

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:	
.....		
.....		

Durvalumab

Initial application — Non-small cell lung 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)

- ☐ Patient has histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC)
or
☐ Patient has histologically or cytologically documented stage IIb (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

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 relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz