

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

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: