

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Atezolizumab

INITIATION – non-small cell lung cancer second line monotherapy

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- Patient has locally advanced or metastatic non-small cell lung cancer
- 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
- Patient has an ECOG 0-2
- and
- Patient has documented disease progression following treatment with at least two cycles of platinum-based chemotherapy
- and
- Atezolizumab is to be used as monotherapy at a dose of 1200 mg every three weeks (or equivalent) for a maximum of 16 weeks
- and
- Baseline measurement of overall tumour burden is documented clinically and radiologically

CONTINUATION – non-small cell lung cancer second line monotherapy

Re-assessment required after 4 months

Prerequisites (tick boxes where appropriate)

- Prescribed by, or recommended by a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- 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
- Atezolizumab to be used at a maximum dose of 1200 mg every three weeks (or equivalent)
- and
- Treatment with atezolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks)

I confirm that the above details are correct:

Signed: Date: