RS2134 - Pembrolizumab

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PRESCRIBER		PATIENT:
Name:		Name:
Ward:		NHI:
Pembrolizumab		
Prerequisites (tick to Prescribed accordance and	by, or recommended by a relevant specialist or any relevant with a protocol or guideline that has been endorsed by the individual is currently on treatment with pembrolizumab are the individual has resectable stage IIIB, IIIC, IIID or IV necessity.	nd met all remaining criteria prior to commencing treatment nelanoma (excluding uveal) (see note) reatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV

		Name:
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zumab	- continued	
ment requ	ired after 4 months	
rescribed	by, or recommended by a relevant specialist or any	relevant practitioner on the recommendation of a relevant specialist, or in d by the Health NZ Hospital.
and	The individual has received neoadjuvant treatment	with an immune checkpoint inhibitor
\bigcup	The individual meets initiation criteria for pembrolize	umab for stage III or IV resected melanoma – adjuvant
and	The individual has received neoadjuvant and adjuvant	ant treatment with an immune checkpoint inhibitor
O	The individual meets continuation criteria for pembra	rolizumab for stage III or IV resected melanoma – adjuvant
and	The individual has received neoadjuvant and adjuve	ant treatment with an immune checkpoint inhibitor
and	The individual has metastatic or unresectable mela	noma (excluding uveal) stage III or IV
O	The individual meets initiation criteria for pembrolization	umab for unresectable or metastatic melanoma
and	The individual has received neoadjuvant and adjuve	ant treatment with an immune checkpoint inhibitor
O	The individual has received treatment with an immu	une checkpoint inhibitor for unresectable or metastatic melanoma
	The individual meets continuation criteria for pembr	olizumab for unresectable or metastatic melanoma
IIB, IIIC, II	ID or IV melanoma defined as per American Joint Co	ommittee on Cancer (AJCC) 8th Edition
g treatmer the sched	nt within 13 weeks of complete surgical resection me luled date of the resection (primary or lymphadenect	rans either 13 weeks after resection (primary or lymphadenectomy) or 13 week omy)
	and O	The individual has received neoadjuvant treatment and The individual has received neoadjuvant and adjuvand The individual meets continuation criteria for pembrolizand The individual has received neoadjuvant and adjuvand The individual has received neoadjuvant and adjuvand The individual has metastatic or unresectable melal and The individual meets initiation criteria for pembrolizand The individual has received neoadjuvant and adjuvand The individual has received neoadjuvant and adjuvand The individual has received neoadjuvant and adjuvand The individual has received treatment with an immuland The individual meets continuation criteria for pembrolizand The

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PRESCRIBER	PATIENT:		
Name:	Name:		
Ward:	NHI:		
Pembrolizumab - continued			
INITIATION – stage III or IV resected melanoma - adjuvant Re-assessment required after 4 months			
Prerequisites (tick boxes where appropriate)			
O Prescribed by, or recommended by a relevant specialist or any relevant accordance with a protocol or guideline that has been endorsed by and	vant practitioner on the recommendation of a relevant specialist, or in the Health NZ Hospital.		
The individual is currently on treatment with pembrolizumab a	nd met all remaining criteria prior to commencing treatment		
The individual has resected stage IIIB, IIIC, IIID or IV m	elanoma (excluding uveal) (see note a)		
Adjuvant treatment with pembrolizumab is required			
O The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma and			
O Treatment must be in addition to complete surgical resection			
recovery (see note b)	e surgical resection, unless delay is necessary due to post-surgery		
Pembrolizumab must be administered as monotherapy			
The individual has ECOG performance score 0-2			
O Pembrolizumab to be administered at a fixed dose of 20	00 mg every 3 weeks (or equivalent)		
Note:			
a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Comm	nittee on Cancer (AJCC) 8th Edition		
b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)			

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

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CION – stage III or IV resected melanoma - adjuvant ent required after 4 months es (tick boxes where appropriate) escribed by, or recommended by a relevant specialist or any relevant cordance with a protocol or guideline that has been endorsed by the ordance of disease recurrence	Name: NHI: ant practitioner on the recommendation of a relevant specialist, or in the Health NZ Hospital.
CION – stage III or IV resected melanoma - adjuvant ent required after 4 months es (tick boxes where appropriate) escribed by, or recommended by a relevant specialist or any relevant cordance with a protocol or guideline that has been endorsed by the No evidence of disease recurrence	ant practitioner on the recommendation of a relevant specialist, or in
CION – stage III or IV resected melanoma - adjuvant ent required after 4 months es (tick boxes where appropriate) escribed by, or recommended by a relevant specialist or any relevant cordance with a protocol or guideline that has been endorsed by the ONO evidence of disease recurrence	
ent required after 4 months es (tick boxes where appropriate) escribed by, or recommended by a relevant specialist or any relevant cordance with a protocol or guideline that has been endorsed by the No evidence of disease recurrence	
escribed by, or recommended by a relevant specialist or any relevant specialist speciali	
total treatment course, including any systemic neoadjuvar Treatment to be discontinued at signs of disease recurrer 18 cycles at a dose of 200 mg every 3 weeks), including The individual has received adjuvant treatment with an impand	nce or at completion of 12 months total treatment course (equivalent to any systemic neoadjuvant treatment
The individual meets initiation criteria for pembrolizumab The individual has received adjuvant treatment with an impand	for unresectable or metastatic melanoma nmune checkpoint inhibitor neckpoint inhibitor for unresectable or metastatic melanoma
anc	Pembrolizumab to be administered at a fixed dose of 200 total treatment course, including any systemic neoadjuval. Treatment to be discontinued at signs of disease recurred 18 cycles at a dose of 200 mg every 3 weeks), including. The individual has received adjuvant treatment with an interest individual meets initiation criteria for pembrolizumab. The individual has received adjuvant treatment with an interest individual has received adjuvant treatment with an interest individual has received adjuvant treatment with an interest individual has received treatment with an immune characteristic or unresectable melanomal.

Signed: Date:

July 2025

PRESCRIBER		PATIENT:
Name:		Name:
Ward:		NHI:
Pembrolizumab - continued		
INITIATION – unresectable or m Re-assessment required after 4 m Prerequisites (tick boxes where a	nonths appropriate)	
	mended by a relevant specialist or any relevant or any relevant or guideline that has been endorsed by the	ant practitioner on the recommendation of a relevant specialist, or in the Health NZ Hospital.
and Baseline measure and The individual has and The individual has and The individual or The individual or The individual	ement of overall tumour burden is documented as ECOG performance 0-2 ual has not received funded nivolumab andividual has received an initial Special Authorities of starting treatment due to intolerance ancer did not progress while the individual was	ority approval for nivolumab and has discontinued nivolumab within
or Or The individue or Or The in and Or The in and The in		ive setting with a PD-1/PD-L1 inhibitor

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I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Pembrolizumab <i>- cor</i>	ntinued
Re-assessment required a Prerequisites (tick boxes O Prescribed by, or	
or Or The program of the and	The individual's disease has had a complete response to treatment The individual's disease has had a partial response to treatment The individual has stable disease ponse to treatment in target lesions has been determined by comparable radiologic assessment following the most recent truent period individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease gression individual has signs of disease progression ease has not progressed during previous treatment with pembrolizumab
Re-assessment required a Prerequisites (tick boxes Prescribed by, o accordance with and	where appropriate) r recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in a protocol or guideline that has been endorsed by the Health NZ Hospital.
and and or and and and	O The individual's disease has had a partial response to treatment

July 2025

PRES	SCRIE	BER	P	PATIENT:	
Name	ə:			lame:	
Ward	:		N	IHI:	
Pem	broli	izun	nab - continued		
			on-small cell lung cancer first-line monotherapy required after 4 months		
Prer	equis	ites	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.				
	and	0	Patient has locally advanced or metastatic, unresectable, non-sn	nall cell lung cancer	
	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 Pembrolizumab to be used as monotherapy and			ive setting	
				checkpoint inhibitor for NSCLC	
				n confirming that the disease does not express activating mutations of	
There is documentation confirming the disease expresses PD-L1 at a leverage validated test unless not possible to ascertain		There is documentation commining the disease expresses	PD-L1 at a level greater than or equal to 50% as determined by a		
			There is documentation confirming the disease expression by a validated test unless not possible to ascertain and	esses PD-L1 at a level greater than or equal to 1% as determined	
			Chemotherapy is determined to be not in the best int	terest of the patient based on clinician assessment	
	and	0	Patient has an ECOG 0-2		
	and	\circ	Pembrolizumab to be used at a maximum dose of 200 mg every	three weeks (or equivalent) for a maximum of 16 weeks	
	and	0	Baseline measurement of overall tumour burden is documented	clinically and radiologically	

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July 2025

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PRESC	RIBER	PATIENT:		
Name:				
Ward:NHI:				
Pembi	rolizur	nab - continued		
Re-ass	sessmer quisites Preso	N – non-small cell lung cancer first-line monotherapy t required after 4 months (tick boxes where appropriate) cribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or independence 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 O Patient has stable disease		
a	and O	Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period No evidence of disease progression The treatment remains clinically appropriate and patient is benefitting from treatment 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)		
Re-ass Prereq and	sessmer Juisites Preso	trequired after 4 months (tick boxes where appropriate) pribed 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. Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer The patient has not had chemotherapy for their disease in the palliative setting Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC		
a	and O and O and O and O	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 Pembrolizumab to be used in combination with platinum-based chemotherapy Patient has an ECOG 0-2 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks Baseline measurement of overall tumour burden is documented clinically and radiologically		

I confirm that the above details are correct:

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I confirm that the above details are correct:

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HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	CRIE	BER	PATIENT:	
Name:				
Ward:			NHI:	
Peml	brol	lizur	mab - continued	
Re-as	ssess equis	smen sites	DN – non-small cell lung cancer first-line combination therapy not required after 4 months (tick boxes where appropriate)	
O Prescribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologis accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. and				
		or or	O Patient's disease has had a partial response to treatment	
	and and		Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period No evidence of disease progression	
	and and and		The treatment remains clinically appropriate and patient is benefitting from treatment 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)	
Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist or any relevant practitioner or any rel				
	or		Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment	
		and	Patient has recurrent or de novo unresectable, inoperable locally advanced triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]) Patient has recurrent or de novo metastatic triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]	
		and	Patient is treated with palliative intent Patient's cancer has confirmed PD-L1 Combined Positive Score (CPS) is greater than or equal to 10 Patient has received no prior systemic therapy in the palliative setting Patient has an ECOG score of 0–2	
		and	O Baseline measurement of overall tumour burden is documented clinically and radiologically	

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 – breast cancer, advanced Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by any relevant practitioner, or in an NZ Hospital. and 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 and O No evidence of disease progression and O Response to treatment in target lesions has been determined treatment period and O Pembrolizumab is to be used at a maximum dose of 200 mg of and	by a comparable radiologic assessment following the most recent every three weeks (or equivalent)			
Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks) INITIATION – head and neck squamous cell carcinoma Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in				
accordance with a protocol or guideline that has been endorsed by				
carcinoma) that is incurable by local therapies and Patient has not received prior systemic therapy in the re and Patient has a positive PD-L1 combined positive score (and Patient has an ECOG performance score of 0-2 and Pembrolizumab to be used in combination with pl or Pembrolizumab to be used as monotherapy and	ecurrent or metastatic setting CPS) of greater than or equal to 1			

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:				
Ward	:			NHI:
Pem	broli	zun	nab	- continued
CON Re-a	ITINU/ assessi equisi	or	N - It requires the requirement of the requirement	head and neck squamous cell carcinoma hired after 4 months hoxes where appropriate) by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health
INITIATION – MSI-H/dMMR advanced colorectal cancer Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, accordance with a protocol or quideline that has been endorsed by the Health NZ Hospital			oxes where appropriate)	
and	or	and and and		idual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment Individual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer Individual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) unresectable colorectal cancer Individual is treated with palliative intent Individual has not previously received funded treatment with pembrolizumab for MSI-H/dMMR advanced colorectal cancer Individual has an ECOG performance score of 0-2 Baseline measurement of overall tumour burden is documented clinically and radiologically Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRES	CRIBER PATIENT:
Name:	Name:
Ward:	NHI:
Pemb	prolizumab - continued
CONT Re-ass Prere	TINUATION – MSI-H/dMMR advanced colorectal cancer sessment required after 4 months quisites (tick boxes where appropriate) Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. No evidence of disease progression Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) and Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)
Re-as	ATION – Urothelial carcinoma seessment required after 4 months quisites (tick boxes where appropriate)
and	Prescribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.
	O Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment or
	Patient has inoperable locally advanced (T4) or metastatic urothelial carcinoma Patient has an ECOG performance score of 0-2 and Patient has documented disease progression following treatment with chemotherapy and Pembrolizumab to be used as monotherapy at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks
Re-as Prere	ININATION – Urothelial carcinoma sessment required after 4 months quisites (tick boxes where appropriate) Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital. 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 No evidence of disease progression and Pembrolizumab is to be used as monotherapy at a maximum dose of 200 mg every three weeks (or equivalent)
	and Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)

PRESCRIBER	PATIENT:			
Name:	Name:			
Ward:	NHI:			
Pembrolizumab - continued				
INITIATION – relapsed/refractory Hodgkin lymphoma Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a relevant specialist or any relevance or guideline that has been endorsed by	vant practitioner on the recommendation of a relevant specialist, or in the Health NZ Hospital.			
O Individual is currently on treatment with pembrolizumab and n	Individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment			
Individual is ineligible for autologous stem of	oma and has previously undergone an autologous stem cell transplant			
CONTINUATION – relapsed/refractory Hodgkin lymphoma Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by any relevant practitioner, or in accordance with a protocol or guideline that has been endorsed by the Hea				
NZ Hospital. Patient has received a partial or complete response to pembroand Treatment with pembrolizumab is to cease after a total duratic every 3 weeks)	on of 24 months from commencement (or equivalent of 35 cycles dosed			

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