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:	
Ward:	NHI:
Durvalumab	
Re-assessmer	Non-small cell lung cancer t required after 4 months (tick boxes where appropriate)
and or and or and or	Patient has histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC) Patient has histologically or cytologically documented stage IIb (T1N2a only), locally advanced, unresectable non-small cell lung cancer (NSCLC) Patient has received two or more cycles of platinum-based chemotherapy concurrently with definitive radiation therapy Patient has no disease progression following the second or subsequent cycle of platinum-based chemotherapy with definitive radiation therapy treatment Patient has a ECOG performance status of 0 or 1 Patient has completed last radiation dose within 8 weeks of starting treatment with durvalumab Patient must not have received prior PD-1 or PD-L1 inhibitor therapy for this condition Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks 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
Re-assessmer	N – Non-small cell lung cancer t required after 4 months (tick boxes where appropriate)
and _	The treatment remains clinically appropriate and the patient is benefitting from treatment
or	O Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks O Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks
and O and	Treatment with durvalumab to cease upon signs of disease progression Total continuous treatment duration must not exceed 12 months

I confirm that the above details are correct:	
Signed:	Date: