

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Atezolizumab

Initial application — non-small cell lung cancer second line monotherapy

Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- 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

Renewal — non-small cell lung cancer second line monotherapy

Current approval Number (if known):.....

Applications only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

- 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 the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz