

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:

Osimertinib

Initial application — NSCLC — first line

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

Prerequisites(tick boxes where appropriate)

- ☐ Patient is currently on treatment with osimertinib and met all remaining criteria prior to commencing treatment
- or
- ☐ Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC)
- and
- ☐ Patient is treatment naïve
- or
- ☐ Patient has received prior chemotherapy in the adjuvant setting and/or while awaiting EGFR results
- or
- ☐ The patient has discontinued gefitinib or erlotinib due to intolerance
- and
- ☐ The cancer did not progress while on gefitinib or erlotinib
- and
- ☐ There is documentation confirming that the cancer expresses activating mutations of EGFR
- and
- ☐ Patient has an ECOG performance status 0-3
- and
- ☐ Baseline measurement of overall tumour burden is documented clinically and radiologically

Renewal — NSCLC — first line

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

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

Prerequisites(tick box where appropriate)

- ☐ Response to or stable disease with treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

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

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:

Osimertinib - continued

Initial application — NSCLC – second line

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

Prerequisites(tick boxes where appropriate)

- ☐ Patient is currently on treatment with osimertinib and met all remaining criteria prior to commencing treatment
- or
- ☐ Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC)

and

☐ Patient has an ECOG performance status 0-3

and

☐ The patient must have received previous treatment with erlotinib or gefitinib

and

☐ There is documentation confirming that the cancer expresses T790M mutation of EGFR following progression on or after erlotinib or gefitinib

and

☐ The treatment must be given as monotherapy

and

☐ Baseline measurement of overall tumour burden is documented clinically and radiologically

Renewal — NSCLC – second line

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

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

Prerequisites(tick box where appropriate)

- ☐ Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

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