HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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:		
Atez	olizuma	ab			
		non-small cell lung cancer second line monotherapy			
		nt required after 4 months (tick boxes where appropriate)			
/					
and		cribed by, or recommended by a medical oncologist or any rele rdance with a protocol or guideline that has been endorsed by	evant practitioner on the recommendation of a medical oncologist, or in the Health NZ Hospital.		
	and	Patient has locally advanced or metastatic non-small cell lung	g cancer		
	and	Patient has not received prior funded treatment with an immu	ne checkpoint inhibitor for NSCLC		
	and	For patients with non-squamous histology there is documental EGFR or ALK tyrosine kinase unless not possible to ascertain	ation confirming that the disease does not express activating mutations of n		
	and	Patient has an ECOG 0-2			
	and	Patient has documented disease progression following treatment	nent with at least two cycles of platinum-based chemotherapy		
	and	Atezolizumab is to be used as monotherapy at a dose of 120	0 mg every three weeks (or equivalent) for a maximum of 16 weeks		
	O	Baseline measurement of overall tumour burden is document	ed clinically and radiologically		
Re-a	assessmer requisites Pres	ON – non-small cell lung cancer second line monotherapy of required after 4 months (tick boxes where appropriate) cribed by, or recommended by a medical oncologist or any released with a protocol or guideline that has been endorsed by	evant practitioner on the recommendation of a medical oncologist, or in		
	/		the health NZ hospital.		
		O Patient's disease has had a complete response to treat			
	or	O Patient's disease has had a partial response to treatme	tment		
	or	O Patient's disease has had a partial response to treatme	tment		
	and	O Patient's disease has had a partial response to treatmed O Patient has stable disease	tment		
	and O	O Patient's disease has had a partial response to treatmed O Patient has stable disease Response to treatment in target lesions has been determined.	ent		
	and	O Patient's disease has had a partial response to treatment of Patient has stable disease Response to treatment in target lesions has been determined treatment period	tment ent by comparable radiologic assessment following the most recent		
	and O and O	O Patient's disease has had a partial response to treatment of Patient has stable disease Response to treatment in target lesions has been determined treatment period No evidence of disease progression	tment ent by comparable radiologic assessment following the most recent enefitting from treatment		

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PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Atezolizumab - continued	
INITIATION – unresectable hepatocellular carcinoma Re-assessment required after 6 months Prerequisites (tick boxes where appropriate) O Patient is currently on treatment with atezolizumab and met all or Patient has locally advanced or metastatic, unresectable and O Patient has preserved liver function (Child-Pugh A) and O Transarterial chemoembolisation (TACE) is unsuitable and O Patient has not received prior systemic therapy for or O Patient received funded lenvatinib before 1 March or O Patient has experienced treatment-limiting to and O No disease progression since initiation of ler	the treatment of hepatocellular carcinoma 2025 exicity from treatment with lenvatinib
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) O No evidence of disease progression	

I confirm that the above details are correct:

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