

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:

Gefitinib

Initial application

Applications from any relevant practitioner. Approvals valid for 4 months.

Prerequisites(tick boxes where appropriate)

Patient has locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC)

and

Patient is treatment naive

or

Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results

or

The patient has discontinued osimertinib or erlotinib due to intolerance

and

The cancer did not progress whilst on osimertinib or erlotinib

and

There is documentation confirming that disease expresses activating mutations of EGFR

Renewal

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

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick box where appropriate)

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed

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