Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2164
April 2024

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: .....

Durvalumab

Initial application — Non-small cell lung cancer
Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

- ☐ 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

Renewal — Non-small cell lung cancer

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

Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

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

Signed: ..... Date: .....
Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz