESC	RIBEI	₹	PATIENT:	
Name:			Name:	
Ward:			NHI:	
Pemb	rolizı	ımab -	- continued	
			mall cell lung cancer first-line monotherapy uired after 4 months	
Prerec	quisite	s (tick bo	poxes where appropriate)	
and			by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologise with a protocol or guideline that has been endorsed by the Health NZ Hospital.	st, or in
	and) Patien	ent has locally advanced or metastatic, unresectable, non-small cell lung cancer	
í	and	Patien	ent has not had chemotherapy for their disease in the palliative setting	
	and C	P atien	ent has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC	
	С	For pa	patients with non-squamous histology there is documentation confirming that the disease does not express activating muR or ALK tyrosine kinase unless not possible to ascertain	utations of
	and and) Pembi	brolizumab to be used as monotherapy	
	c		There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determine validated test unless not possible to ascertain	ed by a
		and	There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain	mined
			Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment	
Patient has an ECOG 0-2				
	and C) Pembi	brolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks	
	\overline{C}) Baseli	eline measurement of overall tumour burden is documented clinically and radiologically	

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- 3	Ziuneu.	Date:	
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PRESCRIBER	PATIENT:
Name:	
Ward:	NHI:
Pembrolizui	mab - continued
Re-assessmer Prerequisites Prese	ON – non-small cell lung cancer first-line monotherapy It required after 4 months (tick boxes where appropriate) cribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in redance with a protocol or guideline that has been endorsed by the Health NZ Hospital.
or	O Patient's disease has had a complete response to treatment O Patient's disease has had a partial response to treatment O Patient has stable disease
and	Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
and on an analysis of	No evidence of disease progression The treatment remains clinically appropriate and patient is benefitting from treatment Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)
Re-assessmer Prerequisites Press acco and and	non-small cell lung cancer first-line combination therapy It required after 4 months (tick boxes where appropriate) cribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in redance with a protocol or guideline that has been endorsed by the Health NZ Hospital. Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer The patient has not had chemotherapy for their disease in the palliative setting
and and and and and and and and and	Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain Pembrolizumab to be used in combination with platinum-based chemotherapy Patient has an ECOG 0-2 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks Baseline measurement of overall tumour burden is documented clinically and radiologically
	and tallot given,

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRIBER			PATIENT:		
Name	ıme:				
Ward:	Vard:NHI:				
Pem	bro	lizur	mab - continued		
Re-a	sses equi	smen sites	DN – non-small cell lung cancer first-line combination therapy not required after 4 months (tick boxes where appropriate)		
and			cribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in rdance with a protocol or guideline that has been endorsed by the Health NZ Hospital.		
		or or	O Patient's disease has had a partial response to treatment		
	and		Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period No evidence of disease progression		
	and		The treatment remains clinically appropriate and patient is benefitting from treatment Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)		
	equis	sites Preso	nt required after 6 months (tick boxes where appropriate) cribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in redance with a protocol or guideline that has been endorsed by the Health NZ Hospital.		
	or		Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment		
		and	Patient has recurrent or de novo unresectable, inoperable locally advanced triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]) Patient has recurrent or de novo metastatic triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]		
		and	Patient is treated with palliative intent Patient's cancer has confirmed PD-L1 Combined Positive Score (CPS) is greater than or equal to 10 Patient has received no prior systemic therapy in the palliative setting Patient has an ECOG score of 0–2		
		and	O Baseline measurement of overall tumour burden is documented clinically and radiologically		

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PRESCRIBER					PATIENT:	
Name:					Name:	
Ward: NHI:					NHI:	
Peml	broli	zun	nab	- continued		
CON Re-as	TINUA ssessi equisi	or or	N - b required tick by required to the complete to the complet	preast cancer, advanced dired after 6 months poxes where appropriate) by, or recommended by any relevant practitioner, or in actal. Patient's disease has had a complete response to treatment Patient's disease has had a partial response to treatment Patient has stable disease vidence of disease progression conse to treatment in target lesions has been determined to ment period brolizumab is to be used at a maximum dose of 200 mg en	by a comparable radiologic assessment following the most recent	
Re-a	ssessi	I – h ment	ead a	and neck squamous cell carcinoma uired after 4 months		
Prere	equisi	tes (tick b	poxes where appropriate)		
and				by, or recommended by a relevant specialist or any releva- e with a protocol or guideline that has been endorsed by the	ant practitioner on the recommendation of a relevant specialist, or in the Health NZ Hospital.	
	or (<u>С</u>	Patie	ent is currently on treatment with pembrolizumab and met	all remaining criteria prior to commencing treatment	
		and		carcinoma) that is incurable by local therapies	nous cell carcinoma of mucosal origin (excluding nasopharyngeal	
		and		Patient has not received prior systemic therapy in the received prior systemic therapy in the received Patient has a positive PD-L1 combined positive score (C		
		and	\circ	Patient has an ECOG performance score of 0-2		
		and		O Pembrolizumab to be used in combination with pla	tinum-based chemotherapy	
			or	O Pembrolizumab to be used as monotherapy		
		and	0	Pembrolizumab is to be used at a maximum dose of 200	mg every three weeks (or equivalent) for a maximum of 16 weeks	

I confirm that the above details are correct:

Signed: Date:

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PRES	CRIB	ER	PATIENT:
Name	:		Name:
Ward:			NHI:
Pem	broli	zur	mab - continued
Re-a	ssess equis i	men ites Presc	O Patient's disease has had a partial response to treatment
Re-a	ssess equisi	men ites Presc	MSI-H/dMMR advanced colorectal cancer introduced after 4 months (tick boxes where appropriate) scribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in ordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.
ana	or (C	Individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment O Individual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer
		and	O Individual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) unresectable colorectal cancer
		and and and	Individual is treated with palliative intent Individual has not previously received funded treatment with pembrolizumab for MSI-H/dMMR advanced colorectal cancer Individual has an ECOG performance score of 0-2 Baseline measurement of overall tumour burden is documented clinically and radiologically

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Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

	PATIENT:
	Name:
	NHI:
mab - continued	
ON – MSI-H/dMMR advanced colorectal cancer not required after 4 months (tick boxes where appropriate) cribed by, or recommended by any relevant practitioner, or independent of disease progression Pembrolizumab to be used at a maximum dose of 200 mg	n accordance with a protocol or guideline that has been endorsed by the Health every three weeks (or equivalent) ration of 24 months from commencement (or equivalent of 35 cycles dosed
Urothelial carcinoma nt required after 4 months (tick boxes where appropriate) cribed by, or recommended by a relevant specialist or any redance with a protocol or guideline that has been endorsed	elevant practitioner on the recommendation of a relevant specialist, or in by the Health NZ Hospital.
Patient has inoperable locally advanced (T4) or met Date Patient has an ECOG performance score of 0-2 Date Patient has documented disease progression following	astatic urothelial carcinoma
Hospital.	n accordance with a protocol or guideline that has been endorsed by the Health
O Patient's disease has had a partial response to treat O Patient has stable disease No evidence of disease progression	ement
In Some Color	Inab - continued IN - MSI-H/dMMR advanced colorectal cancer trequired after 4 months (tick boxes where appropriate) In it required after 4 months (tick boxes where appropriate) In oevidence of disease progression Pembrolizumab to be used at a maximum dose of 200 mg Treatment with pembrolizumab is to cease after a total durevery 3 weeks) In othelial carcinoma It required after 4 months (tick boxes where appropriate) In othelial is currently on treatment with pembrolizumab and and a pratient has an ECOG performance score of 0-2 Patient has an ECOG performance score of 0-2 Patient has documented disease progression following trequired after 4 months (tick boxes where appropriate) Pembrolizumab to be used as monotherapy at a manal 6 weeks IN - Urothelial carcinoma It required after 4 months (tick boxes where appropriate) Pribed by, or recommended by any relevant practitioner, or it ospital. Patient's disease has had a complete response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient's disease has had a partial response to treated the patient and the patient and trequired after 4 months and trequired after 4 months and trequired after 4 months

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PRESCRIBER		PATIENT:
:		Name:
		NHI:
oroliz	zumab - continued	
ssessm	nent required after 4 months	
) Pro ac	escribed by, or recommended by a relevant specialist or any rele cordance with a protocol or guideline that has been endorsed by	vant practitioner on the recommendation of a relevant specialist, or in the Health NZ Hospital.
or	Individual is currently on treatment with pembrolizumab and	met all remaining criteria prior to commencing treatment
	or O Individual is ineligible for autologous stem O Individual has relapsed/refractory Hodgkin lymph	lymphoma after two or more lines of chemotherapy cell transplant noma and has previously undergone an autologous stem cell transplant
	O Individual has not previously received funded pembroli.	
ssessm	nent required after 6 months	
) Pro	escribed by, or recommended by any relevant practitioner, or in a	accordance with a protocol or guideline that has been endorsed by the Health
and		rolizumab on of 24 months from commencement (or equivalent of 35 cycles dosed
	or Practical Control of the Control	ATION – relapsed/refractory Hodgkin lymphoma sessment required after 4 months quisites (tick boxes where appropriate) Prescribed by, or recommended by a relevant specialist or any rele accordance with a protocol or guideline that has been endorsed by Individual is currently on treatment with pembrolizumab and and Individual has relapsed/refractory Hodgkin lymphoma and Individual has relapsed/refractory Hodgkin lymphoma and Pembrolizumab to be administered at doses no greater FINUATION – relapsed/refractory Hodgkin lymphoma sessment required after 6 months quisites (tick boxes where appropriate) Prescribed by, or recommended by any relevant practitioner, or in a NZ Hospital. Patient has received a partial or complete response to pembrand Treatment with pembrolizumab is to cease after a total durati