

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)

<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

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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
or	
<input type="checkbox"/>	Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC)
and	
<input type="checkbox"/>	Patient has an ECOG performance status 0-3
and	
<input type="checkbox"/>	The patient must have received previous treatment with erlotinib or gefitinib
and	
<input type="checkbox"/>	There is documentation confirming that the cancer expresses T790M mutation of EGFR following progression on or after erlotinib or gefitinib
and	
<input type="checkbox"/>	The treatment must be given as monotherapy
and	
<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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I confirm the above details are correct and that in signing this form I understand I may be audited.

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