

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:

Gefitinib

Initial application

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

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	Patient has locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC)
and	
<input type="checkbox"/>	Patient is treatment naive
or	
<input type="checkbox"/>	Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results
or	
<input type="checkbox"/>	The patient has discontinued osimertinib or erlotinib due to intolerance
and	
<input type="checkbox"/>	The cancer did not progress whilst on osimertinib or erlotinib
and	
<input type="checkbox"/>	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)

<input type="checkbox"/>	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