

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 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, ROS-1 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 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: