## 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.

INITIATION – Non-small cell lung cancer Re-assessment required after 4 months Prerequisites (tick boxes where appropriate)  Patient has histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC)  and Patient has histologically or cytologically documented stage III (T1N2a only), 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 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  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  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 fliat 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 4 months Prerequisites (tick boxes where appropriate)  The treatment remains clinically appropriate and the patient is benefitting from treatment  or 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 maximum dose of no greater than 10 mg/kg every 2 weeks  Treatment with durvalumab to cease upon signs of disease progression	PRESCRIBER	PATIENT:
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I confirm that the above details are correct:

Signed: ...... Date: .....