

## Durvalumab - Locally Advanced Unresectable Stage III Non-Small Cell Lung Cancer Following Concurrent Chemoradiation

(This form must be completed <u>before</u> the first dose is dispensed.)

1. Patient Profile						
* Surname:						
* Given Name:						
* OHIN:			* Chart N	Number:		
* Postal Code:						
* Height (cm):			* Weight (kg):			
* BSA (m <sup>2</sup> ):			* Gender:	O Male	Female Other	
* Date of Birth:						
	Day	Month	Year			
* Site:						
* Attending Physician (N	/IRP- Mo	ost Resp	onsible Physicia	າ):		
Requested Prior Appro	oval 🗆	Yes	* Patient on Cli	nical Trial O Ye	es O No	
Other (specify):						
Specify Arm:  Standard of care a  Blinded / Unknown			() Ex	xperimental arm		
Prior Approval Re	quest					
* Select the						
appropriate prior						
approval scenario:						

	2-Clinical document review (identify the patient	
	history that needs to be reviewed against	
	eligibility criteria in Additional Comments below)	
	3-Regimen modification - schedule (complete questions a and b)	
	4-Regimen modification - drug substitutions	
	(complete questions a and c)	
	5-Withholding a drug in combination therapy from start of treatment (complete questions d, e	
	and f)  6-Maintenance therapy delay (submit clinic note)	
	7-Prior systemic therapy clinical trials (complete	
	question g)	
	8-Modification due to supply interruption/drug	
	shortage	
	9-Supplemental doses requested     Other (specify)	
	Cutor (openly)	
	ng documentation must be submitted at the time of prior approval. Documentation may includate nic note, and/or CT scans.	le a
	nic note, and/or CT scans.	le a
pathology report, c	nic note, and/or CT scans.	le a
pathology report, cl	nic note, and/or CT scans.	le a
pathology report, c	nic note, and/or CT scans.	le a
pathology report, cl a. Co-morbidities / toxici b. Intended regimen	nic note, and/or CT scans.	le a
pathology report, cl  a. Co-morbidities / toxici  b. Intended regimen schedule:	nic note, and/or CT scans.	le a
pathology report, control of the con	nic note, and/or CT scans.	le a
pathology report, cl  a. Co-morbidities / toxici  b. Intended regimen schedule:  c. Intended regimen:  d. Drug(s) to be held:  e. Rationale for holding	nic note, and/or CT scans.	le a
pathology report, cl  a. Co-morbidities / toxici  b. Intended regimen schedule:  c. Intended regimen:  d. Drug(s) to be held:  e. Rationale for holding drug(s):  f. Intention to introduce drug at a	/ justification:	le a

O 1-Unknown primary (submit pathology report

ID, trial treatme descrip	er (e.g., NCT name) and									
	ated date of atment:	Day	Month	Year						
i. Additio	nal comments	:								
2. Eligib	ility Criter	ia								
The na	tient must me	et the follo	wina crit	teria·						······································
<ul> <li>Durvalu</li> </ul>	umab is used l g cancer (NS0	for the trea	atment o	f patien						☐ Yes
3. Baseli	ne Inform	ation								
a. ECOG	Performance	Status at t	he time	of enrol	ment		O 0	0 1	O 2	
b. Is the p	atient transitio	oning from	non-pul	blicly fu	nded means	?	O Yes	O No		
c. If yes, p	olease indicate	e the numb	per of do	oses rec	eived throu	gh non-publi	cly funded m	eans:		
0 1	O 2	O 3	C	4	O 5	O 6	0 7	O 8	O 9	
0 10	0 11	0 12	$\subset$	13	0 14	0 15	O 16	0 17	0 18	
O 19	O 20	O 21	С	22	O 23	O 24	O 25			
4. Funde	ed Dose									
until dis	umab 10 mg/k sease progres ent with durva	sion or una	acceptal	ble toxio	city, whichev	er occurs fir	st (ST-QBP r	egimen code	e: DURV).	t therapy), or
5. Notes										
	s who progres	s while on	durvalu	ımab ar	e not eligible	e for anti-PD	-1/anti-PD-L1	I funding for	advanced	non-small

2. Patients who require a temporary treatment interruption may complete the remaining doses (up to the maximum of 26)

as long as the disease has not progressed.

## 6. FAQs

i. My patient is currently receiving durvalumab through non-publicly funded means. Can my patient be transitioned over to receive funding through the New Drug Funding Program (NDFP)?

Provided the funding criteria were met at the time of treatment initiation and the patient's disease has not progressed, your patient may be eligible for continued coverage of durvalumab through NDFP. Funding is for a total of 26 cycles of durvalumab regardless of funding source.

ii. My patient completed the full course of durvalumab, but has now progressed. Is my patient eligible for funding of anti-PD-1 agents for advanced NSCLC?

Patients who discontinue durvalumab without disease progression and have a disease-free interval of 6 months or greater may be eligible for one line of atezolizumab, nivolumab, or pembrolizumab for advanced NSCLC.

iii. My patient received sequential chemotherapy and radiation, and I would like to treat them with durvalumab as consolidation therapy. Will this be funded?

Durvalumab is only funded for patients who receive concurrent chemoradiation. Patients who receive sequential chemotherapy and radiation are not eligible for durvalumab under this policy.

## 7. Supporting Documents

None required.

In the event of an audit, the following should be available to document eligibility:

- · Clinic note indicating the chemoradiation used.
- CT scans every 3 to 6 months, along with clinic notes indicating no disease progression.
- In instances where there is pseudoprogression, a clinic note documenting the assessment and decision to continue, and the subsequent CT scan confirming no disease progression.

Signature of Attending Physician (MRP-Most Responsible Physician):				
	Day	Month	Year	

Form 781