

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz