Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2307
May 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: .....

Pembrolizumab

Initial application — unresectable or metastatic melanoma
Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

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

and

- ☐ Baseline measurement of overall tumour burden is documented clinically and radiologically

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

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

Renewal — unresectable or metastatic melanoma, less than 24 months on treatment

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

Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient's disease has had a complete response to treatment

or

- ☐ Patient's disease has had a partial response to treatment

or

- ☐ 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

- ☐ 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 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

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Fax Number:	.....	Fax Number: .....

Pembrolizumab *- continued*

Renewal — unresectable or metastatic melanoma, more than 24 months on treatment

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

Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

☐ Patient has been on treatment for more than 24 months

and

☐ Patient's disease has had a complete response to treatment

or

☐ Patient's disease has had a partial response to treatment

or

☐ Patient has stable disease

and

☐ Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period

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

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Fax Number:	.....	Fax Number: .....

Pembrolizumab *- continued*

Initial application — non-small cell lung cancer first-line monotherapy
Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.
Prerequisites(tick boxes where appropriate)

- ☐ Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer

and

- ☐ Patient has not had chemotherapy for their disease in the palliative setting

and

- ☐ Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC

and

- ☐ 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

and

- ☐ Pembrolizumab to be used as monotherapy

and

- ☐ There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain

or

- ☐ 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

and

- ☐ Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment

and

- ☐ Patient has an ECOG 0-2

and

- ☐ Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks

and

- ☐ Baseline measurement of overall tumour burden is documented clinically and radiologically

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Pembrolizumab *- continued*

Renewal — non-small cell lung cancer first line monotherapy

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

Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient's disease has had a complete response to treatment

or

- ☐ Patient's disease has had a partial response to treatment

or

- ☐ 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

- ☐ No evidence of disease progression

and

- ☐ The treatment remains clinically appropriate and patient is benefitting from treatment

and

- ☐ Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent)

and

- ☐ Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)

Initial application — non-small cell lung cancer first-line combination therapy

Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer

and

- ☐ The patient has not had chemotherapy for their disease in the palliative setting

and

- ☐ Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC

and

- ☐ 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

and

- ☐ Pembrolizumab to be used in combination with platinum-based chemotherapy

and

- ☐ Patient has an ECOG 0-2

and

- ☐ Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks

and

- ☐ Baseline measurement of overall tumour burden is documented clinically and radiologically

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Pembrolizumab *- continued*

Renewal — non-small cell lung cancer first line combination therapy

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

Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient's disease has had a complete response to treatment

or

- ☐ Patient's disease has had a partial response to treatment

or

- ☐ 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

- ☐ No evidence of disease progression

and

- ☐ The treatment remains clinically appropriate and patient is benefitting from treatment

and

- ☐ Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent)

and

- ☐ Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)

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