Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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APPLICANT (stamp or sticker acceptable)			PATIENT NHI:	REFERRER Reg No:	
Reg No:			First Names:	First Names:	
Name:			Surname:	Surname:	
Address:			DOB:	Address:	
			Address:		
	umber:			Fax Number:	
Appli	equisites	cation — Non-small cell lung cancer only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.  es(tick boxes where appropriate)  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			
	and and and and and and 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  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			
Renewal — Non-small cell lung cancer  Current approval Number (if known):					
	and o	Durvalumab is to be used at  Durvalumab is to be used at	a maximum dose of no greater than 10 mg/kg every a flat dose of 1500 mg every 4 weeks se upon signs of disease progression		
	and	Total continuous treatment duration			

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