

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:	

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