RS2134 - Pembrolizumab

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Unresectable or metastatic melanoma, more than 24 months on treatment - CONTINUATION	
Office ectable of metastatic metanoma, more than 24 months off treatment - CONTINOATION	/

PRES	CRIB	ER		PATIENT:
Name	:			Name:
Ward				NHI:
Pem	broli	izumab		
Re-a	ssess equis Э	ment requires (tick beforescribed	III or IV resectable melanoma - neoadjuvant uired after 4 months poxes where appropriate) by, or recommended by a relevant specialist or any relevate with a protocol or guideline that has been endorsed by the	ant practitioner on the recommendation of a relevant specialist, or in ne Health NZ Hospital.
	or	The O and O and O and O and O and O and O o	The individual has resectable stage IIIB, IIIC, IIID or IV n	eatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV

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

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ame:			Name:
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embro	lizumab	- continued	
Re-asses	sment requ	stage III or IV resectable melanoma - neoadju uired after 4 months	vant
rerequi	sites (tick b	boxes where appropriate)	
		by, or recommended by a relevant specialist or e with a protocol or guideline that has been endo	any relevant practitioner on the recommendation of a relevant specialist, or in orsed by the Health NZ Hospital.
	O and _	The individual has received neoadjuvant treatment	nent with an immune checkpoint inhibitor
	O	The individual meets initiation criteria for pemb	rolizumab for stage III or IV resected melanoma – adjuvant
or	and	The individual has received neoadjuvant and a	djuvant treatment with an immune checkpoint inhibitor
	O	The individual meets continuation criteria for pe	embrolizumab for stage III or IV resected melanoma – adjuvant
or			
	and	The individual has received neoadjuvant and a	djuvant treatment with an immune checkpoint inhibitor
		The individual has metastatic or unresectable r	melanoma (excluding uveal) stage III or IV
	and	The individual meets initiation criteria for pemb	rolizumab for unresectable or metastatic melanoma
or		The individual has received pecadiusant and a	djuvant treatment with an immune checkpoint inhibitor
	and		mmune checkpoint inhibitor for unresectable or metastatic melanoma
	and		embrolizumab for unresectable or metastatic melanoma
ote:			
Stage	IIIB, IIIC, I	IID or IV melanoma defined as per American Joi	nt Committee on Cancer (AJCC) 8th Edition
		nt within 13 weeks of complete surgical resection duled date of the resection (primary or lymphade	n means either 13 weeks after resection (primary or lymphadenectomy) or 13 weeks nectomy)

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PRESC	CRIB	ER		PATIENT:
Name:				Name:
Ward:				NHI:
Pemb	roli	zuma	ab - continued	
Re-as	sess	ment re	age III or IV resected melanoma - adjuvant required after 4 months ck boxes where appropriate)	
Prere	quis	nes (uc	ck boxes where appropriate)	
and			bed by, or recommended by a relevant specialist or any rele ance with a protocol or guideline that has been endorsed by	evant practitioner on the recommendation of a relevant specialist, or in y the Health NZ Hospital.
	or (Т С	he individual is currently on treatment with pembrolizumab	and met all remaining criteria prior to commencing treatment
		and	The individual has resected stage IIIB, IIIC, IIID or IV I	melanoma (excluding uveal) (see note a)
			Adjuvant treatment with pembrolizumab is required	
		and (and	The individual has not received prior funded systemic	treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma
			Treatment must be in addition to complete surgical res	section
		and (Treatment must be initiated within 13 weeks of comple recovery (see note b)	ete surgical resection, unless delay is necessary due to post-surgery
		and (and	Pembrolizumab must be administered as monotherapy	у
		and	The individual has ECOG performance score 0-2	
		and (Pembrolizumab to be administered at a fixed dose of 2	200 mg every 3 weeks (or equivalent)
Note:				
a) Sta	age I	IIB, IIIC	C, IIID or IV melanoma defined as per American Joint Com	mittee on Cancer (AJCC) 8th Edition
b) Ini	tiatin	g treatr	ment within 13 weeks of complete surgical resection mean	s 13 weeks after resection (primary or lymphadenectomy)

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

August 2025

PRE	SCRIE	BER		PATIENT:
Name	э:			Name:
Ward	:			NHI:
Pem	brol	izumab	- continued	
Re-a	assess	sment requ	tage III or IV resected melanoma - adjuvant ired after 4 months oxes where appropriate)	
and			by, or recommended by a relevant specialist or any relevant specialist or any relevant a protocol or guideline that has been endorsed by t	ant practitioner on the recommendation of a relevant specialist, or in the Health NZ Hospital.
	or	and and and and	total treatment course, including any systemic neoadjuva	ence or at completion of 12 months total treatment course (equivalent to g any systemic neoadjuvant treatment
	or	and	The individual has metastatic or unresectable melanoma The individual meets initiation criteria for pembrolizumak	
		and on and	The individual has received adjuvant treatment with an in The individual has received treatment with an immune c The individual meets continuation criteria for pembrolizu	heckpoint inhibitor for unresectable or metastatic melanoma

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PRESCRIBER		PATIENT:
Name:		Name:
Ward:		NHI:
Pembrolizum	nab - continued	
Re-assessment	nresectable or metastatic melanoma required after 4 months tick boxes where appropriate)	
	ribed by, or recommended by a relevant specialist or any relevadance with a protocol or guideline that has been endorsed by the	ant practitioner on the recommendation of a relevant specialist, or in he Health NZ Hospital.
and and	The individual has metastatic or unresectable melanoma (exclusion of the individual has metastatic or unresectable melanoma (exclusion of the individual has ECOG performance 0-2	
or	The individual has not received funded nivolumab The individual has received an initial Special Author 12 weeks of starting treatment due to intolerance and The cancer did not progress while the individual w	pority approval for nivolumab and has discontinued nivolumab within as on nivolumab
and or or	and	tive setting with a PD-1/PD-L1 inhibitor

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

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

RESCRI	RFK	PATIENT:
lame:		Name:
Vard:		NHI:
embro	lizun	nab - continued
Re-asses	sment	N – unresectable or metastatic melanoma, less than 24 months on treatment t required after 4 months (tick boxes where appropriate)
		cribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in dance with a protocol or guideline that has been endorsed by the Health NZ Hospital.
		O The individual's disease has had a complete response to treatment or
		The individual's disease has had a partial response to treatment or
		O The individual has stable disease
	and	Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
or		
	and	The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression
	and	
		The individual has signs of disease progression
	and	
	and	
Re-asses Prerequi	JATIO sment sites (Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment trequired after 4 months (tick boxes where appropriate) oribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in
Re-asses Prerequi	JATIO sment sites (Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment trequired after 4 months (tick boxes where appropriate)
Re-asses Prerequi	JATIO sment sites (Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment trequired after 4 months (tick boxes where appropriate) pribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in
Re-asses Prerequia and	JATIO sment sites (Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment trequired after 4 months (tick boxes where appropriate) cribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in dance with a protocol or guideline that has been endorsed by the Health NZ Hospital.
Re-asses Prerequia and	JATIO sment sites (Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment trequired after 4 months (tick boxes where appropriate) oribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in dance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months Original The individual's disease has had a complete response to treatment or
Re-asses Prerequia and	JATIO sment sites (Disease has not progressed during previous treatment with pembrolizumab IN – unresectable or metastatic melanoma, more than 24 months on treatment trequired after 4 months (tick boxes where appropriate) oribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in dance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months Original The individual's disease has had a complete response to treatment or Original Graph The individual's disease has had a partial response to treatment or Original Graph The individual's disease has had a partial response to treatment or Original Graph The individual's disease has had a partial response to treatment or Original Graph The individual's disease has had a partial response to treatment Original Graph The individual's disease has had a partial response to treatment Original Graph The individual's disease has had a partial response to treatment Original Graph The individual's disease has had a partial response to treatment Original Graph The individual's disease has had a partial response to treatment Original Graph The individual's disease has had a partial response to treatment Original Graph The individual Graph Th
Re-asses Prerequia and	JATIO sment sites (Disease has not progressed during previous treatment with pembrolizumab IN – unresectable or metastatic melanoma, more than 24 months on treatment trequired after 4 months ((tick boxes where appropriate)) Or ibed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in dance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months Or The individual's disease has had a complete response to treatment or Or The individual's disease has had a partial response to treatment or Or The individual has stable disease
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Re-asses Prerequia and	Presc accord	Disease has not progressed during previous treatment with pembrolizumab N – unresectable or metastatic melanoma, more than 24 months on treatment trequired after 4 months (tick boxes where appropriate) pribed by, or recommended by a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist, or in dance with a protocol or guideline that has been endorsed by the Health NZ Hospital. The individual has been on treatment for more than 24 months O The individual's disease has had a complete response to treatment or O The individual's disease has had a partial response to treatment or O The individual has stable disease and O Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period The treatment remains clinically appropriate and the individual is benefitting from the treatment The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression
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PRES	CRIE	BER		PATIENT:
Name	e:			Name:
Ward	:			NHI:
Pem	brol	izur	mab - continued	
Re-a	ssess	mer	non-small cell lung cancer first-line monotherapy nt required after 4 months	
Prer	equis	ites	(tick boxes where appropriate)	
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-	small cell lung cancer
	and	\circ	Patient has not had chemotherapy for their disease in the pallia	ative setting
		\circ	Patient has not received prior funded treatment with an immun	e checkpoint inhibitor for NSCLC
	and	\circ		ion confirming that the disease does not express activating mutations of
	and and	0	EGFR or ALK tyrosine kinase unless not possible to ascertain Pembrolizumab to be used as monotherapy	
		or	validated test unless not possible to ascertain	es PD-L1 at a level greater than or equal to 50% as determined by a
			There is documentation confirming the disease exploy a validated test unless not possible to ascertain and	presses PD-L1 at a level greater than or equal to 1% as determined
				interest of the patient based on clinician assessment
and Patient has an ECOG 0-2				
Pembrolizumab to be used at a maximum dose of 200 mg every three		Pembrolizumab to be used at a maximum dose of 200 mg eve	ry three weeks (or equivalent) for a maximum of 16 weeks	
		\circ	Baseline measurement of overall tumour burden is documente	d clinically and radiologically

August 2025

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.

EGFR or ALK tyrosine kinase unless not possible to ascertain and	PRESCRIBER		PATIENT:
CONTINUATION – non-small cell lung cancer first-line monotherapy Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Or Patient's disease has had a complete response to treatment or Patient part disease progression 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 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) and Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks) Prerequisites (tick boxes where appropriate) 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. 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 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations and Por patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations and	Name:		
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INITIATION – non-small cell lung cancer first-line combination therapy Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) 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. Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer and 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 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations EGFR or ALK tyrosine kinase unless not possible to ascertain		\circ	Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent)
Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) 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. Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer and The 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 EGFR or ALK tyrosine kinase unless not possible to ascertain			
accordance 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 and The 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 EGFR or ALK tyrosine kinase unless not possible to ascertain	Re-assessment required after 4 months		
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 and For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations EGFR or ALK tyrosine kinase unless not possible to ascertain	and		
The 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 EGFR or ALK tyrosine kinase unless not possible to ascertain		O	Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer
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 EGFR or ALK tyrosine kinase unless not possible to ascertain		\circ	The patient has not had chemotherapy for their disease in the palliative setting
For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations EGFR or ALK tyrosine kinase unless not possible to ascertain and		\circ	Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC
		0	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
		\circ	Pembrolizumab to be used in combination with platinum-based chemotherapy
Patient has an ECOG 0-2		\circ	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		\circ	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			Baseline measurement of overall tumour burden is documented clinically and radiologically

I confirm that the above details are correct:

Signed: Date:

I confirm that the above details are correct:

Signed: Date:

HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

PRESCRIBER	PATIENT:	
Name:	Name:	
Ward:	NHI:	
Pembrolizumab - continued		
CONTINUATION – non-small cell lung cancer first-line combination thera Re-assessment required after 4 months Prerequisites (tick boxes where appropriate) Prescribed by, or recommended by a medical oncologist or any relevance of accordance with a protocol or guideline that has been endorsed by the second of	vant practitioner on the recommendation of a medical oncologist, or in	
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 Response to treatment in target lesions has been determined treatment period and O No evidence of disease progression and O The treatment remains clinically appropriate and patient is being and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to be used at a maximum dose of 200 mg ever and O Pembrolizumab to D Pe	ment nt by comparable radiologic assessment following the most recent nefitting from treatment	
accordance with a protocol or guideline that has been endorsed by t	,	
express ER, PR or HER2 IHC3+ or ISH+ [including Patient has recurrent or de novo metastatic triple-or ISH+ [including FISH or other technology]) and Patient is treated with palliative intent and Patient's cancer has confirmed PD-L1 Combined Positive and Patient has received no prior systemic therapy in the patient has an ECOG score of 0–2 and Pembrolizumab is to be used in combination with chemicand Baseline measurement of overall tumour burden is document.	operable locally advanced triple-negative breast cancer (that does not g FISH or other technology]) negative breast cancer (that does not express ER, PR or HER2 IHC3+ ve Score (CPS) is greater than or equal to 10 Illiative setting	

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.

PRESCRIE	BER PATIENT:
Name:	Name:
Ward:	NHI:
Pembrol	izumab - continued
CONTINU Re-assess Prerequis	ATION – breast cancer, advanced sment required after 6 months sites (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 No evidence of disease progression Response to treatment in target lesions has been determined by a comparable radiologic assessment following the most recent treatment period Pembrolizumab is to be used at a maximum dose of 200 mg 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) N – head and neck squamous cell carcinoma
	sment required after 4 months ites (tick boxes where appropriate)
O i	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.
or	O Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment
	Patient has recurrent or metastatic head and neck squamous cell carcinoma of mucosal origin (excluding nasopharyngeal carcinoma) that is incurable by local therapies Patient has not received prior systemic therapy in the recurrent or metastatic setting Patient has a positive PD-L1 combined positive score (CPS) of greater than or equal to 1 Patient has an ECOG performance score of 0-2 and Pembrolizumab to be used in combination with platinum-based chemotherapy Pembrolizumab to be used as monotherapy and Pembrolizumab is 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:

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Pembrolizumab - continued	ı
NZ Hospital. Patient's cor Patient ha and No evidence of coand Pembrolizumab and	months
accordance with a pro	months
and Individual and Individual and Individual and Baseline r	ently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment vidual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer vidual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) unresectable colorectal cancer is treated with palliative intent has not previously received funded treatment with pembrolizumab for MSI-H/dMMR advanced colorectal cancer has an ECOG performance score of 0-2 measurement of overall tumour burden is documented clinically and radiologically umab 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:

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	
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)	
INITIATION – Urothelial carcinoma Re-assessment required after 4 months Prerequisites (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	INDATION – 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 relaccordance with a protocol or guideline that has been endorsed beand	evant practitioner on the recommendation of a relevant specialist, or in y the Health NZ Hospital.
O Individual is currently on treatment with pembrolizumab and O Individual has relapsed/refractory Hodgkii O Individual is ineligible for autologous stem or	n lymphoma after two or more lines of chemotherapy cell transplant choma and has previously undergone an autologous stem cell transplant lizumab for relapsed/refractory Hodgkin lymphoma
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 NZ Hospital.	accordance with a protocol or guideline that has been endorsed by the Health
Patient has received a partial or complete response to pember and Treatment with pembrolizumab is to cease after a total durative every 3 weeks)	tion of 24 months from commencement (or equivalent of 35 cycles dosed

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