## Eligibility Form

## Atezolizumab - In Combination with Etoposide and Platinum for Extensive-Stage Small Cell Lung Cancer

(This form must be completed <u>before</u> the first dose is dispensed.)

1. Patient Profile	
* Surname:	
* Given Name:	
* OHIN:	* Chart Number:
* Postal Code:	
* Height (cm):	* Weight (kg):
* BSA (m <sup>2</sup> ):	* Gender: O Male O Female O Other
* Date of Birth:	Day Month Year
* Site:	
* Attending Physician	(MRP- Most Responsible Physician):
Requested Prior Ap	proval  Yes * Patient on Clinical Trial Yes No
Other (specify):	
Specify Arm:  Standard of care  Blinded / Unkno	
Prior Approval R	equest
* Select the appropriate prior approval scenario:	<ul> <li>☐ 1-Unknown primary (submit pathology report ☐ 2-Clinical document review (identify the patient history that needs to be reviewed against eligibility criteria in Additional Comments below)</li> <li>☐ 3-Regimen modification - schedule (complete ☐ 4-Regimen modification - drug substitutions</li> </ul>
	questions a and b) (complete questions a and c)  5-Withholding a drug in combination therapy 6-Maintenance therapy delay (submit clinic note) from start of treatment (complete questions d, e and f)
	<ul> <li>7-Prior systemic therapy clinical trials (comple)</li> <li>8-Modification due to supply interruption/drug question g)</li> <li>9-Supplemental doses requested</li> <li>Other (specify)</li> </ul>

pathology report,	clinic note,	and/or CT sca	ans.		
a. Co-morbidities / toxi	city / justific	ation:			
b. Intended regimen schedule:	<u></u>				
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				
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:	•	onth Year			
i. Additional comment	S:				

All relevant supporting documentation must be submitted at the time of prior approval. Documentation may include a

## The patient must meet the following criteria:

2. Eligibility Criteria

nt for ES-S	SCLC and I	nave	
0	O 1	O 2	
Yes	O No		
e every 3	weeks as r	maintenance	
ımab, in c	ombinatior	ı with platinı	ım-
otherapy,	followed b	y atezolizur	nab
ved by ate	zolizumab	maintenand	ce is not
) re	Yes  n with etope every 3 decreases  CRBPETC  e]  Imab, in continuous otherapy,	Yes O No  n with etoposide and e every 3 weeks as recommendate.	Yes O No  n with etoposide and platinum (or every 3 weeks as maintenance)  CRBPETOP+ATEZ, or

i. My patient is currently receiving atezolizumab through non-publicly funded means for ES-SCLC. 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. Please submit as a prior approval request including the most recent clinic note documenting the response to treatment (if able to assess).

ii. Will atezolizumab be funded if an alternative chemotherapy regimen is used for the first-line treatment of ESSCLC?

Atezolizumab is only funded if used in combination with etoposide and platinum chemotherapy.

iii. My patient is currently receiving platinum-based chemotherapy with etoposide for ES-SCLC. Is my patient eligible for the addition of atezolizumab?

Patients currently receiving platinum and etoposide chemotherapy are eligible for the addition of atezolizumab provided their disease has not progressed. However, patients who have completed platinum and etoposide chemotherapy are not eligible for the addition of atezolizumab.

## 7. Supporting Documents

None required at the time of enrolment.

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

- Clinic note(s) indicating that atezolizumab is used with etoposide and platinum for the first-line treatment of ES-SCLC.
- Pathology report demonstrating histologically or cytologically confirmed ES-SCLC.
- CT scans every 3 to 6 months, along with clinic notes indicating no disease progression.
- If there is radiographic progression, a clinic note must be provided confirming that there is no clinical disease progression and that the patient may continue to experience clinical benefit.

Signature of Attending Physician (MRP-Most Responsible Physician):	<u></u>	 	
	Day	Year	

Form 1001