

Atezolizumab - Advanced or Metastatic Non-Small Cell Lung Cancer

(This form must be completed before the first dose is dispensed.)

1. Patient Profile

- * Surname:
- * Given Name:
- * OHIN: * Chart Number:
- * Postal Code:
- * Height (cm): * Weight (kg):
- * BSA (m²): * Gender: Male Female Other
- * Date of Birth:
Day Month Year
- * Site:
- * Attending Physician (MRP- Most Responsible Physician):
- Requested Prior Approval Yes * Patient on Clinical Trial Yes No
- Other (specify):
- Specify Arm:
 Standard of care arm Experimental arm
 Blinded / Unknown

Prior Approval Request

- * Select the appropriate prior approval scenario:

- 1-Unknown primary (submit pathology report and clinic note)
- 2-Clinical document review (identify the patient history that needs to be reviewed against eligibility criteria in Additional Comments below)
- 3-Regimen modification - schedule (complete questions a and b)
- 4-Regimen modification - drug substitutions (complete questions a and c)
- 5-Withholding a drug in combination therapy from start of treatment (complete questions d, e and f)
- 6-Maintenance therapy delay (submit clinic note)
- 7-Prior systemic therapy clinical trials (complete question g)
- 8-Modification due to supply interruption/drug shortage
- 9-Supplemental doses requested
- Other (specify)

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All relevant supporting documentation must be submitted at the time of prior approval. Documentation may include a pathology report, clinic note, and/or CT scans.

a. Co-morbidities / toxicity / justification:

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b. Intended regimen schedule:

c. Intended regimen:

d. Drug(s) to be held:

e. Rationale for holding drug(s):

f. Intention to introduce drug at a later date? Yes

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g. Prior clinical trial identifier (e.g., NCT ID, trial name) and treatment description (e.g., arm, drug/regimen):

h. Anticipated date of first treatment: _____
Day Month Year

i. Additional comments:

2. Eligibility Criteria

The patient must meet the following criteria:

- Atezolizumab is used for the treatment of patients who have locally advanced or metastatic non-small cell lung cancer whose disease has progressed on or after cytotoxic chemotherapy. Yes
- Patients with EGFR or ALK mutations should be treated with targeted agents followed by cytotoxic chemotherapy prior to receiving atezolizumab.

3. Baseline Information

- a. ECOG Performance Status at the time of enrolment 0 1 2
- b. Driver mutation status EGFR positive ALK positive
 EGFR and ALK-negative or unknown
- c. If the patient is EGFR mutation positive, please select the previous targeted therapy/therapies received: Afatinib Gefitinib
 Osimertinib
- d. If the patient is ALK mutation positive, please select the previous targeted therapy/therapies received: Alectinib Crizotinib
 Ceritinib
- e. Has the patient received any of the following drugs for advanced lung cancer: docetaxel, gemcitabine, paclitaxel, pemetrexed or vinorelbine? Yes No
- f. Atezolizumab is being given as the ___ line of treatment. (Note: Platinum doublet followed by pemetrexed maintenance constitutes one line of treatment.) 2nd 3rd
 4th line and greater
- g. PD-L1 expression level Not tested <1% 1-49%
 >=50%

4. Funded Dose

Atezolizumab 840 mg as an intravenous (IV) infusion every 2 weeks, 1200 mg as an IV infusion every 3 weeks, or 1680 mg as an IV infusion every 4 weeks [ST-QBP regimen code: ATEZ].

Treatment with atezolizumab should be continued until unacceptable toxicity or confirmed disease progression.

5. Notes

1. Ontario Health (Cancer Care Ontario) will fund one line of atezolizumab, nivolumab, nivolumab plus ipilimumab, or pembrolizumab for advanced non-small cell lung cancer. Patients who were treated with durvalumab (or other anti-PD1/PD-L1 therapy) in the curative setting must have a disease free interval of 6 months or greater in order to be considered for funding under this policy.
2. Atezolizumab is funded for single agent use only.
3. It is recommended that atezolizumab be used after treatment with a platinum-based therapy.
4. Atezolizumab is not funded for patients who have confirmed disease progression after receiving a prior anti-PD-1 inhibitor in the advanced setting.
5. For patients who stop atezolizumab without disease progression, continuation of atezolizumab will be funded provided that no other treatment is given in between.

6. FAQs

i. My patient is currently receiving atezolizumab through non-publicly funded means. Can my patient be transitioned over to receive funding through the New Drug Funding Program (NDFP)?

Provided the funding criteria were met at the time of treatment initiation and the patient's disease has not progressed, your patient may be eligible for continued coverage of atezolizumab through NDFP.

ii. Can my patient be treated with pembrolizumab or nivolumab upon progression on atezolizumab?

Ontario Health (Cancer Care Ontario) will fund one line of atezolizumab, nivolumab, nivolumab plus ipilimumab, or pembrolizumab for advanced non-small cell lung cancer. Patients who completed a course of pembrolizumab, nivolumab plus ipilimumab, or nivolumab for advanced NSCLC through non-publicly funded means will not be funded for atezolizumab under this policy.

iii. My patient needs to take a treatment break from atezolizumab. Will resumption of treatment be funded?

For patients who stop atezolizumab without disease progression, continuation of atezolizumab will be funded provided that no other treatment is given in between.

iv. My patient is currently receiving atezolizumab on an every-3-week schedule. Can my patient be transitioned over to the every-4-week schedule?

The decision to switch should be based on a discussion between the clinician and patient. Switches between schedules will be eligible for continued funding provided the patient's disease has not progressed.

7. Supporting Documents

None required at the time of enrolment.

In the event of an audit, the following should be available to document eligibility:

- CT scans every 3 to 6 months, along with clinic notes confirming no disease progression.
- In instances where there is pseudoprogression, a clinic note documenting the assessment and decision to continue, and the subsequent CT scan confirming no disease progression.

Signature of Attending Physician (MRP-Most Responsible Physician):

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Day Month Year