Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2164
July 2024

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

Durvalumab

Initial application — Non-small cell lung cancer
Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 3 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 received two or more cycles of platinum-based chemotherapy concurrently with definitive radiation therapy

and
- ☐ Patient has no disease progression following the second or subsequent cycle of platinum-based chemotherapy with definitive radiation therapy treatment

and
- ☐ 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

and
  - ☐ Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks

  or
  - ☐ 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

Renewal — Non-small cell lung cancer

Current approval Number (if known):...

Applications only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

- ☐ The treatment remains clinically appropriate and the patient is benefitting from treatment

and
  - ☐ Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks

  or
  - ☐ 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

and
- ☐ Total continuous treatment duration must not exceed 12 months

I confirm the above details are correct and that in signing this form I understand I may be audited.

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

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz