HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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:
Durvalumab	
(

	or	0	Patient has histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC)
		0	Patient has histologically or cytologically documented stage IIb (T1N2a only), locally advanced, unresectable non-small cell lung cancer (NSCLC)
and (and	С	Patie	nt has received two or more cycles of platinum-based chemotherapy concurrently with definitive radiation therapy
(С		nt has no disease progression following the second or subsequent cycle of platinum-based chemotherapy with definitive radiation py treatment
and	С	Patie	Int has a ECOG performance status of 0 or 1
and	С	Patie	nt has completed last radiation dose within 8 weeks of starting treatment with durvalumab
and (and	С	Patie	ent must not have received prior PD-1 or PD-L1 inhibitor therapy for this condition
ana		0	Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks
	or	0	Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks
and	C	Treat	ment with durvalumab to cease upon signs of disease progression

Prerequisites (tick boxes where appropriate)

	or	O Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks
		m O Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks
and (and	С	Treatment with durvalumab to cease upon signs of disease progression
(С	Total continuous treatment duration must not exceed 12 months