

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> 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)

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

<input type="checkbox"/>	Response to or stable disease with treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
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**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](mailto:customerservice@health.govt.nz)

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.....	Address: .....	.....
.....	.....	.....
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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)

<input type="checkbox"/>	Patient is currently on treatment with osimertinib and met all remaining criteria prior to commencing treatment
<b>or</b>	
<input type="checkbox"/>	Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC)
<b>and</b>	
<input type="checkbox"/>	Patient has an ECOG performance status 0-3
<b>and</b>	
<input type="checkbox"/>	The patient must have received previous treatment with erlotinib or gefitinib
<b>and</b>	
<input type="checkbox"/>	There is documentation confirming that the cancer expresses T790M mutation of EGFR following progression on or after erlotinib or gefitinib
<b>and</b>	
<input type="checkbox"/>	The treatment must be given as monotherapy
<b>and</b>	
<input type="checkbox"/>	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)

<input type="checkbox"/>	Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period
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Signed: ..... Date: .....

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