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.

CRIBER	PATIENT:
:	Name:
	NHI:
brolizu	ımab
	unresectable or metastatic melanoma
	ent required after 4 months s (tick boxes where appropriate)
$\overline{}$	
	scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health spital.
O	Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV
and and	Baseline measurement of overall tumour burden is documented clinically and radiologically
and	The patient has ECOG performance score of 0-2
O	O Patient has not received funded nivolumab
	O 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 Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not b continued if their disease progresses
TINUATI	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months s (tick boxes where appropriate)
TINUATI ssessme equisites Pres	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months s (tick boxes where appropriate)
TINUATI ssessme equisites Pres	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months s (tick boxes where appropriate) scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt spital.
TINUATI ssessme equisites Pres	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months is (tick boxes where appropriate) scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt spital. O Patient's disease has had a complete response to treatment or
TINUATI ssessme equisites Pres	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months s (tick boxes where appropriate) scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt epital. O Patient's disease has had a complete response to treatment O Patient's disease has had a partial response to treatment
TINUATI ssessme equisites Pres	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months is (tick boxes where appropriate) scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt spital. O Patient's disease has had a complete response to treatment or
TINUATI ssessme equisites Prese Hos	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months is (tick boxes where appropriate) scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt spital. O Patient's disease has had a complete response to treatment or Patient's disease has had a partial response to treatment or Patient's disease has had a partial response to treatment
TINUATI ssessme equisites Prese Hos	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ON - unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months is (tick boxes where appropriate) Secribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt spital. O
TINUATI ssessme equisites Pres Hos	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months is (tick boxes where appropriate) Scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt epital. O Patient's disease has had a complete response to treatment or O Patient's disease has had a partial response to treatment or O Patient has stable disease Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period ind
TINUATI ssessme equisites Pres Hos	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ON - unresectable or metastatic melanoma, less than 24 months on treatment entrequired after 4 months is (tick boxes where appropriate) Secribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health spital. O
TINUATI ssessme equisites Pres Hos	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months is (tick boxes where appropriate) scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health spital. O Patient's disease has had a complete response to treatment or O Patient's disease has had a partial response to treatment or O Patient has stable disease Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period The treatment remains clinically appropriate and the patient is benefitting from the treatment
TINUATI ssessme equisites Hos	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment ent required after 4 months is (tick boxes where appropriate) scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health spital. O Patient's disease has had a complete response to treatment or O Patient's disease has had a partial response to treatment or O Patient has stable disease Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period The treatment remains clinically appropriate and the patient is benefitting from the treatment
TINUATI ssessme equisites Hos	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment required after 4 months is (tick boxes where appropriate) scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Healt spital. O Patient's disease has had a complete response to treatment or O Patient has stable disease Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period The treatment remains clinically appropriate and the patient is benefitting from the treatment O Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression Patient has signs of disease progression
TINUATI ssessme equisites Hos	Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses ION – unresectable or metastatic melanoma, less than 24 months on treatment after equired after 4 months is (tick boxes where appropriate) scribed by, or recommended by a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health spital. O Patient's disease has had a complete response to treatment or Patient has stable disease Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period The treatment remains clinically appropriate and the patient is benefitting from the treatment Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression and Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression

I confirm that the above details are correct:

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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	PATIENT:
Name:	Name:
Ward:	NHI:
Pembrolizumab - continued	
CONTINUATION – unresectable or metastatic melanoma, more than 24 Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)	months on treatment
Prescribed by, or recommended by a medical oncologist, or in accumulation. and	ordance with a protocol or guideline that has been endorsed by the Health NZ
Patient has been on treatment for more than 24 months and	
O Patient's disease has had a complete responder O Patient's disease has had a partial responder O Patient has stable disease	
the most recent treatment period and The treatment remains clinically appropriate and	n determined by comparable radiologic or clinical assessment following the patient is benefitting from the treatment
Patient has previously discontinued treatment wind progression and Patient has signs of disease progression and	ith pembrolizumab for reasons other than severe toxicity or disease
O Disease has not progressed during previous trea	atment with pembrolizumab

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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	PATIENT:
Name:	Name:
Ward:	NHI:
Pembrolizumab - continued	
INITIATION – non-small cell lung cancer first-line monotherapy Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)	
Prescribed by, or recommended by a medical oncologist or any rele accordance with a protocol or guideline that has been endorsed by and	vant practitioner on the recommendation of a medical oncologist, or in the Health NZ Hospital.
Patient has locally advanced or metastatic, unresectable, non and Patient has not had chemotherapy for their disease in the pall and Patient has not received prior funded treatment with an immurand For patients with non-squamous histology there is documentate EGFR or ALK tyrosine kinase unless not possible to ascertain Pembrolizumab to be used as monotherapy and There is documentation confirming the disease express validated test unless not possible to ascertain There is documentation confirming the disease express validated test unless not possible to ascertain and	iative setting the checkpoint inhibitor for NSCLC tion confirming that the disease does not express activating mutations of the set of the se
and Patient has an ECOG 0-2 and Pembrolizumab to be used at a maximum dose of 200 mg ever and Baseline measurement of overall tumour burden is documented.	

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- 3	Ziuneu.	Date:	
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July 2024

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.

PRESCR	IBER	PATIENT:
Name:		
Ward:		NHI:
Pembro	olizur	nab - continued
Re-asse	ssmen isites	N – non-small cell lung cancer first-line monotherapy t 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 dance 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
	or	O Patient's disease has had a partial response to treatment O Patient has stable disease
an	4	Patient has stable disease
an	0	Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
	\circ	No evidence of disease progression
an	\circ	The treatment remains clinically appropriate and patient is benefitting from treatment
an	\bigcirc	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)
INITIATI	ON – r	non-small cell lung cancer first-line combination therapy
Re-asse	ssmen	t required after 4 months (tick boxes where appropriate)
and	Preso	cribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in dance with a protocol or guideline that has been endorsed by the Health NZ Hospital.
an	O	Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer
	\circ	The patient has not had chemotherapy for their disease in the palliative setting
an	\circ	Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC
an	d	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
an	\circ	Pembrolizumab to be used in combination with platinum-based chemotherapy
	\circ	Patient has an ECOG 0-2
an	\circ	Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks
an	O	Baseline measurement of overall tumour burden is documented clinically and radiologically

I confirm that the above details are correct:

Signed: Date:

July 2024

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PRES	SCRIB	ER	PATIENT:	
Name	e:			
Ward	:		NHI:	
Pem	broli	zun	mab - continued	
			N – non-small cell lung cancer first-line combination therapy t required after 4 months	
			(tick boxes where appropriate)	
and	O Prescribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in accordance 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	
		or	O Patient has stable disease	
and Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recen treatment period				
	and (C	No evidence of disease progression	
	and (C	The treatment remains clinically appropriate and patient is benefitting from treatment	
	and (C	Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent)	
	and (С	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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