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: .....

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 *- continued*

INITIATION – unresectable hepatocellular carcinoma
Re-assessment required after 6 months
Prerequisites (tick boxes where appropriate)

- ○ Patient is currently on treatment with atezolizumab and met all remaining criteria prior to commencing treatment

or

- ○ Patient has locally advanced or metastatic, unresectable hepatocellular carcinoma

and

- ○ Patient has preserved liver function (Child-Pugh A)

and

- ○ Transarterial chemoembolisation (TACE) is unsuitable

and

- ○ Patient has not received prior systemic therapy for the treatment of hepatocellular carcinoma

or

- ○ Patient received funded lenvatinib before 1 March 2025

or

- ○ Patient has experienced treatment-limiting toxicity from treatment with lenvatinib

and

- ○ No disease progression since initiation of lenvatinib

and

- ○ Patient has an ECOG performance status of 0-2

and

- ○ To be given in combination with bevacizumab

CONTINUATION – unresectable hepatocellular carcinoma
Re-assessment required after 6 months
Prerequisites (tick box where appropriate)

- ○ No evidence of disease progression

I confirm that the above details are correct:

Signed: ..... Date: .....