



Amivantamab - Previously Treated Advanced or Metastatic NSCLC with Exon 20 Insertion Mutations

(This form should 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
- ☐ Other (specify)

.....

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:

.....

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

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

Amivantamab is used for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with an activating epidermal-growth factor receptor (*EGFR*) exon 20 insertion mutation(s) whose disease has progressed on or after platinum-based chemotherapy, and who have a good performance status. ☐ Yes

Patients must not have:

- Untreated brain metastases
- Been treated with a tyrosine kinase inhibitor (TKI) with known activity against exon 20 insertion mutation(s).

3. Baseline Information

- a. ECOG Performance Status at the time of enrolment ☐ 0 ☐ 1 ☐ 2
- b. Is the patient transitioning from a private payer? ☐ Yes ☐ No
- c. If yes, please indicate how many doses of amivantamab they have received. _____
- d. If yes, please indicate the date of the last administered dose. _____
Day Month Year

4. Funded Dose

Please select the dosing regimen:

- ☐ Patient's weight at baseline is less than 80 kg:
- Amivantamab 350 mg given intravenously (IV) on cycle 1 day 1, followed by 700 mg IV on day 2; then,
 - Amivantamab 1050 mg IV weekly on cycle 1 days 8, 15 and 22; then,
 - Amivantamab 1050 mg IV every 2 weeks from cycle 2 day 1 onwards.
- ☐ Patient's weight at baseline is greater than or equal to 80 kg:
- Amivantamab 350 mg IV on cycle 1 day 1, followed by 1050 mg IV on day 2; then,
 - Amivantamab 1400 mg IV weekly on cycle 1 days 8, 15 and 22; then,
 - Amivantamab 1400 mg IV every 2 weeks from cycle 2 day 1 onwards.

Treatment should continue until objective disease progression or unacceptable toxicity.

[ST-QBP regimen code(s): AMIV]

5. Notes

1. Amivantamab should not be given in combination with other anticancer therapies for NSCLC.
2. The dosing selected in the “Funded Dose” section will be the dosing used for the entirety of treatment. Dose adjustments are not required for subsequent body weight changes, only for toxicity.

6. FAQs

1. **My patient is currently receiving amivantamab through non-publicly funded means (e.g., private insurance). Can my patient be transitioned to receive funding through the New Drug Funding Program (NDFP)?**

Provided the eligibility 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 through the NDFP.

2. **What is the process for transitioning my patient from a non-publicly funded program to NDFP funding?**

If your patient meets all of the eligibility criteria outlined in this policy, please submit as a regular eClaims enrolment.

Prior approval requests are reserved for instances where there is clinical uncertainty on eligibility. In these circumstances, please specify your reason(s) for uncertainty and upload the following:

- A clinic note and imaging (if applicable) from treatment initiation, including the patient’s treatment history, and
- Pathology report(s) demonstrating NSCLC with an activating *EGFR* exon 20 insertion mutation(s), and
- The most recent clinic note and imaging (if applicable).

3. **My patient is currently receiving an alternate second-line treatment. Can my patient be switched to amivantamab?**

Your patient may be eligible for funding of amivantamab under this policy, provided their disease has not progressed and all other eligibility criteria are met. Please submit as a prior approval request in eClaims including the most recent clinic note outlining the treatment history and response to treatment, if able to assess.

Supporting Documents

None required at time of enrolment.

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

- Clinic notes outlining patient and treatment history/response.
- Pathology report documenting an activating *EGFR* exon 20 insertion mutation(s).
- CT scans demonstrating no disease progression.

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

.....
Day Month Year