

SA2553 - Pembrolizumab

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APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
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Pembrolizumab

Initial application — stage III or IV resectable melanoma - neoadjuvant

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note)
and
<input type="checkbox"/> The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma
and
<input type="checkbox"/> Treatment must be prior to complete surgical resection
and
<input type="checkbox"/> Pembrolizumab must be administered as monotherapy
and
<input type="checkbox"/> The individual has ECOG performance score 0-2
and
<input type="checkbox"/> Pembrolizumab to be administered at a fixed dose of 200 mg every 3 weeks (or equivalent)

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

Signed: Date:

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Pembrolizumab - *continued*

Renewal — stage III or IV resectable melanoma - neoadjuvant

Current approval Number (if known):.....

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

<p>or</p> <table border="1"><tr><td><input type="checkbox"/> The individual has received neoadjuvant treatment with an immune checkpoint inhibitor</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> The individual meets initial application criteria for pembrolizumab for stage III or IV resected melanoma – adjuvant</td></tr></table>	<input type="checkbox"/> The individual has received neoadjuvant treatment with an immune checkpoint inhibitor	and	<input type="checkbox"/> The individual meets initial application criteria for pembrolizumab for stage III or IV resected melanoma – adjuvant		
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<input type="checkbox"/> The individual meets initial application criteria for pembrolizumab for stage III or IV resected melanoma – adjuvant					
<p>or</p> <table border="1"><tr><td><input type="checkbox"/> The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> The individual meets renewal criteria for pembrolizumab for stage III or IV resected melanoma – adjuvant</td></tr></table>	<input type="checkbox"/> The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor	and	<input type="checkbox"/> The individual meets renewal criteria for pembrolizumab for stage III or IV resected melanoma – adjuvant		
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<p>or</p> <table border="1"><tr><td><input type="checkbox"/> The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> The individual meets initial application criteria for pembrolizumab for unresectable or metastatic melanoma</td></tr></table>	<input type="checkbox"/> The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor	and	<input type="checkbox"/> The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV	and	<input type="checkbox"/> The individual meets initial application criteria for pembrolizumab for unresectable or metastatic melanoma
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and					
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and					
<input type="checkbox"/> The individual meets initial application criteria for pembrolizumab for unresectable or metastatic melanoma					
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<input type="checkbox"/> The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor					
and					
<input type="checkbox"/> The individual has received treatment with an immune checkpoint inhibitor for unresectable or metastatic melanoma					
and					
<input type="checkbox"/> The individual meets renewal criteria for pembrolizumab for unresectable or metastatic melanoma					

Note:

- Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition
- Initiating treatment within 13 weeks of complete surgical resection means either 13 weeks after resection (primary or lymphadenectomy) or 13 weeks prior to the scheduled date of the resection (primary or lymphadenectomy)

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

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Pembrolizumab - *continued*

Initial application — stage III or IV resected melanoma - adjuvant

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a) and <input type="checkbox"/> Adjuvant treatment with pembrolizumab is required and <input type="checkbox"/> The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma and <input type="checkbox"/> Treatment must be in addition to complete surgical resection and <input type="checkbox"/> Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery (see note b) and <input type="checkbox"/> Pembrolizumab must be administered as monotherapy and <input type="checkbox"/> The individual has ECOG performance score 0-2 and <input type="checkbox"/> Pembrolizumab to be administered at a fixed dose of 200 mg every 3 weeks (or equivalent)

Note:

a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition

b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

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Pembrolizumab - *continued*

Renewal — stage III or IV resected melanoma - adjuvant

Current approval Number (if known):.....

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

.....

and No evidence of disease recurrence
and Pembrolizumab must be administered as monotherapy
and Pembrolizumab to be administered at a fixed dose of 200 mg every three weeks (or equivalent) for a maximum of 12 months total treatment course, including any systemic neoadjuvant treatment
and Treatment to be discontinued at signs of disease recurrence or at completion of 12 months total treatment course (equivalent to 18 cycles at a dose of 200 mg every 3 weeks), including any systemic neoadjuvant treatment

or

The individual has received adjuvant treatment with an immune checkpoint inhibitor
and The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV
and The individual meets initial application criteria for pembrolizumab for unresectable or metastatic melanoma

or

The individual has received adjuvant treatment with an immune checkpoint inhibitor
and The individual has received treatment with an immune checkpoint inhibitor for unresectable or metastatic melanoma
and The individual meets renewal criteria for pembrolizumab for unresectable or metastatic melanoma

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Pembrolizumab - *continued*

Initial application — unresectable or metastatic melanoma

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV
and Baseline measurement of overall tumour burden is documented clinically and radiologically
and The individual has ECOG performance score of 0-2
and

The individual has not received funded nivolumab
or

The individual has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance
and The cancer did not progress while the individual was on nivolumab

and

The individual has been diagnosed in the metastatic or unresectable stage III or IV setting
or The individual did not receive treatment in the perioperative setting with a PD-1/PD-L1 inhibitor
or

The individual received treatment in the perioperative setting with a PD-1/PD-L1 inhibitor
and The individual did not experience disease recurrence while on treatment with that PD-1/PD-L1 inhibitor
and The individual did not experience disease recurrence within six months of completing perioperative treatment with a PD-1/PD-L1 inhibitor

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Pembrolizumab - *continued*

Renewal — unresectable or metastatic melanoma, less than 24 months on treatment

Current approval Number (if known):.....

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

The individual's disease has had a complete response to treatment
or
 The individual's disease has had a partial response to treatment
or
 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
 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
 Disease has not progressed during previous treatment with pembrolizumab

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Pembrolizumab - *continued*

Renewal — unresectable or metastatic melanoma, more than 24 months on treatment

Current approval Number (if known):.....

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> The individual has been on treatment for more than 24 months					
and					
<table border="1"><tr><td><input type="checkbox"/> The individual's disease has had a complete response to treatment</td></tr><tr><td>or</td></tr><tr><td><input type="checkbox"/> The individual's disease has had a partial response to treatment</td></tr><tr><td>or</td></tr><tr><td><input type="checkbox"/> The individual has stable disease</td></tr></table>	<input type="checkbox"/> The individual's disease has had a complete response to treatment	or	<input type="checkbox"/> The individual's disease has had a partial response to treatment	or	<input type="checkbox"/> The individual has stable disease
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or					
<input type="checkbox"/> The individual's disease has had a partial response to treatment					
or					
<input type="checkbox"/> The individual has stable disease					
and					
<table border="1"><tr><td><input type="checkbox"/> Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period</td></tr></table>	<input type="checkbox"/> Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period				
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or					
<table border="1"><tr><td><input type="checkbox"/> The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> The individual has signs of disease progression</td></tr><tr><td>and</td></tr><tr><td><input type="checkbox"/> Disease has not progressed during previous treatment with pembrolizumab</td></tr></table>	<input type="checkbox"/> The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression	and	<input type="checkbox"/> The individual has signs of disease progression	and	<input type="checkbox"/> Disease has not progressed during previous treatment with pembrolizumab
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and					
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<input type="checkbox"/> Disease has not progressed during previous treatment with pembrolizumab					

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Pembrolizumab - *continued*

Initial application — non-small cell lung cancer first-line monotherapy

Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer
- and
- 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
- and
- Pembrolizumab to be used as monotherapy
- and
- There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain
- or
- There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain
- and
- Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment
- and
- Patient has an ECOG 0-2
- and
- Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks
- and
- Baseline measurement of overall tumour burden is documented clinically and radiologically

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

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Pembrolizumab - *continued*

Renewal — non-small cell lung cancer first line monotherapy

Current approval Number (if known):.....

Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

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 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
and No evidence of disease progression
and The treatment remains clinically appropriate and patient is benefitting from treatment
and 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)

Initial application — non-small cell lung cancer first-line combination therapy

Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

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 of EGFR or ALK tyrosine kinase unless not possible to ascertain
and Pembrolizumab to be used in combination with platinum-based chemotherapy
and Patient has an ECOG 0-2
and Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks
and Baseline measurement of overall tumour burden is documented clinically and radiologically

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Pembrolizumab - *continued*

Renewal — non-small cell lung cancer first line combination therapy

Current approval Number (if known):.....

Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

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
 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
and
 No evidence of disease progression
and
 The treatment remains clinically appropriate and patient is benefitting from treatment
and
 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)

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Pembrolizumab - *continued*

Initial application — breast cancer, advanced

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment

or

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])

or

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

and

Patient's cancer has confirmed PD-L1 Combined Positive Score (CPS) is greater than or equal to 10

and

Patient has received no prior systemic therapy in the palliative setting

and

Patient has an ECOG score of 0–2

and

Pembrolizumab is to be used in combination with chemotherapy

and

Baseline measurement of overall tumour burden is documented clinically and radiologically

and

Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks

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Pembrolizumab - *continued*

Renewal — breast cancer, advanced

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

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 Response to treatment in target lesions has been determined by a comparable radiologic assessment following the most recent treatment period
and Pembrolizumab is 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)

Initial application — head and neck squamous cell carcinoma

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment
or
 Patient has recurrent or metastatic head and neck squamous cell carcinoma of mucosal origin (excluding nasopharyngeal carcinoma) that is incurable by local therapies
and Patient has not received prior systemic therapy in the recurrent or metastatic setting
and Patient has a positive PD-L1 combined positive score (CPS) of greater than or equal to 1
and Patient has an ECOG performance score of 0-2
and
 Pembrolizumab to be used in combination with platinum-based chemotherapy
or
 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

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Pembrolizumab - *continued*

Renewal — head and neck squamous cell carcinoma

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

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 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)

Initial application — MSI-H/dMMR advanced colorectal cancer

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

Individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment
or
 Individual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer
or
 Individual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) unresectable colorectal cancer
and Individual is treated with palliative intent
and Individual has not previously received funded treatment with pembrolizumab for MSI-H/dMMR advanced colorectal cancer
and Individual has an ECOG performance score of 0-2
and Baseline measurement of overall tumour burden is documented clinically and radiologically
and Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks

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Pembrolizumab - *continued*

Renewal — MSI-H/dMMR advanced colorectal cancer

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

and No evidence of disease progression
and 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)

Initial application — Urothelial carcinoma

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

or 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
and 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

Renewal — Urothelial carcinoma

Current approval Number (if known):.....

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

or 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 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)

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Pembrolizumab - *continued*

Initial application — relapsed/refractory Hodgkin lymphoma

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

Individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment

or

Individual has relapsed/refractory Hodgkin lymphoma after two or more lines of chemotherapy

and

Individual is ineligible for autologous stem cell transplant

or

Individual has relapsed/refractory Hodgkin lymphoma and has previously undergone an autologous stem cell transplant

and

Individual has not previously received funded pembrolizumab for relapsed/refractory Hodgkin lymphoma

and

Pembrolizumab to be administered at doses no greater than 200 mg once every 3 weeks

Renewal — relapsed/refractory Hodgkin lymphoma

Current approval Number (if known):.....

Applications only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

and

Patient has received a partial or complete response to pembrolizumab

Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)

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

Signed: Date:

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